

## CALATERS GLOBAL TABLE MAINTENANCE REQUEST

## POLICY

The California Automated Travel Expense Reimbursement System (CalATERS) Global Table Maintenance Request (AO-448) form must be signed and submitted to the Department of Forestry and Fire Protection, Departmental Accounting Office's (DAO) Travel Unit to record or update an employee's Legacy Index (Reporting Structure) and/or Service Location (Legacy Program Cost Account (PCA)) in their CalATERS Global profile.

**For New Employee:** A <u>CalATERS Global Authorization Form (AO-449)</u> is required with the AO-448 to complete the registration process and new employees will not be added without the AO-449. Once the registration is completed, the DAO-Travel Unit will send additional registration instructions that must be completed by the employee to finalize the registration process.

**Changing a Profile:** When changing the <u>Legacy Index</u> or <u>Service Location</u> in a profile, employees must use <u>Specialized Coding</u> for all new CalATERS Global claims until the AO-448 is processed by the DAO-Travel Unit.

## Determining Legacy Index and SVC Location/Legacy PCA:

Please contact your supervisor to determine the appropriate chart of accounts for <u>Reporting Structures</u> and <u>Service Locations</u>.

**Non-Employee:** Check the appropriate box below for the following: Board Members, Volunteers in Prevention, Council Members, etc.

CHECK ONE OF THE FOLLOWING:							
New Employee			Employee C	Changing Job Function/Location			
Employee Separating from CAL FIRE Non-Employee							
Effective Date	Business Unit						
	CAL	FIRE 3540	Nat	ural Resources Agency 0540			
Employee Full Name (first, mid	dle, last)		Employee Use	er ID (for existing profiles only)			
Employee last 4 digits of SSN (for new employees only)	F (i	Position # i.e., 541-00	00-0000-000)	Position Title or Classification			
Reporting Structure	L	egacy Ind	ex	Service Location/Legacy PCA			
Work Phone	E	Email Addr	ess ( <i>Required</i> )	)			
( ) ext.							



## CERTIFICATION

I hereby certify that I have read and understand the above requirements for accessing and using CaIATERS Global.							
Employee Name / Title (Print)	Employee Signature		Date				
I approve the request to submit AO-448 to DAO to set up the CalATERS Global.							
Supervisor's Name / Title (Print)	Supervisor's Signature		Date				
Send <u>AO-448</u> with the <u>AO-449</u> form (if needed) to <u>CalATERSHelpDesk@fire.ca.gov</u> or mail to: Department of Forestry and Fire Protection, Departmental Accounting Office, ATTN: Travel Unit, P.O. Box 944246, Sacramento, CA 94244-2460 <b>FOR DAO–TRAVEL UNIT USE ONLY</b>							
I hereby certify the creation of the CalATERS account.							
Processor's Name / Title (Print)	Processor's Signature		Date				
User ID Created for Employee (for new employees only) – <i>up</i> to first 4 letters of last name plus last 4 digits of SSN (e.g., NG1234, LEE1234, ROBE1234).							
Personal Information Notice							
Pursuant to the <u>Federal Privacy Act (P.L. 93-579</u> ) and the <u>Information Practices Act of 1977 (Civil Code</u> <u>Sections 1798, et seq.</u> ), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under <u>Article 6 of the Information Practice Act of 1977 (Civil Code Section 1798.24</u> ). Each individual has the right, upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries to <u>mailto:calfire.cpo@fire.ca.gov</u> .							