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(Revised 08/06)

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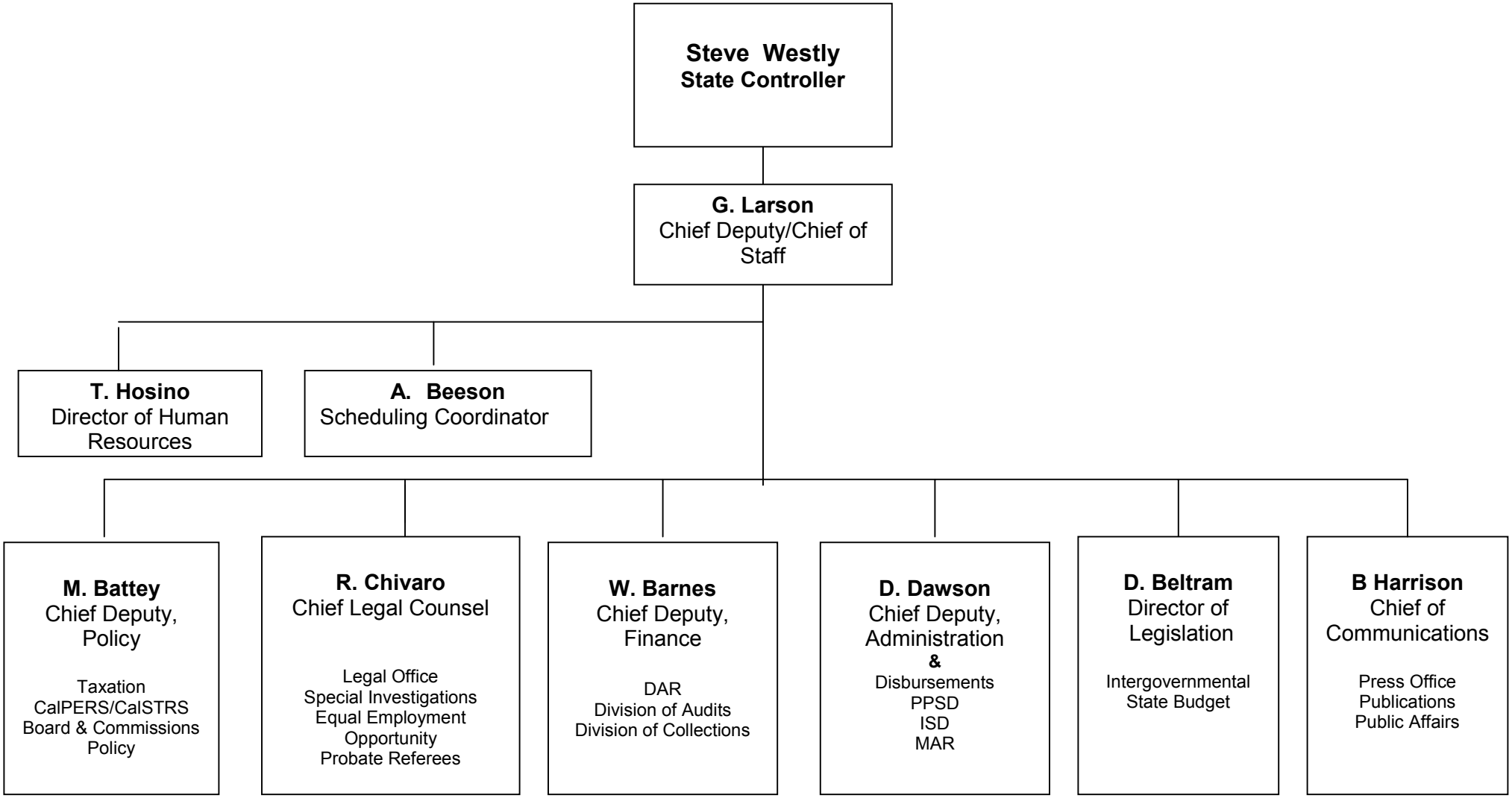
OFFICE OF THE STATE CONTROLLER ORGANIZATION CHART



Date:

To : STATE CONTROLLER'S OFFICE
Personnel/Payroll Operations Bureau
Position Control Unit
P.O. Box 942850
Sacramento, CA 94250-5878

From :

Subject: **POSITION ROSTER LISTING REQUEST**

Use the following selection criteria:

1. Type of Request (check one)

   ☐ One Time
   ☐ Monthly
   ☐ Quarterly
   ☐ Cancel existing request

2. Agency Codes

_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

3. Class Codes (format #5, for reclassifications)

_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

4. Type of Output (check one)

   ☐ (L) Printer Listing
   ☐ (T) Magnetic Tape

5. Printed Listing Information

   a. Page Break (check one)

      ☐ (A) Agency Code
      ☐ (R) Agency-Reporting Unit/Budget Function

   b. Format (check one)

      ☐ (3) Position Roster without Personnel-months Authorized
      ☐ (4) Position Roster/Personnel-months Authorized
      ☐ (5) Reorganization (during fiscal year) or Reclassification

   c. Number of copies _____

6. Tape Information

   a. Check the appropriate box, indicating the type of tape that meets your operational requirements.

Type of Tape	Density	Label	
☐ 18 Track	38K	Standard	• USER
☐ 38 TK	38KC		• TEALE

7. Method of Delivery (check one)

   ☐ a. Messenger Pickup Location: 3301 C Street, Room 401
   Sacramento, CA 95816

   Label Addressed: State Controller's Office
   Personnel/Payroll Operations Bureau
   P.O. Box 942850
   Sacramento, CA 94250-5878

   Contact Person: _____

   Telephone Number: _____

☐ b. Mail

Address _____

_____

_____

_____

☐ c. Call Volume/Serial Number Information by Telephone (Teale Data Center users only)

Contact Person _____

Telephone Number _____

8. Billing

Name _____

Department _____

Address _____

_____

_____

9. Contact if questions/problems

Name _____

Telephone Number _____

10. Requested by _____ _____

(signature) (date)

_____

(please print name)

POSITION ROSTER

FISCAL YEAR 01/02

(Format #3)
Date: 04/19/01
Agency:

AGENCY CODE	RU/BF	CLASS CODE	SER NO.	PT	TERMINATION DATE	FRACT
xxx	343	4363	778	1		
xxx	343	4363	785	1		
xxx	343	4363	791	1		001/002
xxx	344	4363	700	1		001/002
xxx	344	4363	701	1		001/002
xxx	344	4363	702	1		001/002
xxx	344	4363	703	1		001/002
xxx	344	4363	704	1		001/002
xxx	350	4363	701	1		
xxx	351	4363	701	1		
xxx	351	4363	702	1		
xxx	352	4363	702	1	07-14-01	
xxx	352	4363	704	1		
xxx	352	4363	705	1		
xxx	352	4363	707	1		
xxx	352	4363	708	1		
xxx	353	4363	700	1		
xxx	353	4363	701	1		
xxx	353	4363	702	1		
xxx	353	4363	703	1		
xxx	353	4363	704	1		
xxx	353	4363	706	1		
xxx	353	4363	708	1		
xxx	353	4363	709	1	08-31-01	
xxx	353	4363	710	1		
xxx	353	4363	711	1		
xxx	353	4363	713	1		

POSITION ROSTER
FISCAL YEAR 01/02

(Format #4)
Date: 04/19/02
Agency:

AGENCY CODE	RU/BF	CLASS CODE	SER NO.	PT	TERMINATION DATE	FRACT	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE
xxx -	012 -	8232 -	001	1			1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
xxx -	012 -	8232 -	002	1			1.00	1.16	1.09	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
xxx -	012 -	8232 -	003	1			1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
xxx -	012 -	8232 -	004	1			1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
xxx -	012 -	8232 -	005	1			1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
xxx -	012 -	8232 -	007	1			1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
xxx -	012 -	8232 -	007	1			1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
xxx -	012 -	8232 -	008	1			1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
xxx -	012 -	8232 -	009	1			1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
xxx -	012 -	8232 -	010	1			1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
xxx -	012 -	8232 -	011	1			1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
xxx -	012 -	8232 -	012	1			1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
xxx -	012 -	8232 -	013	1			1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
xxx -	012 -	8232 -	014	1		007/010	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70	0.70
xxx -	012 -	8232 -	015	1	09-06-01		1.00	1.00	1.18									
xxx -	012 -	8232 -	016	1			1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
xxx -	012 -	8232 -	017	1			1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
xxx -	012 -	8232 -	018	1			1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
xxx -	012 -	8232 -	019	1			1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00

SPECIAL PAY
BLANK - NO SPECIAL PAY F - FIRE MISSION PAY N - NON-FIRE MISSION PAY (BU 08) V - VARIABLE PAY

See PPM B 008 for explanation of Shift Differential Codes.

See PPM B 036 for explanation of Earnings Identifiers.

NDI SALARY CONVERSION TABLES
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Civil Service Bargaining Units 6
Non-Annual Leave

50% NDI SALARY CONVERSION TABLE NOT TO EXCEED $125

Mo. Salary Rate	Wkly NDI Rate	Daily NDI Rate	Mo. Salary Rate	Wkly NDI Rate	Daily NDI Rate	Mo. Salary Rate	Wkly NDI Rate	Daily NDI Rate	Mo. Salary Rate	Wkly NDI Rate	Daily NDI Rate	Mo. Salary Rate	Wkly NDI Rate	Daily NDI Rate
850	98.00	14.00000	900	103.80	14.82857	950	109.60	15.65714	1000	115.40	16.48571	1050	121.20	17.31429
851	98.20	14.02857	901	104.00	14.85714	951	109.80	15.68571	1001	115.60	16.51429	1051	121.20	17.31429
852	98.40	14.05714	902	104.00	14.85714	952	109.80	15.68571	1002	115.60	16.51429	1052	121.40	17.34286
853	98.40	14.05714	903	104.20	14.88571	953	110.00	15.71429	1003	115.80	16.54286	1053	121.60	17.37143
854	98.60	14.08571	904	104.40	14.91429	954	110.00	15.71429	1004	115.80	16.54286	1054	121.60	17.37143
855	98.60	14.08571	905	104.40	14.91429	955	110.20	15.74286	1005	116.00	16.57143	1055	121.80	17.40000
856	98.80	14.11429	906	104.60	14.94286	956	110.40	15.77143	1006	116.00	16.57143	1056	121.80	17.40000
857	98.80	14.11429	907	104.60	14.94286	957	110.40	15.77143	1007	116.20	16.60000	1057	122.00	17.42857
858	99.00	14.14286	908	104.80	14.97143	958	110.60	15.80000	1008	116.40	16.62857	1058	122.00	17.42857
859	99.20	14.17143	909	104.80	14.97143	959	110.60	15.80000	1009	116.40	16.62857	1059	122.20	17.45714
860	99.20	14.17143	910	105.00	15.00000	960	110.80	15.82857	1010	116.60	16.65714	1060	122.40	17.48571
861	99.40	14.20000	911	105.20	15.02857	961	110.80	15.82857	1011	116.60	16.65714	1061	122.40	17.48571
862	99.40	14.20000	912	105.20	15.02857	962	111.00	15.85714	1012	116.80	16.68571	1062	122.60	17.51429
863	99.60	14.22857	913	105.40	15.05714	963	111.20	15.88571	1013	116.80	16.68571	1063	122.60	17.51429
864	99.60	14.22857	914	105.40	15.05714	964	111.20	15.88571	1014	117.00	16.71429	1064	122.80	17.54286
865	99.80	14.25714	915	105.60	15.08571	965	111.40	15.91429	1015	117.20	16.74286	1065	122.80	17.54286
866	100.00	14.28571	916	105.60	15.08571	966	111.40	15.91429	1016	117.20	16.74286	1066	123.00	17.57143
867	100.00	14.28571	917	105.80	15.11429	967	111.60	15.94286	1017	117.40	16.77143	1067	123.20	17.60000
868	100.20	14.31429	918	106.00	15.14286	968	111.60	15.94286	1018	117.40	16.77143	1068	123.20	17.60000
869	100.20	14.31429	919	106.00	15.14286	969	111.80	15.97143	1019	117.60	16.80000	1069	123.40	17.62857
870	100.40	14.34286	920	106.20	15.17143	970	112.00	16.00000	1020	117.60	16.80000	1070	123.40	17.62857
871	100.60	14.37143	921	106.20	15.17143	971	112.00	16.00000	1021	117.80	16.82857	1071	123.60	17.65714
872	100.60	14.37143	922	106.40	15.20000	972	112.20	16.02857	1022	118.00	16.85714	1072	123.60	17.65714
873	100.80	14.40000	923	106.60	15.22857	973	112.20	16.02857	1023	118.00	16.85714	1073	123.80	17.68571
874	100.80	14.40000	924	106.60	15.22857	974	112.40	16.05714	1024	118.20	16.88571	1074	124.00	17.71429
875	101.00	14.42857	925	106.80	15.25714	975	112.60	16.08571	1025	118.20	16.88571	1075	124.00	17.71429
876	101.00	14.42857	926	106.80	15.25714	976	112.60	16.08571	1026	118.40	16.91429	1076	124.20	17.74286
877	101.20	14.45714	927	107.00	15.28571	977	112.80	16.11429	1027	118.60	16.94286	1077	124.20	17.74286
878	101.40	14.48571	928	107.00	15.28571	978	112.80	16.11429	1028	118.60	16.94286	1078	124.40	17.77143
879	101.40	14.48571	929	107.20	15.31429	979	113.00	16.14286	1029	118.80	16.97143	1079	124.60	17.80000
880	101.60	14.51429	930	107.40	15.34286	980	113.00	16.14286	1030	118.80	16.97143	1080	124.60	17.80000
881	101.60	14.51429	931	107.40	15.34286	981	113.20	16.17143	1031	119.00	17.00000	1081	124.80	17.82857
882	101.80	14.54286	932	107.60	15.37143	982	113.40	16.20000	1032	119.00	17.00000	1082	124.80	17.82857
883	101.80	14.54286	933	107.60	15.37143	983	113.40	16.20000	1033	119.20	17.02857	1083	125.00	17.85714
884	102.00	14.57143	934	107.80	15.40000	984	113.60	16.22857	1034	119.40	17.05714	1084	125.00	17.85714
885	102.20	14.60000	935	107.80	15.40000	985	113.60	16.22857	1035	119.40	17.05714			
886	102.20	14.60000	936	108.00	15.42857	986	113.80	16.25714	1036	119.60	17.08571			
887	102.40	14.62857	937	108.20	15.45714	987	113.80	16.25714	1037	119.60	17.08571			
888	102.40	14.62857	938	108.20	15.45714	988	114.00	16.28571	1038	119.80	17.11429			
889	102.60	14.65714	939	108.40	15.48571	989	114.20	16.31429	1039	119.80	17.11429			
890	102.60	14.65714	940	108.40	15.48571	990	114.20	16.31429	1040	120.00	17.14286			
891	102.80	14.68571	941	108.60	15.51429	991	114.40	16.34286	1041	120.20	17.17143			
892	103.00	14.71429	942	108.60	15.51429	992	114.40	16.34286	1042	120.20	17.17143			
893	103.00	14.71429	943	108.80	15.54286	993	114.60	16.37143	1043	120.40	17.20000			
894	103.20	14.74286	944	109.00	15.57143	994	114.60	16.37143	1044	120.40	17.20000			
895	103.20	14.74286	945	109.00	15.57143	995	114.80	16.40000	1045	120.60	17.22857			
896	103.40	14.77143	946	109.20	15.60000	996	115.00	16.42857	1046	120.60	17.22857			
897	103.60	14.80000	947	109.20	15.60000	997	115.00	16.42857	1047	120.80	17.25714			
898	103.60	14.80000	948	109.40	15.62857	998	115.20	16.45714	1048	121.00	17.28571			
899	103.80	14.82857	949	109.60	15.65714	999	115.20	16.45714	1049	121.00	17.28571			

Non-Represented and All Civil Service Bargaining Units except 6 and 8
Non-Annual Leave

60% NDI SALARY CONVERSION TABLE NOT TO EXCEED $135														
Mo. Salary Rate	Wkly NDI Rate	Daily NDI Rate	Mo. Salary Rate	Wkly NDI Rate	Daily NDI Rate	Mo. Salary Rate	Wkly NDI Rate	Daily NDI Rate	Mo. Salary Rate	Wkly NDI Rate	Daily NDI Rate	Mo. Salary Rate	Wkly NDI Rate	Daily NDI Rate
350	48.48	6.92571	400	55.44	7.92000	450	62.40	8.91429	500	69.12	9.87429	550	76.08	10.86857
351	48.72	6.96000	401	55.44	7.92000	451	62.40	8.91429	501	69.36	9.90857	551	76.32	10.90286
352	48.72	6.96000	402	55.68	7.95429	452	62.64	8.94857	502	69.60	9.94286	552	76.32	10.90286
353	48.96	6.99429	403	55.92	7.98857	453	62.64	8.94857	503	69.60	9.94286	553	76.56	10.93714
354	48.96	6.99429	404	55.92	7.98857	454	62.88	8.98286	504	69.84	9.97714	554	76.80	10.97143
355	49.20	7.02857	405	56.16	8.02286	455	63.12	9.01714	505	69.84	9.97714	555	76.80	10.97143
356	49.20	7.02857	406	56.16	8.02286	456	63.12	9.01714	506	70.08	10.01143	556	77.04	11.00571
357	49.44	7.06286	407	56.40	8.05714	457	63.36	9.05143	507	70.32	10.04571	557	77.04	11.00571
358	49.68	7.09714	408	56.40	8.05714	458	63.36	9.05143	508	70.32	10.04571	558	77.28	11.04000
359	49.68	7.09714	409	56.64	8.09143	459	63.60	9.08571	509	70.56	10.08000	559	77.52	11.07429
360	49.92	7.13143	410	56.88	8.12571	460	63.60	9.08571	510	70.56	10.08000	560	77.52	11.07429
361	49.92	7.13143	411	56.88	8.12571	461	63.84	9.12000	511	70.80	10.11429	561	77.76	11.10857
362	50.16	7.16571	412	57.12	8.16000	462	64.08	9.15429	512	70.80	10.11429	562	77.76	11.10857
363	50.16	7.16571	413	57.12	8.16000	463	64.08	9.15429	513	71.04	10.14857	563	78.00	11.14286
364	50.40	7.20000	414	57.36	8.19429	464	64.32	9.18857	514	71.28	10.18286	564	78.00	11.14286
365	50.64	7.23429	415	57.36	8.19429	465	64.32	9.18857	515	71.28	10.18286	565	78.24	11.17714
366	50.64	7.23429	416	57.60	8.22857	466	64.56	9.22286	516	71.52	10.21714	566	78.48	11.21143
367	50.88	7.26857	417	57.84	8.26286	467	64.56	9.22286	517	71.52	10.21714	567	78.48	11.21143
368	50.88	7.26857	418	57.84	8.26286	468	64.80	9.25714	518	71.76	10.25143	568	78.72	11.24571
369	51.12	7.30286	419	58.08	8.29714	469	65.04	9.29143	519	71.76	10.25143	569	78.72	11.24571
370	51.12	7.30286	420	58.08	8.29714	470	65.04	9.29143	520	72.00	10.28571	570	78.96	11.28000
371	51.36	7.33714	421	58.32	8.33143	471	65.28	9.32571	521	72.24	10.32000	571	78.96	11.28000
372	51.60	7.37143	422	58.32	8.33143	472	65.28	9.32571	522	72.24	10.32000	572	79.20	11.31429
373	51.60	7.37143	423	58.56	8.36571	473	65.52	9.36000	523	72.48	10.35429	573	79.44	11.34857
374	51.84	7.40571	424	58.80	8.40000	474	65.52	9.36000	524	72.48	10.35429	574	79.44	11.34857
375	51.84	7.40571	425	58.80	8.40000	475	65.76	9.39429	525	72.72	10.38857	575	79.68	11.38286
376	52.08	7.44000	426	59.04	8.43429	476	66.00	9.42857	526	72.72	10.38857	576	79.68	11.38286
377	52.32	7.47429	427	59.04	8.43429	477	66.00	9.42857	527	72.96	10.42286	577	79.92	11.41714
378	52.32	7.47429	428	59.28	8.46857	478	66.24	9.46286	528	73.20	10.45714	578	79.92	11.41714
379	52.56	7.50857	429	59.52	8.50286	479	66.24	9.46286	529	73.20	10.45714	579	80.16	11.45143
380	52.56	7.50857	430	59.52	8.50286	480	66.48	9.49714	530	73.44	10.49143	580	80.40	11.48571
381	52.80	7.54286	431	59.76	8.53714	481	66.72	9.53143	531	73.44	10.49143	581	80.40	11.48571
382	52.80	7.54286	432	59.76	8.53714	482	66.72	9.53143	532	73.68	10.52571	582	80.64	11.52000
383	53.04	7.57714	433	60.00	8.57143	483	66.96	9.56571	533	73.92	10.56000	583	80.64	11.52000
384	53.28	7.61143	434	60.00	8.57143	484	66.96	9.56571	534	73.92	10.56000	584	80.88	11.55429
385	53.28	7.61143	435	60.24	8.60571	485	67.20	9.60000	535	74.16	10.59429	585	81.12	11.58857
386	53.52	7.64571	436	60.48	8.64000	486	67.20	9.60000	536	74.16	10.59429	586	81.12	11.58857
387	53.52	7.64571	437	60.48	8.64000	487	67.44	9.63429	537	74.40	10.62857	587	81.36	11.62286
388	53.76	7.68000	438	60.72	8.67429	488	67.68	9.66857	538	74.40	10.62857	588	81.36	11.62286
389	53.76	7.68000	439	60.72	8.67429	489	67.68	9.66857	539	74.64	10.66286	589	81.60	11.65714
390	54.00	7.71429	440	60.96	8.70857	490	67.92	9.70286	540	74.88	10.69714	590	81.60	11.65714
391	54.24	7.74857	441	60.96	8.70857	491	67.92	9.70286	541	74.88	10.69714	591	81.84	11.69143
392	54.24	7.74857	442	61.20	8.74286	492	68.16	9.73714	542	75.12	10.73143	592	82.08	11.72571
393	54.48	7.78286	443	61.44	8.77714	493	68.16	9.73714	543	75.12	10.73143	593	82.08	11.72571
394	54.48	7.78286	444	61.44	8.77714	494	68.40	9.77143	544	75.36	10.76571	594	82.32	11.76000
395	54.72	7.81714	445	61.68	8.81143	495	68.64	9.80571	545	75.36	10.76571	595	82.32	11.76000
396	54.72	7.81714	446	61.68	8.81143	496	68.64	9.80571	546	75.60	10.80000	596	82.56	11.79429
397	54.96	7.85143	447	61.92	8.84571	497	68.88	9.84000	547	75.84	10.83429	597	82.56	11.79429
398	55.20	7.88571	448	61.92	8.84571	498	68.88	9.84000	548	75.84	10.83429	598	82.80	11.82857
399	55.20	7.88571	449	62.16	8.88000	499	69.12	9.87429	549	76.08	10.86857	599	83.04	11.86286

Non Represented and All Civil Service Bargaining Units except 6 and 8
Non-Annual Leave

60% NDI SALARY CONVERSION TABLE NOT TO EXCEED $135														
Mo. Salary Rate	Wkly NDI Rate	Daily NDI Rate	Mo. Salary Rate	Wkly NDI Rate	Daily NDI Rate	Mo. Salary Rate	Wkly NDI Rate	Daily NDI Rate	Mo. Salary Rate	Wkly NDI Rate	Daily NDI Rate	Mo. Salary Rate	Wkly NDI Rate	Daily NDI Rate
600	83.04	11.86286	650	90.00	12.85714	700	96.96	13.85143	750	103.92	14.84571	800	110.88	15.84000
601	83.28	11.89714	651	90.24	12.89143	701	96.96	13.85143	751	103.92	14.84571	801	110.88	15.84000
602	83.28	11.89714	652	90.24	12.89143	702	97.20	13.88571	752	104.16	14.88000	802	111.12	15.87429
603	83.52	11.93143	653	90.48	12.92571	703	97.44	13.92000	753	104.16	14.88000	803	111.12	15.87429
604	83.52	11.93143	654	90.48	12.92571	704	97.44	13.92000	754	104.40	14.91429	804	111.36	15.90857
605	83.76	11.96571	655	90.72	12.96000	705	97.68	13.95429	755	104.64	14.94857	805	111.36	15.90857
606	84.00	12.00000	656	90.72	12.96000	706	97.68	13.95429	756	104.64	14.94857	806	111.60	15.94286
607	84.00	12.00000	657	90.96	12.99429	707	97.92	13.98857	757	104.88	14.98286	807	111.84	15.97714
608	84.24	12.03429	658	91.20	13.02857	708	97.92	13.98857	758	104.88	14.98286	808	111.84	15.97714
609	84.24	12.03429	659	91.20	13.02857	709	98.16	14.02286	759	105.12	15.01714	809	112.08	16.01143
610	84.48	12.06857	660	91.44	13.06286	710	98.40	14.05714	760	105.12	15.01714	810	112.08	16.01143
611	84.72	12.10286	661	91.44	13.06286	711	98.40	14.05714	761	105.36	15.05143	811	112.32	16.04571
612	84.72	12.10286	662	91.68	13.09714	712	98.64	14.09143	762	105.60	15.08571	812	112.32	16.04571
613	84.96	12.13714	663	91.92	13.13143	713	98.64	14.09143	763	105.60	15.08571	813	112.56	16.08000
614	84.96	12.13714	664	91.92	13.13143	714	98.88	14.12571	764	105.84	15.12000	814	112.80	16.11429
615	85.20	12.17143	665	92.16	13.16571	715	99.12	14.16000	765	105.84	15.12000	815	112.80	16.11429
616	85.20	12.17143	666	92.16	13.16571	716	99.12	14.16000	766	106.08	15.15429	816	113.04	16.14857
617	85.44	12.20571	667	92.40	13.20000	717	99.36	14.19429	767	106.32	15.18857	817	113.04	16.14857
618	85.68	12.24000	668	92.40	13.20000	718	99.36	14.19429	768	106.32	15.18857	818	113.28	16.18286
619	85.68	12.24000	669	92.64	13.23429	719	99.60	14.22857	769	106.56	15.22286	819	113.52	16.21714
620	85.92	12.27429	670	92.88	13.26857	720	99.60	14.22857	770	106.56	15.22286	820	113.52	16.21714
621	85.92	12.27429	671	92.88	13.26857	721	99.84	14.26286	771	106.80	15.25714	821	113.76	16.25143
622	86.16	12.30857	672	93.12	13.30286	722	100.08	14.29714	772	106.80	15.25714	822	113.76	16.25143
623	86.16	12.30857	673	93.12	13.30286	723	100.08	14.29714	773	107.04	15.29143	823	114.00	16.28571
624	86.40	12.34286	674	93.36	13.33714	724	100.32	14.33143	774	107.28	15.32571	824	114.00	16.28571
625	86.64	12.37714	675	93.36	13.33714	725	100.32	14.33143	775	107.28	15.32571	825	114.24	16.32000
626	86.64	12.37714	676	93.60	13.37143	726	100.56	14.36571	776	107.52	15.36000	826	114.48	16.35429
627	86.88	12.41143	677	93.84	13.40571	727	100.56	14.36571	777	107.52	15.36000	827	114.48	16.35429
628	86.88	12.41143	678	93.84	13.40571	728	100.80	14.40000	778	107.76	15.39429	828	114.72	16.38857
629	87.12	12.44571	679	94.08	13.44000	729	101.04	14.43429	779	107.76	15.39429	829	114.72	16.38857
630	87.12	12.44571	680	94.08	13.44000	730	101.04	14.43429	780	108.00	15.42857	830	114.96	16.42286
631	87.36	12.48000	681	94.32	13.47429	731	101.28	14.46857	781	108.24	15.46286	831	114.96	16.42286
632	87.60	12.51429	682	94.32	13.47429	732	101.28	14.46857	782	108.24	15.46286	832	115.20	16.45714
633	87.60	12.51429	683	94.56	13.50857	733	101.52	14.50286	783	108.48	15.49714	833	115.44	16.49143
634	87.84	12.54857	684	94.80	13.54286	734	101.52	14.50286	784	108.48	15.49714	834	115.44	16.49143
635	87.84	12.54857	685	94.80	13.54286	735	101.76	14.53714	785	108.72	15.53143	835	115.68	16.52571
636	88.08	12.58286	686	95.04	13.57714	736	102.00	14.57143	786	108.72	15.53143	836	115.68	16.52571
637	88.32	12.61714	687	95.04	13.57714	737	102.00	14.57143	787	108.96	15.56571	837	115.92	16.56000
638	88.32	12.61714	688	95.28	13.61143	738	102.24	14.60571	788	109.20	15.60000	838	115.92	16.56000
639	88.56	12.65143	689	95.52	13.64571	739	102.24	14.60571	789	109.20	15.60000	839	116.16	16.59429
640	88.56	12.65143	690	95.52	13.64571	740	102.48	14.64000	790	109.44	15.63429	840	116.40	16.62857
641	88.80	12.68571	691	95.76	13.68000	741	102.72	14.67429	791	109.44	15.63429	841	116.40	16.62857
642	88.80	12.68571	692	95.76	13.68000	742	102.72	14.67429	792	109.68	15.66857	842	116.64	16.66286
643	89.04	12.72000	693	96.00	13.71429	743	102.96	14.70857	793	109.92	15.70286	843	116.64	16.66286
644	89.28	12.75429	694	96.00	13.71429	744	102.96	14.70857	794	109.92	15.70286	844	116.88	16.69714
645	89.28	12.75429	695	96.24	13.74857	745	103.20	14.74286	795	110.16	15.73714	845	117.12	16.73143
646	89.52	12.78857	696	96.48	13.78286	746	103.20	14.74286	796	110.16	15.73714	846	117.12	16.73143
647	89.52	12.78857	697	96.48	13.78286	747	103.44	14.77714	797	110.40	15.77143	847	117.36	16.76571
648	89.76	12.82286	698	96.72	13.81714	748	103.68	14.81143	798	110.40	15.77143	848	117.36	16.76571
649	89.76	12.82286	699	96.72	13.81714	749	103.68	14.81143	799	110.64	15.80571	849	117.60	16.80000

Non Represented and All Civil Service Bargaining Units Except 6 and 8
Non-Annual Leave

60 % NDI SALARY CONVERSION TABLE NOT TO EXCEED $135														
Mo. Salary Rate	Wkly NDI Rate	Daily NDI Rate	Mo. Salary Rate	Wkly NDI Rate	Daily NDI Rate	Mo. Salary Rate	Wkly NDI Rate	Daily NDI Rate	Mo. Salary Rate	Wkly NDI Rate	Daily NDI Rate	Mo. Salary Rate	Wkly NDI Rate	Daily NDI Rate
850	117.60	16.80000	900	124.56	17.79429	950	131.52	18.78857						
851	117.84	16.83429	901	124.80	17.82857	951	131.76	18.82286						
852	118.08	16.86857	902	124.80	17.82857	952	131.76	18.82286						
853	118.08	16.86857	903	125.04	17.86286	953	132.00	18.85714						
854	118.32	16.90286	904	125.28	17.89714	954	132.00	18.85714						
855	118.32	16.90286	905	125.28	17.89714	955	132.24	18.89143						
856	118.56	16.93714	906	125.52	17.93143	956	132.48	18.92571						
857	118.56	16.93714	907	125.52	17.93143	957	132.48	18.92571						
858	118.80	16.97143	908	125.76	17.96571	958	132.72	18.96000						
859	119.04	17.00571	909	125.76	17.96571	959	132.72	18.96000						
860	119.04	17.00571	910	126.00	18.00000	960	132.96	18.99429						
861	119.28	17.04000	911	126.24	18.03429	961	132.96	18.99429						
862	119.28	17.04000	912	126.24	18.03429	962	133.20	19.02857						
863	119.52	17.07429	913	126.48	18.06857	963	133.44	19.06286						
864	119.52	17.07429	914	126.48	18.06857	964	133.44	19.06286						
865	119.76	17.10857	915	126.72	18.10286	965	133.68	19.09714						
866	120.00	17.14286	916	126.72	18.10286	966	133.68	19.09714						
867	120.00	17.14286	917	126.96	18.13714	967	133.92	19.13143						
868	120.24	17.17714	918	127.20	18.17143	968	133.92	19.13143						
869	120.24	17.17714	919	127.20	18.17143	969	134.16	19.16571						
870	120.48	17.21143	920	127.44	18.20571	970	134.40	19.20000						
871	120.72	17.24571	921	127.44	18.20571	971	134.40	19.20000						
872	120.72	17.24571	922	127.68	18.24000	972	134.64	19.23429						
873	120.96	17.28000	923	127.92	18.27429	973	134.64	19.23429						
874	120.96	17.28000	924	127.92	18.27429	974	134.88	19.26857						
875	121.20	17.31429	925	128.16	18.30857	975	135.00	19.28571						
876	121.20	17.31429	926	128.16	18.30857									
877	121.44	17.34857	927	128.40	18.34286									
878	121.68	17.38286	928	128.40	18.34286									
879	121.68	17.38286	929	128.64	18.37714									
880	121.92	17.41714	930	128.88	18.41143									
881	121.92	17.41714	931	128.88	18.41143									
882	122.16	17.45143	932	129.12	18.44571									
883	122.16	17.45143	933	129.12	18.44571									
884	122.40	17.48571	934	129.36	18.48000									
885	122.64	17.52000	935	129.36	18.48000									
886	122.64	17.52000	936	129.60	18.51429									
850	117.60	16.80000	937	129.84	18.54857									
850	117.60	16.80000	938	129.84	18.54857									
850	117.60	16.80000	939	130.08	18.58286									
850	117.60	16.80000	940	130.08	18.58286									
850	117.60	16.80000	941	130.32	18.61714									
850	117.60	16.80000	942	130.32	18.61714									
850	117.60	16.80000	943	130.56	18.65143									
850	117.60	16.80000	944	130.80	18.68571									
850	117.60	16.80000	945	130.80	18.68571									
850	117.60	16.80000	946	131.04	18.72000									
850	117.60	16.80000	947	131.04	18.72000									
850	117.60	16.80000	948	131.28	18.75429									
850	117.60	16.80000	949	131.52	18.78857									

California State University Bargaining Units 1 and 10

50 % NDI SALARY CONVERSION TABLE NOT TO EXCEED $135														
MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate
350	40.40	5.77143	400	46.20	6.60000	450	52.00	7.42857	500	57.60	8.22857	550	63.40	9.05714
351	40.60	5.80000	401	46.20	6.60000	451	52.00	7.42857	501	57.80	8.25714	551	63.60	9.08571
352	40.60	5.80000	402	46.40	6.62857	452	52.20	7.45714	502	58.00	8.28571	552	63.60	9.08571
353	40.80	5.82857	403	46.60	6.65714	453	52.20	7.45714	503	58.00	8.28571	553	63.80	9.11429
354	40.80	5.82857	404	46.60	6.65714	454	52.40	7.48571	504	58.20	8.31429	554	64.00	9.14286
355	41.00	5.85714	405	46.80	6.68571	455	52.60	7.51429	505	58.20	8.31429	555	64.00	9.14286
356	41.00	5.85714	406	46.80	6.68571	456	52.60	7.51429	506	58.40	8.34286	556	64.20	9.17143
357	41.20	5.88571	407	47.00	6.71429	457	52.80	7.54286	507	58.60	8.37143	557	64.20	9.17143
358	41.40	5.91429	408	47.00	6.71429	458	52.80	7.54286	508	58.60	8.37143	558	64.40	9.20000
359	41.40	5.91429	409	47.20	6.74286	459	53.00	7.57143	509	58.80	8.40000	559	64.60	9.22857
360	41.60	5.94286	410	47.40	6.77143	460	53.00	7.57143	510	58.80	8.40000	560	64.60	9.22857
361	41.60	5.94286	411	47.40	6.77143	461	53.20	7.60000	511	59.00	8.42857	561	64.80	9.25714
362	41.80	5.97143	412	47.60	6.80000	462	53.40	7.62857	512	59.00	8.42857	562	64.80	9.25714
363	41.80	5.97143	413	47.60	6.80000	463	53.40	7.62857	513	59.20	8.45714	563	65.00	9.28571
364	42.00	6.00000	414	47.80	6.82857	464	53.60	7.65714	514	59.40	8.48571	564	65.00	9.28571
365	42.20	6.02857	415	47.80	6.82857	465	53.60	7.65714	515	59.40	8.48571	565	65.20	9.31429
366	42.20	6.02857	416	48.00	6.85714	466	53.80	7.68571	516	59.60	8.51429	566	65.40	9.34286
367	42.40	6.05714	417	48.20	6.88571	467	53.80	7.68571	517	59.60	8.51429	567	65.40	9.34286
368	42.40	6.05714	418	48.20	6.88571	468	54.00	7.71429	518	59.80	8.54286	568	65.60	9.37143
369	42.60	6.08571	419	48.40	6.91429	469	54.20	7.74286	519	59.80	8.54286	569	65.60	9.37143
370	42.60	6.08571	420	48.40	6.91429	470	54.20	7.74286	520	60.00	8.57143	570	65.80	9.40000
371	42.80	6.11429	421	48.60	6.94286	471	54.40	7.77143	521	60.20	8.60000	571	65.80	9.40000
372	43.00	6.14286	422	48.60	6.94286	472	54.40	7.77143	522	60.20	8.60000	572	66.00	9.42857
373	43.00	6.14286	423	48.80	6.97143	473	54.60	7.80000	523	60.40	8.62857	573	66.20	9.45714
374	43.20	6.17143	424	49.00	7.00000	474	54.60	7.80000	524	60.40	8.62857	574	66.20	9.45714
375	43.20	6.17143	425	49.00	7.00000	475	54.80	7.82857	525	60.60	8.65714	575	66.40	9.48571
376	43.40	6.20000	426	49.20	7.02857	476	55.00	7.85714	526	60.60	8.65714	576	66.40	9.48571
377	43.60	6.22857	427	49.20	7.02857	477	55.00	7.85714	527	60.80	8.68571	577	66.60	9.51429
378	43.60	6.22857	428	49.40	7.05714	478	55.20	7.88571	528	61.00	8.71429	578	66.60	9.51429
379	43.80	6.25714	429	49.60	7.08571	479	55.20	7.88571	529	61.00	8.71429	579	66.80	9.54286
380	43.80	6.25714	430	49.60	7.08571	480	55.40	7.91429	530	61.20	8.74286	580	67.00	9.57143
381	44.00	6.28571	431	49.80	7.11429	481	55.60	7.94286	531	61.20	8.74286	581	67.00	9.57143
382	44.00	6.28571	432	49.80	7.11429	482	55.60	7.94286	532	61.40	8.77143	582	67.20	9.60000
383	44.20	6.31429	433	50.00	7.14286	483	55.80	7.97143	533	61.60	8.80000	583	67.20	9.60000
384	44.40	6.34286	434	50.00	7.14286	484	55.80	7.97143	534	61.60	8.80000	584	67.40	9.62857
385	44.40	6.34286	435	50.20	7.17143	485	56.00	8.00000	535	61.80	8.82857	585	67.60	9.65714
386	44.60	6.37143	436	50.40	7.20000	486	56.00	8.00000	536	61.80	8.82857	586	67.60	9.65714
387	44.60	6.37143	437	50.40	7.20000	487	56.20	8.02857	537	62.00	8.85714	587	67.80	9.68571
388	44.80	6.40000	438	50.60	7.22857	488	56.40	8.05714	538	62.00	8.85714	588	67.80	9.68571
389	44.80	6.40000	439	50.60	7.22857	489	56.40	8.05714	539	62.20	8.88571	589	68.00	9.71429
390	45.00	6.42857	440	50.80	7.25714	490	56.60	8.08571	540	62.40	8.91429	590	68.00	9.71429
391	45.20	6.45714	441	50.80	7.25714	491	56.60	8.08571	541	62.40	8.91429	591	68.20	9.74286
392	45.20	6.45714	442	51.00	7.28571	492	56.80	8.11429	542	62.60	8.94286	592	68.40	9.77143
393	45.40	6.48571	443	51.20	7.31429	493	56.80	8.11429	543	62.60	8.94286	593	68.40	9.77143
394	45.40	6.48571	444	51.20	7.31429	494	57.00	8.14286	544	62.80	8.97143	594	68.60	9.80000
395	45.60	6.51429	445	51.40	7.34286	495	57.20	8.17143	545	62.80	8.97143	595	68.60	9.80000
396	45.60	6.51429	446	51.40	7.34286	496	57.20	8.17143	546	63.00	9.00000	596	68.80	9.82857
397	45.80	6.54286	447	51.60	7.37143	497	57.40	8.20000	547	63.20	9.02857	597	68.80	9.82857
398	46.00	6.57143	448	51.60	7.37143	498	57.40	8.20000	548	63.20	9.02857	598	69.00	9.85714
399	46.00	6.57143	449	51.80	7.40000	499	57.60	8.22857	549	63.40	9.05714	599	69.20	9.88571

California State University Bargaining Units 1 and 10

50 % NDI SALARY CONVERSION TABLE NOT TO EXCEED $135														
MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate
600	69.20	9.88571	650	75.00	10.71429	700	80.80	11.54286	750	86.60	12.37143	800	92.40	13.20000
601	69.40	9.91429	651	75.20	10.74286	701	80.80	11.54286	751	86.60	12.37143	801	92.40	13.20000
602	69.40	9.91429	652	75.20	10.74286	702	81.00	11.57143	752	86.80	12.40000	802	92.60	13.22857
603	69.60	9.94286	653	75.40	10.77143	703	81.20	11.60000	753	86.80	12.40000	803	92.60	13.22857
604	69.60	9.94286	654	75.40	10.77143	704	81.20	11.60000	754	87.00	12.42857	804	92.80	13.25714
605	69.80	9.97143	655	75.60	10.80000	705	81.40	11.62857	755	87.20	12.45714	805	92.80	13.25714
606	70.00	10.00000	656	75.60	10.80000	706	81.40	11.62857	756	87.20	12.45714	806	93.00	13.28571
607	70.00	10.00000	657	75.80	10.82857	707	81.60	11.65714	757	87.40	12.48571	807	93.20	13.31429
608	70.20	10.02857	658	76.00	10.85714	708	81.60	11.65714	758	87.40	12.48571	808	93.20	13.31429
609	70.20	10.02857	659	76.00	10.85714	709	81.80	11.68571	759	87.60	12.51429	809	93.40	13.34286
610	70.40	10.05714	660	76.20	10.88571	710	82.00	11.71429	760	87.60	12.51429	810	93.40	13.34286
611	70.60	10.08571	661	76.20	10.88571	711	82.00	11.71429	761	87.80	12.54286	811	93.60	13.37143
612	70.60	10.08571	662	76.40	10.91429	712	82.20	11.74286	762	88.00	12.57143	812	93.60	13.37143
613	70.80	10.11429	663	76.60	10.94286	713	82.20	11.74286	763	88.00	12.57143	813	93.80	13.40000
614	70.80	10.11429	664	76.60	10.94286	714	82.40	11.77143	764	88.20	12.60000	814	94.00	13.42857
615	71.00	10.14286	665	76.80	10.97143	715	82.60	11.80000	765	88.20	12.60000	815	94.00	13.42857
616	71.00	10.14286	666	76.80	10.97143	716	82.60	11.80000	766	88.40	12.62857	816	94.20	13.45714
617	71.20	10.17143	667	77.00	11.00000	717	82.80	11.82857	767	88.60	12.65714	817	94.20	13.45714
618	71.40	10.20000	668	77.00	11.00000	718	82.80	11.82857	768	88.60	12.65714	818	94.40	13.48571
619	71.40	10.20000	669	77.20	11.02857	719	83.00	11.85714	769	88.80	12.68571	819	94.60	13.51429
620	71.60	10.22857	670	77.40	11.05714	720	83.00	11.85714	770	88.80	12.68571	820	94.60	13.51429
621	71.60	10.22857	671	77.40	11.05714	721	83.20	11.88571	771	89.00	12.71429	821	94.80	13.54286
622	71.80	10.25714	672	77.60	11.08571	722	83.40	11.91429	772	89.00	12.71429	822	94.80	13.54286
623	71.80	10.25714	673	77.60	11.08571	723	83.40	11.91429	773	89.20	12.74286	823	95.00	13.57143
624	72.00	10.28571	674	77.80	11.11429	724	83.60	11.94286	774	89.40	12.77143	824	95.00	13.57143
625	72.20	10.31429	675	77.80	11.11429	725	83.60	11.94286	775	89.40	12.77143	825	95.20	13.60000
626	72.20	10.31429	676	78.00	11.14286	726	83.80	11.97143	776	89.60	12.80000	826	95.40	13.62857
627	72.40	10.34286	677	78.20	11.17143	727	83.80	11.97143	777	89.60	12.80000	827	95.40	13.62857
628	72.40	10.34286	678	78.20	11.17143	728	84.00	12.00000	778	89.80	12.82857	828	95.60	13.65714
629	72.60	10.37143	679	78.40	11.20000	729	84.20	12.02857	779	89.80	12.82857	829	95.60	13.65714
630	72.60	10.37143	680	78.40	11.20000	730	84.20	12.02857	780	90.00	12.85714	830	95.80	13.68571
631	72.80	10.40000	681	78.60	11.22857	731	84.40	12.05714	781	90.20	12.88571	831	95.80	13.68571
632	73.00	10.42857	682	78.60	11.22857	732	84.40	12.05714	782	90.20	12.88571	832	96.00	13.71429
633	73.00	10.42857	683	78.80	11.25714	733	84.60	12.08571	783	90.40	12.91429	833	96.20	13.74286
634	73.20	10.45714	684	79.00	11.28571	734	84.60	12.08571	784	90.40	12.91429	834	96.20	13.74286
635	73.20	10.45714	685	79.00	11.28571	735	84.80	12.11429	785	90.60	12.94286	835	96.40	13.77143
636	73.40	10.48571	686	79.20	11.31429	736	85.00	12.14286	786	90.60	12.94286	836	96.40	13.77143
637	73.60	10.51429	687	79.20	11.31429	737	85.00	12.14286	787	90.80	12.97143	837	96.60	13.80000
638	73.60	10.51429	688	79.40	11.34286	738	85.20	12.17143	788	91.00	13.00000	838	96.60	13.80000
639	73.80	10.54286	689	79.60	11.37143	739	85.20	12.17143	789	91.00	13.00000	839	96.80	13.82857
640	73.80	10.54286	690	79.60	11.37143	740	85.40	12.20000	790	91.20	13.02857	840	97.00	13.85714
641	74.00	10.57143	691	79.80	11.40000	741	85.60	12.22857	791	91.20	13.02857	841	97.00	13.85714
642	74.00	10.57143	692	79.80	11.40000	742	85.60	12.22857	792	91.40	13.05714	842	97.20	13.88571
643	74.20	10.60000	693	80.00	11.42857	743	85.80	12.25714	793	91.60	13.08571	843	97.20	13.88571
644	74.40	10.62857	694	80.00	11.42857	744	85.80	12.25714	794	91.60	13.08571	844	97.40	13.91429
645	74.40	10.62857	695	80.20	11.45714	745	86.00	12.28571	795	91.80	13.11429	845	97.60	13.94286
646	74.60	10.65714	696	80.40	11.48571	746	86.00	12.28571	796	91.80	13.11429	846	97.60	13.94286
647	74.60	10.65714	697	80.40	11.48571	747	86.20	12.31429	797	92.00	13.14286	847	97.80	13.97143
648	74.80	10.68571	698	80.60	11.51429	748	86.40	12.34286	798	92.00	13.14286	848	97.80	13.97143
649	74.80	10.68571	699	80.60	11.51429	749	86.40	12.34286	799	92.20	13.17143	849	98.00	14.00000

California State University Bargaining Units 1 and 10

50 % NDI SALARY CONVERSION TABLE NOT TO EXCEED $135														
MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate
850	98.00	14.00000	900	103.80	14.82857	950	109.60	15.65714	1000	115.40	16.48571	1050	121.20	17.31429
851	98.20	14.02857	901	104.00	14.85714	951	109.80	15.68571	1001	115.60	16.51429	1051	121.20	17.31429
852	98.40	14.05714	902	104.00	14.85714	952	109.80	15.68571	1002	115.60	16.51429	1052	121.40	17.34286
853	98.40	14.05714	903	104.20	14.88571	953	110.00	15.71429	1003	115.80	16.54286	1053	121.60	17.37143
854	98.60	14.08571	904	104.40	14.91429	954	110.00	15.71429	1004	115.80	16.54286	1054	121.60	17.37143
855	98.60	14.08571	905	104.40	14.91429	955	110.20	15.74286	1005	116.00	16.57143	1055	121.80	17.40000
856	98.80	14.11429	906	104.60	14.94286	956	110.40	15.77143	1006	116.00	16.57143	1056	121.80	17.40000
857	98.80	14.11429	907	104.60	14.94286	957	110.40	15.77143	1007	116.20	16.60000	1057	122.00	17.42857
858	99.00	14.14286	908	104.80	14.97143	958	110.60	15.80000	1008	116.40	16.62857	1058	122.00	17.42857
859	99.20	14.17143	909	104.80	14.97143	959	110.60	15.80000	1009	116.40	16.62857	1059	122.20	17.45714
860	99.20	14.17143	910	105.00	15.00000	960	110.80	15.82857	1010	116.60	16.65714	1060	122.40	17.48571
861	99.40	14.20000	911	105.20	15.02857	961	110.80	15.82857	1011	116.60	16.65714	1061	122.40	17.48571
862	99.40	14.20000	912	105.20	15.02857	962	111.00	15.85714	1012	116.80	16.68571	1062	122.60	17.51429
863	99.60	14.22857	913	105.40	15.05714	963	111.20	15.88571	1013	116.80	16.68571	1063	122.60	17.51429
864	99.60	14.22857	914	105.40	15.05714	964	111.20	15.88571	1014	117.00	16.71429	1064	122.80	17.54286
865	99.80	14.25714	915	105.60	15.08571	965	111.40	15.91429	1015	117.20	16.74286	1065	122.80	17.54286
866	100.00	14.28571	916	105.60	15.08571	966	111.40	15.91429	1016	117.20	16.74286	1066	123.00	17.57143
867	100.00	14.28571	917	105.80	15.11429	967	111.60	15.94286	1017	117.40	16.77143	1067	123.20	17.60000
868	100.20	14.31429	918	106.00	15.14286	968	111.60	15.94286	1018	117.40	16.77143	1068	123.20	17.60000
869	100.20	14.31429	919	106.00	15.14286	969	111.80	15.97143	1019	117.60	16.80000	1069	123.40	17.62857
870	100.40	14.34286	920	106.20	15.17143	970	112.00	16.00000	1020	117.60	16.80000	1070	123.40	17.62857
871	100.60	14.37143	921	106.20	15.17143	971	112.00	16.00000	1021	117.80	16.82857	1071	123.60	17.65714
872	100.60	14.37143	922	106.40	15.20000	972	112.20	16.02857	1022	118.00	16.85714	1072	123.60	17.65714
873	100.80	14.40000	923	106.60	15.22857	973	112.20	16.02857	1023	118.00	16.85714	1073	123.80	17.68571
874	100.80	14.40000	924	106.60	15.22857	974	112.40	16.05714	1024	118.20	16.88571	1074	124.00	17.71429
875	101.00	14.42857	925	106.80	15.25714	975	112.60	16.08571	1025	118.20	16.88571	1075	124.00	17.71429
876	101.00	14.42857	926	106.80	15.25714	976	112.60	16.08571	1026	118.40	16.91429	1076	124.20	17.74286
877	101.20	14.45714	927	107.00	15.28571	977	112.80	16.11429	1027	118.60	16.94286	1077	124.20	17.74286
878	101.40	14.48571	928	107.00	15.28571	978	112.80	16.11429	1028	118.60	16.94286	1078	124.40	17.77143
879	101.40	14.48571	929	107.20	15.31429	979	113.00	16.14286	1029	118.80	16.97143	1079	124.60	17.80000
880	101.60	14.51429	930	107.40	15.34286	980	113.00	16.14286	1030	118.80	16.97143	1080	124.60	17.80000
881	101.60	14.51429	931	107.40	15.34286	981	113.20	16.17143	1031	119.00	17.00000	1081	124.80	17.82857
882	101.80	14.54286	932	107.60	15.37143	982	113.40	16.20000	1032	119.00	17.00000	1082	124.80	17.82857
883	101.80	14.54286	933	107.60	15.37143	983	113.40	16.20000	1033	119.20	17.02857	1083	125.00	17.85714
884	102.00	14.57143	934	107.80	15.40000	984	113.60	16.22857	1034	119.40	17.05714	1084	125.00	17.85714
885	102.20	14.60000	935	107.80	15.40000	985	113.60	16.22857	1035	119.40	17.05714	1085	125.20	17.88571
886	102.20	14.60000	936	108.00	15.42857	986	113.80	16.25714	1036	119.60	17.08571	1086	125.40	17.91429
887	102.40	14.62857	937	108.20	15.45714	987	113.80	16.25714	1037	119.60	17.08571	1087	125.40	17.91429
888	102.40	14.62857	938	108.20	15.45714	988	114.00	16.28571	1038	119.80	17.11429	1088	125.60	17.94286
889	102.60	14.65714	939	108.40	15.48571	989	114.20	16.31429	1039	119.80	17.11429	1089	125.60	17.94286
890	102.60	14.65714	940	108.40	15.48571	990	114.20	16.31429	1040	120.00	17.14286	1090	125.80	17.97143
891	102.80	14.68571	941	108.60	15.51429	991	114.40	16.34286	1041	120.20	17.17143	1091	125.80	17.97143
892	103.00	14.71429	942	108.60	15.51429	992	114.40	16.34286	1042	120.20	17.17143	1092	126.00	18.00000
893	103.00	14.71429	943	108.80	15.54286	993	114.60	16.37143	1043	120.40	17.20000	1093	126.20	18.02857
894	103.20	14.74286	944	109.00	15.57143	994	114.60	16.37143	1044	120.40	17.20000	1094	126.20	18.02857
895	103.20	14.74286	945	109.00	15.57143	995	114.80	16.40000	1045	120.60	17.22857	1095	126.40	18.05714
896	103.40	14.77143	946	109.20	15.60000	996	115.00	16.42857	1046	120.60	17.22857	1096	126.40	18.05714
897	103.60	14.80000	947	109.20	15.60000	997	115.00	16.42857	1047	120.80	17.25714	1097	126.60	18.08571
898	103.60	14.80000	948	109.40	15.62857	998	115.20	16.45714	1048	121.00	17.28571	1098	126.60	18.08571
899	103.80	14.82857	949	109.60	15.65714	999	115.20	16.45714	1049	121.00	17.28571	1099	126.80	18.11429

California State University Bargaining Units 1 and 10

50 % NDI SALARY CONVERSION TABLE NOT TO EXCEED $135														
MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate
1100	127.00	18.14286	1150	132.60	18.94286									
1101	127.00	18.14286	1151	132.80	18.97143									
1102	127.20	18.17143	1152	133.00	19.00000									
1103	127.20	18.17143	1153	133.00	19.00000									
1104	127.40	18.20000	1154	133.20	19.02857									
1105	127.60	18.22857	1155	133.20	19.02857									
1106	127.60	18.22857	1156	133.40	19.05714									
1107	127.80	18.25714	1157	133.60	19.08571									
1108	127.80	18.25714	1158	133.60	19.08571									
1109	128.00	18.28571	1159	133.80	19.11429									
1110	128.00	18.28571	1160	133.80	19.11429									
1111	128.20	18.31429	1161	134.00	19.14286									
1112	128.40	18.34286	1162	134.00	19.14286									
1113	128.40	18.34286	1163	134.20	19.17143									
1114	128.60	18.37143	1164	134.40	19.20000									
1115	128.60	18.37143	1165	134.40	19.20000									
1116	128.80	18.40000	1166	134.60	19.22857									
1117	128.80	18.40000	1167	134.60	19.22857									
1118	129.00	18.42857	1168	134.80	19.25714									
1119	129.20	18.45714	1169	134.80	19.25714									
1120	129.20	18.45714	1170	135.00	19.28571									
1121	129.40	18.48571												
1122	129.40	18.48571												
1123	129.60	18.51429												
1124	129.60	18.51429												
1125	129.80	18.54286												
1126	130.00	18.57143												
1127	130.00	18.57143												
1128	130.20	18.60000												
1129	130.20	18.60000												
1130	130.40	18.62857												
1131	130.60	18.65714												
1132	130.60	18.65714												
1133	130.80	18.68571												
1134	130.80	18.68571												
1135	131.00	18.71429												
1136	131.00	18.71429												
1137	131.20	18.74286												
1138	131.40	18.77143												
1139	131.40	18.77143												
1140	131.60	18.80000												
1141	131.60	18.80000												
1142	131.80	18.82857												
1143	131.80	18.82857												
1144	132.00	18.85714												
1145	132.20	18.88571												
1146	132.20	18.88571												
1147	132.40	18.91429												
1148	132.40	18.91429												
1149	132.60	18.94286												

CSU NON-REPRESENTED M80, M98, C99 AND BARGAINING UNITS 2, 5, 7, 9

50 % NDI SALARY CONVERSION TABLE NOT TO EXCEED $250														
MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate
350	40.40	5.77143	400	46.20	6.60000	450	52.00	7.42857	500	57.60	8.22857	550	63.40	9.05714
351	40.60	5.80000	401	46.20	6.60000	451	52.00	7.42857	501	57.80	8.25714	551	63.60	9.08571
352	40.60	5.80000	402	46.40	6.62857	452	52.20	7.45714	502	58.00	8.28571	552	63.60	9.08571
353	40.80	5.82857	403	46.60	6.65714	453	52.20	7.45714	503	58.00	8.28571	553	63.80	9.11429
354	40.80	5.82857	404	46.60	6.65714	454	52.40	7.48571	504	58.20	8.31429	554	64.00	9.14286
355	41.00	5.85714	405	46.80	6.68571	455	52.60	7.51429	505	58.20	8.31429	555	64.00	9.14286
356	41.00	5.85714	406	46.80	6.68571	456	52.60	7.51429	506	58.40	8.34286	556	64.20	9.17143
357	41.20	5.88571	407	47.00	6.71429	457	52.80	7.54286	507	58.60	8.37143	557	64.20	9.17143
358	41.40	5.91429	408	47.00	6.71429	458	52.80	7.54286	508	58.60	8.37143	558	64.40	9.20000
359	41.40	5.91429	409	47.20	6.74286	459	53.00	7.57143	509	58.80	8.40000	559	64.60	9.22857
360	41.60	5.94286	410	47.40	6.77143	460	53.00	7.57143	510	58.80	8.40000	560	64.60	9.22857
361	41.60	5.94286	411	47.40	6.77143	461	53.20	7.60000	511	59.00	8.42857	561	64.80	9.25714
362	41.80	5.97143	412	47.60	6.80000	462	53.40	7.62857	512	59.00	8.42857	562	64.80	9.25714
363	41.80	5.97143	413	47.60	6.80000	463	53.40	7.62857	513	59.20	8.45714	563	65.00	9.28571
364	42.00	6.00000	414	47.80	6.82857	464	53.60	7.65714	514	59.40	8.48571	564	65.00	9.28571
365	42.20	6.02857	415	47.80	6.82857	465	53.60	7.65714	515	59.40	8.48571	565	65.20	9.31429
366	42.20	6.02857	416	48.00	6.85714	466	53.80	7.68571	516	59.60	8.51429	566	65.40	9.34286
367	42.40	6.05714	417	48.20	6.88571	467	53.80	7.68571	517	59.60	8.51429	567	65.40	9.34286
368	42.40	6.05714	418	48.20	6.88571	468	54.00	7.71429	518	59.80	8.54286	568	65.60	9.37143
369	42.60	6.08571	419	48.40	6.91429	469	54.20	7.74286	519	59.80	8.54286	569	65.60	9.37143
370	42.60	6.08571	420	48.40	6.91429	470	54.20	7.74286	520	60.00	8.57143	570	65.80	9.40000
371	42.80	6.11429	421	48.60	6.94286	471	54.40	7.77143	521	60.20	8.60000	571	65.80	9.40000
372	43.00	6.14286	422	48.60	6.94286	472	54.40	7.77143	522	60.20	8.60000	572	66.00	9.42857
373	43.00	6.14286	423	48.80	6.97143	473	54.60	7.80000	523	60.40	8.62857	573	66.20	9.45714
374	43.20	6.17143	424	49.00	7.00000	474	54.60	7.80000	524	60.40	8.62857	574	66.20	9.45714
375	43.20	6.17143	425	49.00	7.00000	475	54.80	7.82857	525	60.60	8.65714	575	66.40	9.48571
376	43.40	6.20000	426	49.20	7.02857	476	55.00	7.85714	526	60.60	8.65714	576	66.40	9.48571
377	43.60	6.22857	427	49.20	7.02857	477	55.00	7.85714	527	60.80	8.68571	577	66.60	9.51429
378	43.60	6.22857	428	49.40	7.05714	478	55.20	7.88571	528	61.00	8.71429	578	66.60	9.51429
379	43.80	6.25714	429	49.60	7.08571	479	55.20	7.88571	529	61.00	8.71429	579	66.80	9.54286
380	43.80	6.25714	430	49.60	7.08571	480	55.40	7.91429	530	61.20	8.74286	580	67.00	9.57143
381	44.00	6.28571	431	49.80	7.11429	481	55.60	7.94286	531	61.20	8.74286	581	67.00	9.57143
382	44.00	6.28571	432	49.80	7.11429	482	55.60	7.94286	532	61.40	8.77143	582	67.20	9.60000
383	44.20	6.31429	433	50.00	7.14286	483	55.80	7.97143	533	61.60	8.80000	583	67.20	9.60000
384	44.40	6.34286	434	50.00	7.14286	484	55.80	7.97143	534	61.60	8.80000	584	67.40	9.62857
385	44.40	6.34286	435	50.20	7.17143	485	56.00	8.00000	535	61.80	8.82857	585	67.60	9.65714
386	44.60	6.37143	436	50.40	7.20000	486	56.00	8.00000	536	61.80	8.82857	586	67.60	9.65714
387	44.60	6.37143	437	50.40	7.20000	487	56.20	8.02857	537	62.00	8.85714	587	67.80	9.68571
388	44.80	6.40000	438	50.60	7.22857	488	56.40	8.05714	538	62.00	8.85714	588	67.80	9.68571
389	44.80	6.40000	439	50.60	7.22857	489	56.40	8.05714	539	62.20	8.88571	589	68.00	9.71429
390	45.00	6.42857	440	50.80	7.25714	490	56.60	8.08571	540	62.40	8.91429	590	68.00	9.71429
391	45.20	6.45714	441	50.80	7.25714	491	56.60	8.08571	541	62.40	8.91429	591	68.20	9.74286
392	45.20	6.45714	442	51.00	7.28571	492	56.80	8.11429	542	62.60	8.94286	592	68.40	9.77143
393	45.40	6.48571	443	51.20	7.31429	493	56.80	8.11429	543	62.60	8.94286	593	68.40	9.77143
394	45.40	6.48571	444	51.20	7.31429	494	57.00	8.14286	544	62.80	8.97143	594	68.60	9.80000
395	45.60	6.51429	445	51.40	7.34286	495	57.20	8.17143	545	62.80	8.97143	595	68.60	9.80000
396	45.60	6.51429	446	51.40	7.34286	496	57.20	8.17143	546	63.00	9.00000	596	68.80	9.82857
397	45.80	6.54286	447	51.60	7.37143	497	57.40	8.20000	547	63.20	9.02857	597	68.80	9.82857
398	46.00	6.57143	448	51.60	7.37143	498	57.40	8.20000	548	63.20	9.02857	598	69.00	9.85714
399	46.00	6.57143	449	51.80	7.40000	499	57.60	8.22857	549	63.40	9.05714	599	69.20	9.88571

CSU NON-REPRESENTED M80, M98, C99 AND BARGAINING UNITS 2, 5, 7, 9

50 % NDI SALARY CONVERSION TABLE NOT TO EXCEED $250														
MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate
600	69.20	9.88571	650	75.00	10.71429	700	80.80	11.54286	750	86.60	12.37143	800	92.40	13.20000
601	69.40	9.91429	651	75.20	10.74286	701	80.80	11.54286	751	86.60	12.37143	801	92.40	13.20000
602	69.40	9.91429	652	75.20	10.74286	702	81.00	11.57143	752	86.80	12.40000	802	92.60	13.22857
603	69.60	9.94286	653	75.40	10.77143	703	81.20	11.60000	753	86.80	12.40000	803	92.60	13.22857
604	69.60	9.94286	654	75.40	10.77143	704	81.20	11.60000	754	87.00	12.42857	804	92.80	13.25714
605	69.80	9.97143	655	75.60	10.80000	705	81.40	11.62857	755	87.20	12.45714	805	92.80	13.25714
606	70.00	10.00000	656	75.60	10.80000	706	81.40	11.62857	756	87.20	12.45714	806	93.00	13.28571
607	70.00	10.00000	657	75.80	10.82857	707	81.60	11.65714	757	87.40	12.48571	807	93.20	13.31429
608	70.20	10.02857	658	76.00	10.85714	708	81.60	11.65714	758	87.40	12.48571	808	93.20	13.31429
609	70.20	10.02857	659	76.00	10.85714	709	81.80	11.68571	759	87.60	12.51429	809	93.40	13.34286
610	70.40	10.05714	660	76.20	10.88571	710	82.00	11.71429	760	87.60	12.51429	810	93.40	13.34286
611	70.60	10.08571	661	76.20	10.88571	711	82.00	11.71429	761	87.80	12.54286	811	93.60	13.37143
612	70.60	10.08571	662	76.40	10.91429	712	82.20	11.74286	762	88.00	12.57143	812	93.60	13.37143
613	70.80	10.11429	663	76.60	10.94286	713	82.20	11.74286	763	88.00	12.57143	813	93.80	13.40000
614	70.80	10.11429	664	76.60	10.94286	714	82.40	11.77143	764	88.20	12.60000	814	94.00	13.42857
615	71.00	10.14286	665	76.80	10.97143	715	82.60	11.80000	765	88.20	12.60000	815	94.00	13.42857
616	71.00	10.14286	666	76.80	10.97143	716	82.60	11.80000	766	88.40	12.62857	816	94.20	13.45714
617	71.20	10.17143	667	77.00	11.00000	717	82.80	11.82857	767	88.60	12.65714	817	94.20	13.45714
618	71.40	10.20000	668	77.00	11.00000	718	82.80	11.82857	768	88.60	12.65714	818	94.40	13.48571
619	71.40	10.20000	669	77.20	11.02857	719	83.00	11.85714	769	88.80	12.68571	819	94.60	13.51429
620	71.60	10.22857	670	77.40	11.05714	720	83.00	11.85714	770	88.80	12.68571	820	94.60	13.51429
621	71.60	10.22857	671	77.40	11.05714	721	83.20	11.88571	771	89.00	12.71429	821	94.80	13.54286
622	71.80	10.25714	672	77.60	11.08571	722	83.40	11.91429	772	89.00	12.71429	822	94.80	13.54286
623	71.80	10.25714	673	77.60	11.08571	723	83.40	11.91429	773	89.20	12.74286	823	95.00	13.57143
624	72.00	10.28571	674	77.80	11.11429	724	83.60	11.94286	774	89.40	12.77143	824	95.00	13.57143
625	72.20	10.31429	675	77.80	11.11429	725	83.60	11.94286	775	89.40	12.77143	825	95.20	13.60000
626	72.20	10.31429	676	78.00	11.14286	726	83.80	11.97143	776	89.60	12.80000	826	95.40	13.62857
627	72.40	10.34286	677	78.20	11.17143	727	83.80	11.97143	777	89.60	12.80000	827	95.40	13.62857
628	72.40	10.34286	678	78.20	11.17143	728	84.00	12.00000	778	89.80	12.82857	828	95.60	13.65714
629	72.60	10.37143	679	78.40	11.20000	729	84.20	12.02857	779	89.80	12.82857	829	95.60	13.65714
630	72.60	10.37143	680	78.40	11.20000	730	84.20	12.02857	780	90.00	12.85714	830	95.80	13.68571
631	72.80	10.40000	681	78.60	11.22857	731	84.40	12.05714	781	90.20	12.88571	831	95.80	13.68571
632	73.00	10.42857	682	78.60	11.22857	732	84.40	12.05714	782	90.20	12.88571	832	96.00	13.71429
633	73.00	10.42857	683	78.80	11.25714	733	84.60	12.08571	783	90.40	12.91429	833	96.20	13.74286
634	73.20	10.45714	684	79.00	11.28571	734	84.60	12.08571	784	90.40	12.91429	834	96.20	13.74286
635	73.20	10.45714	685	79.00	11.28571	735	84.80	12.11429	785	90.60	12.94286	835	96.40	13.77143
636	73.40	10.48571	686	79.20	11.31429	736	85.00	12.14286	786	90.60	12.94286	836	96.40	13.77143
637	73.60	10.51429	687	79.20	11.31429	737	85.00	12.14286	787	90.80	12.97143	837	96.60	13.80000
638	73.60	10.51429	688	79.40	11.34286	738	85.20	12.17143	788	91.00	13.00000	838	96.60	13.80000
639	73.80	10.54286	689	79.60	11.37143	739	85.20	12.17143	789	91.00	13.00000	839	96.80	13.82857
640	73.80	10.54286	690	79.60	11.37143	740	85.40	12.20000	790	91.20	13.02857	840	97.00	13.85714
641	74.00	10.57143	691	79.80	11.40000	741	85.60	12.22857	791	91.20	13.02857	841	97.00	13.85714
642	74.00	10.57143	692	79.80	11.40000	742	85.60	12.22857	792	91.40	13.05714	842	97.20	13.88571
643	74.20	10.60000	693	80.00	11.42857	743	85.80	12.25714	793	91.60	13.08571	843	97.20	13.88571
644	74.40	10.62857	694	80.00	11.42857	744	85.80	12.25714	794	91.60	13.08571	844	97.40	13.91429
645	74.40	10.62857	695	80.20	11.45714	745	86.00	12.28571	795	91.80	13.11429	845	97.60	13.94286
646	74.60	10.65714	696	80.40	11.48571	746	86.00	12.28571	796	91.80	13.11429	846	97.60	13.94286
647	74.60	10.65714	697	80.40	11.48571	747	86.20	12.31429	797	92.00	13.14286	847	97.80	13.97143
648	74.80	10.68571	698	80.60	11.51429	748	86.40	12.34286	798	92.00	13.14286	848	97.80	13.97143
649	74.80	10.68571	699	80.60	11.51429	749	86.40	12.34286	799	92.20	13.17143	849	98.00	14.00000

CSU NON-REPRESENTED M80, M98, C99 AND BARGAINING UNITS 2, 5, 7, 9

50 % NDI SALARY CONVERSION TABLE NOT TO EXCEED $250														
Mo. Salary Rate	Wkly NDI Rate	Daily NDI Rate	Mo. Salary Rate	Wkly NDI Rate	Daily NDI Rate	Mo. Salary Rate	Wkly NDI Rate	Daily NDI Rate	Mo. Salary Rate	Wkly NDI Rate	Daily NDI Rate	Mo. Salary Rate	Wkly NDI Rate	Daily NDI Rate
850	98.00	14.00000	900	103.80	14.82857	950	109.60	15.65714	1000	115.40	16.48571	1050	121.20	17.31429
851	98.20	14.02857	901	104.00	14.85714	951	109.80	15.68571	1001	115.60	16.51429	1051	121.20	17.31429
852	98.40	14.05714	902	104.00	14.85714	952	109.80	15.68571	1002	115.60	16.51429	1052	121.40	17.34286
853	98.40	14.05714	903	104.20	14.88571	953	110.00	15.71429	1003	115.80	16.54286	1053	121.60	17.37143
854	98.60	14.08571	904	104.40	14.91429	954	110.00	15.71429	1004	115.80	16.54286	1054	121.60	17.37143
855	98.60	14.08571	905	104.40	14.91429	955	110.20	15.74286	1005	116.00	16.57143	1055	121.80	17.40000
856	98.80	14.11429	906	104.60	14.94286	956	110.40	15.77143	1006	116.00	16.57143	1056	121.80	17.40000
857	98.80	14.11429	907	104.60	14.94286	957	110.40	15.77143	1007	116.20	16.60000	1057	122.00	17.42857
858	99.00	14.14286	908	104.80	14.97143	958	110.60	15.80000	1008	116.40	16.62857	1058	122.00	17.42857
859	99.20	14.17143	909	104.80	14.97143	959	110.60	15.80000	1009	116.40	16.62857	1059	122.20	17.45714
860	99.20	14.17143	910	105.00	15.00000	960	110.80	15.82857	1010	116.60	16.65714	1060	122.40	17.48571
861	99.40	14.20000	911	105.20	15.02857	961	110.80	15.82857	1011	116.60	16.65714	1061	122.40	17.48571
862	99.40	14.20000	912	105.20	15.02857	962	111.00	15.85714	1012	116.80	16.68571	1062	122.60	17.51429
863	99.60	14.22857	913	105.40	15.05714	963	111.20	15.88571	1013	116.80	16.68571	1063	122.60	17.51429
864	99.60	14.22857	914	105.40	15.05714	964	111.20	15.88571	1014	117.00	16.71429	1064	122.80	17.54286
865	99.80	14.25714	915	105.60	15.08571	965	111.40	15.91429	1015	117.20	16.74286	1065	122.80	17.54286
866	100.00	14.28571	916	105.60	15.08571	966	111.40	15.91429	1016	117.20	16.74286	1066	123.00	17.57143
867	100.00	14.28571	917	105.80	15.11429	967	111.60	15.94286	1017	117.40	16.77143	1067	123.20	17.60000
868	100.20	14.31429	918	106.00	15.14286	968	111.60	15.94286	1018	117.40	16.77143	1068	123.20	17.60000
869	100.20	14.31429	919	106.00	15.14286	969	111.80	15.97143	1019	117.60	16.80000	1069	123.40	17.62857
870	100.40	14.34286	920	106.20	15.17143	970	112.00	16.00000	1020	117.60	16.80000	1070	123.40	17.62857
871	100.60	14.37143	921	106.20	15.17143	971	112.00	16.00000	1021	117.80	16.82857	1071	123.60	17.65714
872	100.60	14.37143	922	106.40	15.20000	972	112.20	16.02857	1022	118.00	16.85714	1072	123.60	17.65714
873	100.80	14.40000	923	106.60	15.22857	973	112.20	16.02857	1023	118.00	16.85714	1073	123.80	17.68571
874	100.80	14.40000	924	106.60	15.22857	974	112.40	16.05714	1024	118.20	16.88571	1074	124.00	17.71429
875	101.00	14.42857	925	106.80	15.25714	975	112.60	16.08571	1025	118.20	16.88571	1075	124.00	17.71429
876	101.00	14.42857	926	106.80	15.25714	976	112.60	16.08571	1026	118.40	16.91429	1076	124.20	17.74286
877	101.20	14.45714	927	107.00	15.28571	977	112.80	16.11429	1027	118.60	16.94286	1077	124.20	17.74286
878	101.40	14.48571	928	107.00	15.28571	978	112.80	16.11429	1028	118.60	16.94286	1078	124.40	17.77143
879	101.40	14.48571	929	107.20	15.31429	979	113.00	16.14286	1029	118.80	16.97143	1079	124.60	17.80000
880	101.60	14.51429	930	107.40	15.34286	980	113.00	16.14286	1030	118.80	16.97143	1080	124.60	17.80000
881	101.60	14.51429	931	107.40	15.34286	981	113.20	16.17143	1031	119.00	17.00000	1081	124.80	17.82857
882	101.80	14.54286	932	107.60	15.37143	982	113.40	16.20000	1032	119.00	17.00000	1082	124.80	17.82857
883	101.80	14.54286	933	107.60	15.37143	983	113.40	16.20000	1033	119.20	17.02857	1083	125.00	17.85714
884	102.00	14.57143	934	107.80	15.40000	984	113.60	16.22857	1034	119.40	17.05714	1084	125.00	17.85714
885	102.20	14.60000	935	107.80	15.40000	985	113.60	16.22857	1035	119.40	17.05714	1085	125.20	17.88571
886	102.20	14.60000	936	108.00	15.42857	986	113.80	16.25714	1036	119.60	17.08571	1086	125.40	17.91429
887	102.40	14.62857	937	108.20	15.45714	987	113.80	16.25714	1037	119.60	17.08571	1087	125.40	17.91429
888	102.40	14.62857	938	108.20	15.45714	988	114.00	16.28571	1038	119.80	17.11429	1088	125.60	17.94286
889	102.60	14.65714	939	108.40	15.48571	989	114.20	16.31429	1039	119.80	17.11429	1089	125.60	17.94286
890	102.60	14.65714	940	108.40	15.48571	990	114.20	16.31429	1040	120.00	17.14286	1090	125.80	17.97143
891	102.80	14.68571	941	108.60	15.51429	991	114.40	16.34286	1041	120.20	17.17143	1091	125.80	17.97143
892	103.00	14.71429	942	108.60	15.51429	992	114.40	16.34286	1042	120.20	17.17143	1092	126.00	18.00000
893	103.00	14.71429	943	108.80	15.54286	993	114.60	16.37143	1043	120.40	17.20000	1093	126.20	18.02857
894	103.20	14.74286	944	109.00	15.57143	994	114.60	16.37143	1044	120.40	17.20000	1094	126.20	18.02857
895	103.20	14.74286	945	109.00	15.57143	995	114.80	16.40000	1045	120.60	17.22857	1095	126.40	18.05714
896	103.40	14.77143	946	109.20	15.60000	996	115.00	16.42857	1046	120.60	17.22857	1096	126.40	18.05714
897	103.60	14.80000	947	109.20	15.60000	997	115.00	16.42857	1047	120.80	17.25714	1097	126.60	18.08571
898	103.60	14.80000	948	109.40	15.62857	998	115.20	16.45714	1048	121.00	17.28571	1098	126.60	18.08571
899	103.80	14.82857	949	109.60	15.65714	999	115.20	16.45714	1049	121.00	17.28571	1099	126.80	18.11429

CSU Non-Represented M80, M98, C99 and Bargaining Units 2, 5, 7, 9

50% NDI SALARY CONVERSION TABLE NOT TO EXCEED $250														
Mo. Salary Rate	Wkly NDI Rate	Daily NDI Rate	Mo. Salary Rate	Wkly NDI Rate	Daily NDI Rate	Mo. Salary Rate	Wkly NDI Rate	Daily NDI Rate	Mo. Salary Rate	Wkly NDI Rate	Daily NDI Rate	Mo. Salary Rate	Wkly NDI Rate	Daily NDI Rate
1100	127.00	18.14286	1150	132.60	18.94286	1200	138.40	19.77143	1250	144.20	20.60000	1300	150.00	21.42857
1101	127.00	18.14286	1151	132.80	18.97143	1201	138.60	19.80000	1251	144.40	20.62857	1301	150.20	21.45714
1102	127.20	18.17143	1152	133.00	19.00000	1202	138.60	19.80000	1252	144.40	20.62857	1302	150.20	21.45714
1103	127.20	18.17143	1153	133.00	19.00000	1203	138.80	19.82857	1253	144.60	20.65714	1303	150.40	21.48571
1104	127.40	18.20000	1154	133.20	19.02857	1204	139.00	19.85714	1254	144.60	20.65714	1304	150.40	21.48571
1105	127.60	18.22857	1155	133.20	19.02857	1205	139.00	19.85714	1255	144.80	20.68571	1305	150.60	21.51429
1106	127.60	18.22857	1156	133.40	19.05714	1206	139.20	19.88571	1256	145.00	20.71429	1306	150.60	21.51429
1107	127.80	18.25714	1157	133.60	19.08571	1207	139.20	19.88571	1257	145.00	20.71429	1307	150.80	21.54286
1108	127.80	18.25714	1158	133.60	19.08571	1208	139.40	19.91429	1258	145.20	20.74286	1308	151.00	21.57143
1109	128.00	18.28571	1159	133.80	19.11429	1209	139.60	19.94286	1259	145.20	20.74286	1309	151.00	21.57143
1110	128.00	18.28571	1160	133.80	19.11429	1210	139.60	19.94286	1260	145.40	20.77143	1310	151.20	21.60000
1111	128.20	18.31429	1161	134.00	19.14286	1211	139.80	19.97143	1261	145.60	20.80000	1311	151.20	21.60000
1112	128.40	18.34286	1162	134.00	19.14286	1212	139.80	19.97143	1262	145.60	20.80000	1312	151.40	21.62857
1113	128.40	18.34286	1163	134.20	19.17143	1213	140.00	20.00000	1263	145.80	20.82857	1313	151.60	21.65714
1114	128.60	18.37143	1164	134.40	19.20000	1214	140.00	20.00000	1264	145.80	20.82857	1314	151.60	21.65714
1115	128.60	18.37143	1165	134.40	19.20000	1215	140.20	20.02857	1265	146.00	20.85714	1315	151.80	21.68571
1116	128.80	18.40000	1166	134.60	19.22857	1216	140.40	20.05714	1266	146.00	20.85714	1316	151.80	21.68571
1117	128.80	18.40000	1167	134.60	19.22857	1217	140.40	20.05714	1267	146.20	20.88571	1317	152.00	21.71429
1118	129.00	18.42857	1168	134.80	19.25714	1218	140.60	20.08571	1268	146.40	20.91429	1318	152.00	21.71429
1119	129.20	18.45714	1169	134.80	19.25714	1219	140.60	20.08571	1269	146.40	20.91429	1319	152.20	21.74286
1120	129.20	18.45714	1170	135.00	19.28571	1220	140.80	20.11429	1270	146.60	20.94286	1320	152.40	21.77143
1121	129.40	18.48571	1171	135.20	19.31429	1221	140.80	20.11429	1271	146.60	20.94286	1321	152.40	21.77143
1122	129.40	18.48571	1172	135.20	19.31429	1222	141.00	20.14286	1272	146.80	20.97143	1322	152.60	21.80000
1123	129.60	18.51429	1173	135.40	19.34286	1223	141.20	20.17143	1273	146.80	20.97143	1323	152.60	21.80000
1124	129.60	18.51429	1174	135.40	19.34286	1224	141.20	20.17143	1274	147.00	21.00000	1324	152.80	21.82857
1125	129.80	18.54286	1175	135.60	19.37143	1225	141.40	20.20000	1275	147.20	21.02857	1325	152.80	21.82857
1126	130.00	18.57143	1176	135.60	19.37143	1226	141.40	20.20000	1276	147.20	21.02857	1326	153.00	21.85714
1127	130.00	18.57143	1177	135.80	19.40000	1227	141.60	20.22857	1277	147.40	21.05714	1327	153.20	21.88571
1128	130.20	18.60000	1178	136.00	19.42857	1228	141.60	20.22857	1278	147.40	21.05714	1328	153.20	21.88571
1129	130.20	18.60000	1179	136.00	19.42857	1229	141.80	20.25714	1279	147.60	21.08571	1329	153.40	21.91429
1130	130.40	18.62857	1180	136.20	19.45714	1230	142.00	20.28571	1280	147.60	21.08571	1330	153.40	21.91429
1131	130.60	18.65714	1181	136.20	19.45714	1231	142.00	20.28571	1281	147.80	21.11429	1331	153.60	21.94286
1132	130.60	18.65714	1182	136.40	19.48571	1232	142.20	20.31429	1282	148.00	21.14286	1332	153.60	21.94286
1133	130.80	18.68571	1183	136.60	19.51429	1233	142.20	20.31429	1283	148.00	21.14286	1333	153.80	21.97143
1134	130.80	18.68571	1184	136.60	19.51429	1234	142.40	20.34286	1284	148.20	21.17143	1334	154.00	22.00000
1135	131.00	18.71429	1185	136.80	19.54286	1235	142.60	20.37143	1285	148.20	21.17143	1335	154.00	22.00000
1136	131.00	18.71429	1186	136.80	19.54286	1236	142.60	20.37143	1286	148.40	21.20000	1336	154.20	22.02857
1137	131.20	18.74286	1187	137.00	19.57143	1237	142.80	20.40000	1287	148.60	21.22857	1337	154.20	22.02857
1138	131.40	18.77143	1188	137.00	19.57143	1238	142.80	20.40000	1288	148.60	21.22857	1338	154.40	22.05714
1139	131.40	18.77143	1189	137.20	19.60000	1239	143.00	20.42857	1289	148.80	21.25714	1339	154.60	22.08571
1140	131.60	18.80000	1190	137.40	19.62857	1240	143.00	20.42857	1290	148.80	21.25714	1340	154.60	22.08571
1141	131.60	18.80000	1191	137.40	19.62857	1241	143.20	20.45714	1291	149.00	21.28571	1341	154.80	22.11429
1142	131.80	18.82857	1192	137.60	19.65714	1242	143.40	20.48571	1292	149.00	21.28571	1342	154.80	22.11429
1143	131.80	18.82857	1193	137.60	19.65714	1243	143.40	20.48571	1293	149.20	21.31429	1343	155.00	22.14286
1144	132.00	18.85714	1194	137.80	19.68571	1244	143.60	20.51429	1294	149.40	21.34286	1344	155.00	22.14286
1145	132.20	18.88571	1195	137.80	19.68571	1245	143.60	20.51429	1295	149.40	21.34286	1345	155.20	22.17143
1146	132.20	18.88571	1196	138.00	19.71429	1246	143.80	20.54286	1296	149.60	21.37143	1346	155.40	22.20000
1147	132.40	18.91429	1197	138.20	19.74286	1247	143.80	20.54286	1297	149.60	21.37143	1347	155.40	22.20000
1148	132.40	18.91429	1198	138.20	19.74286	1248	144.00	20.57143	1298	149.80	21.40000	1348	155.60	22.22857
1149	132.60	18.94286	1199	138.40	19.77143	1249	144.20	20.60000	1299	149.80	21.40000	1349	155.60	22.22857

CSU NON-REPRESENTED M80, M98, C99 AND BARGAINING UNITS 2, 5, 7, 9

50 % NDI SALARY CONVERSION TABLE NOT TO EXCEED $250														
MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate
1350	155.80	22.25714	1400	161.60	23.08571	1450	167.40	23.91429	1500	173.00	24.71429	1550	178.80	25.54286
1351	155.80	22.25714	1401	161.60	23.08571	1451	167.40	23.91429	1501	173.20	24.74286	1551	179.00	25.57143
1352	156.00	22.28571	1402	161.80	23.11429	1452	167.60	23.94286	1502	173.40	24.77143	1552	179.00	25.57143
1353	156.20	22.31429	1403	161.80	23.11429	1453	167.60	23.94286	1503	173.40	24.77143	1553	179.20	25.60000
1354	156.20	22.31429	1404	162.00	23.14286	1454	167.80	23.97143	1504	173.60	24.80000	1554	179.40	25.62857
1355	156.40	22.34286	1405	162.20	23.17143	1455	167.80	23.97143	1505	173.60	24.80000	1555	179.40	25.62857
1356	156.40	22.34286	1406	162.20	23.17143	1456	168.00	24.00000	1506	173.80	24.82857	1556	179.60	25.65714
1357	156.60	22.37143	1407	162.40	23.20000	1457	168.20	24.02857	1507	173.80	24.82857	1557	179.60	25.65714
1358	156.60	22.37143	1408	162.40	23.20000	1458	168.20	24.02857	1508	174.00	24.85714	1558	179.80	25.68571
1359	156.80	22.40000	1409	162.60	23.22857	1459	168.40	24.05714	1509	174.20	24.88571	1559	179.80	25.68571
1360	157.00	22.42857	1410	162.60	23.22857	1460	168.40	24.05714	1510	174.20	24.88571	1560	180.00	25.71429
1361	157.00	22.42857	1411	162.80	23.25714	1461	168.60	24.08571	1511	174.40	24.91429	1561	180.20	25.74286
1362	157.20	22.45714	1412	163.00	23.28571	1462	168.60	24.08571	1512	174.40	24.91429	1562	180.20	25.74286
1363	157.20	22.45714	1413	163.00	23.28571	1463	168.80	24.11429	1513	174.60	24.94286	1563	180.40	25.77143
1364	157.40	22.48571	1414	163.20	23.31429	1464	169.00	24.14286	1514	174.60	24.94286	1564	180.40	25.77143
1365	157.60	22.51429	1415	163.20	23.31429	1465	169.00	24.14286	1515	174.80	24.97143	1565	180.60	25.80000
1366	157.60	22.51429	1416	163.40	23.34286	1466	169.20	24.17143	1516	175.00	25.00000	1566	180.60	25.80000
1367	157.80	22.54286	1417	163.60	23.37143	1467	169.20	24.17143	1517	175.00	25.00000	1567	180.80	25.82857
1368	157.80	22.54286	1418	163.60	23.37143	1468	169.40	24.20000	1518	175.20	25.02857	1568	181.00	25.85714
1369	158.00	22.57143	1419	163.80	23.40000	1469	169.60	24.22857	1519	175.20	25.02857	1569	181.00	25.85714
1370	158.00	22.57143	1420	163.80	23.40000	1470	169.60	24.22857	1520	175.40	25.05714	1570	181.20	25.88571
1371	158.20	22.60000	1421	164.00	23.42857	1471	169.80	24.25714	1521	175.60	25.08571	1571	181.20	25.88571
1372	158.40	22.62857	1422	164.00	23.42857	1472	169.80	24.25714	1522	175.60	25.08571	1572	181.40	25.91429
1373	158.40	22.62857	1423	164.20	23.45714	1473	170.00	24.28571	1523	175.80	25.11429	1573	181.60	25.94286
1374	158.60	22.65714	1424	164.40	23.48571	1474	170.00	24.28571	1524	175.80	25.11429	1574	181.60	25.94286
1375	158.60	22.65714	1425	164.40	23.48571	1475	170.20	24.31429	1525	176.00	25.14286	1575	181.80	25.97143
1376	158.80	22.68571	1426	164.60	23.51429	1476	170.40	24.34286	1526	176.00	25.14286	1576	181.80	25.97143
1377	158.80	22.68571	1427	164.60	23.51429	1477	170.40	24.34286	1527	176.20	25.17143	1577	182.00	26.00000
1378	159.00	22.71429	1428	164.80	23.54286	1478	170.60	24.37143	1528	176.40	25.20000	1578	182.00	26.00000
1379	159.20	22.74286	1429	164.80	23.54286	1479	170.60	24.37143	1529	176.40	25.20000	1579	182.20	26.02857
1380	159.20	22.74286	1430	165.00	23.57143	1480	170.80	24.40000	1530	176.60	25.22857	1580	182.40	26.05714
1381	159.40	22.77143	1431	165.20	23.60000	1481	170.80	24.40000	1531	176.60	25.22857	1581	182.40	26.05714
1382	159.40	22.77143	1432	165.20	23.60000	1482	171.00	24.42857	1532	176.80	25.25714	1582	182.60	26.08571
1383	159.60	22.80000	1433	165.40	23.62857	1483	171.20	24.45714	1533	176.80	25.25714	1583	182.60	26.08571
1384	159.60	22.80000	1434	165.40	23.62857	1484	171.20	24.45714	1534	177.00	25.28571	1584	182.80	26.11429
1385	159.80	22.82857	1435	165.60	23.65714	1485	171.40	24.48571	1535	177.20	25.31429	1585	182.80	26.11429
1386	160.00	22.85714	1436	165.60	23.65714	1486	171.40	24.48571	1536	177.20	25.31429	1586	183.00	26.14286
1387	160.00	22.85714	1437	165.80	23.68571	1487	171.60	24.51429	1537	177.40	25.34286	1587	183.20	26.17143
1388	160.20	22.88571	1438	166.00	23.71429	1488	171.60	24.51429	1538	177.40	25.34286	1588	183.20	26.17143
1389	160.20	22.88571	1439	166.00	23.71429	1489	171.80	24.54286	1539	177.60	25.37143	1589	183.40	26.20000
1390	160.40	22.91429	1440	166.20	23.74286	1490	172.00	24.57143	1540	177.60	25.37143	1590	183.40	26.20000
1391	160.60	22.94286	1441	166.20	23.74286	1491	172.00	24.57143	1541	177.80	25.40000	1591	183.60	26.22857
1392	160.60	22.94286	1442	166.40	23.77143	1492	172.20	24.60000	1542	178.00	25.42857	1592	183.60	26.22857
1393	160.80	22.97143	1443	166.60	23.80000	1493	172.20	24.60000	1543	178.00	25.42857	1593	183.80	26.25714
1394	160.80	22.97143	1444	166.60	23.80000	1494	172.40	24.62857	1544	178.20	25.45714	1594	184.00	26.28571
1395	161.00	23.00000	1445	166.80	23.82857	1495	172.60	24.65714	1545	178.20	25.45714	1595	184.00	26.28571
1396	161.00	23.00000	1446	166.80	23.82857	1496	172.60	24.65714	1546	178.40	25.48571	1596	184.20	26.31429
1397	161.20	23.02857	1447	167.00	23.85714	1497	172.80	24.68571	1547	178.60	25.51429	1597	184.20	26.31429
1398	161.40	23.05714	1448	167.00	23.85714	1498	172.80	24.68571	1548	178.60	25.51429	1598	184.40	26.34286
1399	161.40	23.05714	1449	167.20	23.88571	1499	173.00	24.71429	1549	178.80	25.54286	1599	184.60	26.37143

CSU NON-REPRESENTED M80, M98, C99 AND BARGAINING UNIT 2, 5, 7, 9

50 % NDI SALARY CONVERSION TABLE NOT TO EXCEED $250														
MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate
1600	184.60	26.37143	1650	190.40	27.20000	1700	196.20	28.02857	1750	202.00	28.85714	1800	207.60	29.65714
1601	184.80	26.40000	1651	190.60	27.22857	1701	196.20	28.02857	1751	202.00	28.85714	1801	207.80	29.68571
1602	184.80	26.40000	1652	190.60	27.22857	1702	196.40	28.05714	1752	202.20	28.88571	1802	208.00	29.71429
1603	185.00	26.42857	1653	190.80	27.25714	1703	196.60	28.08571	1753	202.20	28.88571	1803	208.00	29.71429
1604	185.00	26.42857	1654	190.80	27.25714	1704	196.60	28.08571	1754	202.40	28.91429	1804	208.20	29.74286
1605	185.20	26.45714	1655	191.00	27.28571	1705	196.80	28.11429	1755	202.60	28.94286	1805	208.20	29.74286
1606	185.40	26.48571	1656	191.00	27.28571	1706	196.80	28.11429	1756	202.60	28.94286	1806	208.40	29.77143
1607	185.40	26.48571	1657	191.20	27.31429	1707	197.00	28.14286	1757	202.80	28.97143	1807	208.60	29.80000
1608	185.60	26.51429	1658	191.40	27.34286	1708	197.00	28.14286	1758	202.80	28.97143	1808	208.60	29.80000
1609	185.60	26.51429	1659	191.40	27.34286	1709	197.20	28.17143	1759	203.00	29.00000	1809	208.80	29.82857
1610	185.80	26.54286	1660	191.60	27.37143	1710	197.40	28.20000	1760	203.00	29.00000	1810	208.80	29.82857
1611	185.80	26.54286	1661	191.60	27.37143	1711	197.40	28.20000	1761	203.20	29.02857	1811	209.00	29.85714
1612	186.00	26.57143	1662	191.80	27.40000	1712	197.60	28.22857	1762	203.40	29.05714	1812	209.00	29.85714
1613	186.20	26.60000	1663	191.80	27.40000	1713	197.60	28.22857	1763	203.40	29.05714	1813	209.20	29.88571
1614	186.20	26.60000	1664	192.00	27.42857	1714	197.80	28.25714	1764	203.60	29.08571	1814	209.40	29.91429
1615	186.40	26.62857	1665	192.20	27.45714	1715	197.80	28.25714	1765	203.60	29.08571	1815	209.40	29.91429
1616	186.40	26.62857	1666	192.20	27.45714	1716	198.00	28.28571	1766	203.80	29.11429	1816	209.60	29.94286
1617	186.60	26.65714	1667	192.40	27.48571	1717	198.20	28.31429	1767	203.80	29.11429	1817	209.60	29.94286
1618	186.60	26.65714	1668	192.40	27.48571	1718	198.20	28.31429	1768	204.00	29.14286	1818	209.80	29.97143
1619	186.80	26.68571	1669	192.60	27.51429	1719	198.40	28.34286	1769	204.20	29.17143	1819	209.80	29.97143
1620	187.00	26.71429	1670	192.60	27.51429	1720	198.40	28.34286	1770	204.20	29.17143	1820	210.00	30.00000
1621	187.00	26.71429	1671	192.80	27.54286	1721	198.60	28.37143	1771	204.40	29.20000	1821	210.20	30.02857
1622	187.20	26.74286	1672	193.00	27.57143	1722	198.60	28.37143	1772	204.40	29.20000	1822	210.20	30.02857
1623	187.20	26.74286	1673	193.00	27.57143	1723	198.80	28.40000	1773	204.60	29.22857	1823	210.40	30.05714
1624	187.40	26.77143	1674	193.20	27.60000	1724	199.00	28.42857	1774	204.60	29.22857	1824	210.40	30.05714
1625	187.60	26.80000	1675	193.20	27.60000	1725	199.00	28.42857	1775	204.80	29.25714	1825	210.60	30.08571
1626	187.60	26.80000	1676	193.40	27.62857	1726	199.20	28.45714	1776	205.00	29.28571	1826	210.60	30.08571
1627	187.80	26.82857	1677	193.60	27.65714	1727	199.20	28.45714	1777	205.00	29.28571	1827	210.80	30.11429
1628	187.80	26.82857	1678	193.60	27.65714	1728	199.40	28.48571	1778	205.20	29.31429	1828	211.00	30.14286
1629	188.00	26.85714	1679	193.80	27.68571	1729	199.60	28.51429	1779	205.20	29.31429	1829	211.00	30.14286
1630	188.00	26.85714	1680	193.80	27.68571	1730	199.60	28.51429	1780	205.40	29.34286	1830	211.20	30.17143
1631	188.20	26.88571	1681	194.00	27.71429	1731	199.80	28.54286	1781	205.60	29.37143	1831	211.20	30.17143
1632	188.40	26.91429	1682	194.00	27.71429	1732	199.80	28.54286	1782	205.60	29.37143	1832	211.40	30.20000
1633	188.40	26.91429	1683	194.20	27.74286	1733	200.00	28.57143	1783	205.80	29.40000	1833	211.60	30.22857
1634	188.60	26.94286	1684	194.40	27.77143	1734	200.00	28.57143	1784	205.80	29.40000	1834	211.60	30.22857
1635	188.60	26.94286	1685	194.40	27.77143	1735	200.20	28.60000	1785	206.00	29.42857	1835	211.80	30.25714
1636	188.80	26.97143	1686	194.60	27.80000	1736	200.40	28.62857	1786	206.00	29.42857	1836	211.80	30.25714
1637	188.80	26.97143	1687	194.60	27.80000	1737	200.40	28.62857	1787	206.20	29.45714	1837	212.00	30.28571
1638	189.00	27.00000	1688	194.80	27.82857	1738	200.60	28.65714	1788	206.40	29.48571	1838	212.00	30.28571
1639	189.20	27.02857	1689	194.80	27.82857	1739	200.60	28.65714	1789	206.40	29.48571	1839	212.20	30.31429
1640	189.20	27.02857	1690	195.00	27.85714	1740	200.80	28.68571	1790	206.60	29.51429	1840	212.40	30.34286
1641	189.40	27.05714	1691	195.20	27.88571	1741	200.80	28.68571	1791	206.60	29.51429	1841	212.40	30.34286
1642	189.40	27.05714	1692	195.20	27.88571	1742	201.00	28.71429	1792	206.80	29.54286	1842	212.60	30.37143
1643	189.60	27.08571	1693	195.40	27.91429	1743	201.20	28.74286	1793	206.80	29.54286	1843	212.60	30.37143
1644	189.60	27.08571	1694	195.40	27.91429	1744	201.20	28.74286	1794	207.00	29.57143	1844	212.80	30.40000
1645	189.80	27.11429	1695	195.60	27.94286	1745	201.40	28.77143	1795	207.20	29.60000	1845	212.80	30.40000
1646	190.00	27.14286	1696	195.60	27.94286	1746	201.40	28.77143	1796	207.20	29.60000	1846	213.00	30.42857
1647	190.00	27.14286	1697	195.80	27.97143	1747	201.60	28.80000	1797	207.40	29.62857	1847	213.20	30.45714
1648	190.20	27.17143	1698	196.00	28.00000	1748	201.60	28.80000	1798	207.40	29.62857	1848	213.20	30.45714
1649	190.20	27.17143	1699	196.00	28.00000	1749	201.80	28.82857	1799	207.60	29.65714	1849	213.40	30.48571

CSU NON-REPRESENTED M80, M98, C99 AND BARGAINING UNITS 2, 5, 7 9

50 % NDI SALARY CONVERSION TABLE NOT TO EXCEED $250														
MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate
1850	213.40	30.48571	1900	219.20	31.31429	1950	225.00	32.14286	2000	230.80	32.97143	2050	236.60	33.80000
1851	213.60	30.51429	1901	219.40	31.34286	1951	225.20	32.17143	2001	230.80	32.97143	2051	236.60	33.80000
1852	213.60	30.51429	1902	219.40	31.34286	1952	225.20	32.17143	2002	231.00	33.00000	2052	236.80	33.82857
1853	213.80	30.54286	1903	219.60	31.37143	1953	225.40	32.20000	2003	231.20	33.02857	2053	236.80	33.82857
1854	214.00	30.57143	1904	219.60	31.37143	1954	225.40	32.20000	2004	231.20	33.02857	2054	237.00	33.85714
1855	214.00	30.57143	1905	219.80	31.40000	1955	225.60	32.22857	2005	231.40	33.05714	2055	237.20	33.88571
1856	214.20	30.60000	1906	220.00	31.42857	1956	225.60	32.22857	2006	231.40	33.05714	2056	237.20	33.88571
1857	214.20	30.60000	1907	220.00	31.42857	1957	225.80	32.25714	2007	231.60	33.08571	2057	237.40	33.91429
1858	214.40	30.62857	1908	220.20	31.45714	1958	226.00	32.28571	2008	231.60	33.08571	2058	237.40	33.91429
1859	214.60	30.65714	1909	220.20	31.45714	1959	226.00	32.28571	2009	231.80	33.11429	2059	237.60	33.94286
1860	214.60	30.65714	1910	220.40	31.48571	1960	226.20	32.31429	2010	232.00	33.14286	2060	237.60	33.94286
1861	214.80	30.68571	1911	220.60	31.51429	1961	226.20	32.31429	2011	232.00	33.14286	2061	237.80	33.97143
1862	214.80	30.68571	1912	220.60	31.51429	1962	226.40	32.34286	2012	232.20	33.17143	2062	238.00	34.00000
1863	215.00	30.71429	1913	220.80	31.54286	1963	226.60	32.37143	2013	232.20	33.17143	2063	238.00	34.00000
1864	215.00	30.71429	1914	220.80	31.54286	1964	226.60	32.37143	2014	232.40	33.20000	2064	238.20	34.02857
1865	215.20	30.74286	1915	221.00	31.57143	1965	226.80	32.40000	2015	232.60	33.22857	2065	238.20	34.02857
1866	215.40	30.77143	1916	221.00	31.57143	1966	226.80	32.40000	2016	232.60	33.22857	2066	238.40	34.05714
1867	215.40	30.77143	1917	221.20	31.60000	1967	227.00	32.42857	2017	232.80	33.25714	2067	238.60	34.08571
1868	215.60	30.80000	1918	221.40	31.62857	1968	227.00	32.42857	2018	232.80	33.25714	2068	238.60	34.08571
1869	215.60	30.80000	1919	221.40	31.62857	1969	227.20	32.45714	2019	233.00	33.28571	2069	238.80	34.11429
1870	215.80	30.82857	1920	221.60	31.65714	1970	227.40	32.48571	2020	233.00	33.28571	2070	238.80	34.11429
1871	215.80	30.82857	1921	221.60	31.65714	1971	227.40	32.48571	2021	233.20	33.31429	2071	239.00	34.14286
1872	216.00	30.85714	1922	221.80	31.68571	1972	227.60	32.51429	2022	233.40	33.34286	2072	239.00	34.14286
1873	216.20	30.88571	1923	221.80	31.68571	1973	227.60	32.51429	2023	233.40	33.34286	2073	239.20	34.17143
1874	216.20	30.88571	1924	222.00	31.71429	1974	227.80	32.54286	2024	233.60	33.37143	2074	239.40	34.20000
1875	216.40	30.91429	1925	222.20	31.74286	1975	227.80	32.54286	2025	233.60	33.37143	2075	239.40	34.20000
1876	216.40	30.91429	1926	222.20	31.74286	1976	228.00	32.57143	2026	233.80	33.40000	2076	239.60	34.22857
1877	216.60	30.94286	1927	222.40	31.77143	1977	228.20	32.60000	2027	233.80	33.40000	2077	239.60	34.22857
1878	216.60	30.94286	1928	222.40	31.77143	1978	228.20	32.60000	2028	234.00	33.42857	2078	239.80	34.25714
1879	216.80	30.97143	1929	222.60	31.80000	1979	228.40	32.62857	2029	234.20	33.45714	2079	239.80	34.25714
1880	217.00	31.00000	1930	222.60	31.80000	1980	228.40	32.62857	2030	234.20	33.45714	2080	240.00	34.28571
1881	217.00	31.00000	1931	222.80	31.82857	1981	228.60	32.65714	2031	234.40	33.48571	2081	240.20	34.31429
1882	217.20	31.02857	1932	223.00	31.85714	1982	228.60	32.65714	2032	234.40	33.48571	2082	240.20	34.31429
1883	217.20	31.02857	1933	223.00	31.85714	1983	228.80	32.68571	2033	234.60	33.51429	2083	240.40	34.34286
1884	217.40	31.05714	1934	223.20	31.88571	1984	229.00	32.71429	2034	234.60	33.51429	2084	240.40	34.34286
1885	217.60	31.08571	1935	223.20	31.88571	1985	229.00	32.71429	2035	234.80	33.54286	2085	240.60	34.37143
1886	217.60	31.08571	1936	223.40	31.91429	1986	229.20	32.74286	2036	235.00	33.57143	2086	240.60	34.37143
1887	217.80	31.11429	1937	223.60	31.94286	1987	229.20	32.74286	2037	235.00	33.57143	2087	240.80	34.40000
1888	217.80	31.11429	1938	223.60	31.94286	1988	229.40	32.77143	2038	235.20	33.60000	2088	241.00	34.42857
1889	218.00	31.14286	1939	223.80	31.97143	1989	229.60	32.80000	2039	235.20	33.60000	2089	241.00	34.42857
1890	218.00	31.14286	1940	223.80	31.97143	1990	229.60	32.80000	2040	235.40	33.62857	2090	241.20	34.45714
1891	218.20	31.17143	1941	224.00	32.00000	1991	229.80	32.82857	2041	235.60	33.65714	2091	241.20	34.45714
1892	218.40	31.20000	1942	224.00	32.00000	1992	229.80	32.82857	2042	235.60	33.65714	2092	241.40	34.48571
1893	218.40	31.20000	1943	224.20	32.02857	1993	230.00	32.85714	2043	235.80	33.68571	2093	241.60	34.51429
1894	218.60	31.22857	1944	224.40	32.05714	1994	230.00	32.85714	2044	235.80	33.68571	2094	241.60	34.51429
1895	218.60	31.22857	1945	224.40	32.05714	1995	230.20	32.88571	2045	236.00	33.71429	2095	241.80	34.54286
1896	218.80	31.25714	1946	224.60	32.08571	1996	230.40	32.91429	2046	236.00	33.71429	2096	241.80	34.54286
1897	218.80	31.25714	1947	224.60	32.08571	1997	230.40	32.91429	2047	236.20	33.74286	2097	242.00	34.57143
1898	219.00	31.28571	1948	224.80	32.11429	1998	230.60	32.94286	2048	236.40	33.77143	2098	242.00	34.57143
1899	219.20	31.31429	1949	224.80	32.11429	1999	230.60	32.94286	2049	236.40	33.77143	2099	242.20	34.60000

CSU NON-REPRESENTED M80, M98, C99 AND BARGAINING UNIT 2, 5, 7, 9

50 % NDI SALARY CONVERSION TABLE NOT TO EXCEED $250											
Mo. Salary Rate	Wkly NDI Rate	Daily NDI Rate	Mo. Salary Rate	Wkly NDI Rate	Daily NDI Rate	Mo. Salary Rate	Wkly NDI Rate	Daily NDI Rate	Mo. Salary Rate	Wkly NDI Rate	Daily NDI Rate
2100	242.40	34.62857	2150	248.00	35.42857						
2101	242.40	34.62857	2151	248.20	35.45714						
2102	242.60	34.65714	2152	248.40	35.48571						
2103	242.60	34.65714	2153	248.40	35.48571						
2104	242.80	34.68571	2154	248.60	35.51429						
2105	242.80	34.68571	2155	248.60	35.51429						
2106	243.00	34.71429	2156	248.80	35.54286						
2107	243.20	34.74286	2157	248.80	35.54286						
2108	243.20	34.74286	2158	249.00	35.57143						
2109	243.40	34.77143	2159	249.20	35.60000						
2110	243.40	34.77143	2160	249.20	35.60000						
2111	243.60	34.80000	2161	249.40	35.62857						
2112	243.60	34.80000	2162	249.40	35.62857						
2113	243.80	34.82857	2163	249.60	35.65714						
2114	244.00	34.85714	2164	249.60	35.65714						
2115	244.00	34.85714	2165	249.80	35.68571						
2116	244.20	34.88571	2166	250.00	35.71428						
2117	244.20	34.88571									
2118	244.40	34.91429									
2119	244.60	34.94286									
2120	244.60	34.94286									
2121	244.80	34.97143									
2122	244.80	34.97143									
2123	245.00	35.00000									
2124	245.00	35.00000									
2125	245.20	35.02857									
2126	245.40	35.05714									
2127	245.40	35.05714									
2128	245.60	35.08571									
2129	245.60	35.08571									
2130	245.80	35.11429									
2131	245.80	35.11429									
2132	246.00	35.14286									
2133	246.20	35.17143									
2134	246.20	35.17143									
2135	246.40	35.20000									
2136	246.40	35.20000									
2137	246.60	35.22857									
2138	246.60	35.22857									
2139	246.80	35.25714									
2140	247.00	35.28571									
2141	247.00	35.28571									
2142	247.20	35.31429									
2143	247.20	35.31429									
2144	247.40	35.34286									
2145	247.60	35.37143									
2146	247.60	35.37143									
2147	247.80	35.40000									
2148	247.80	35.40000									
2149	248.00	35.42857									

California State University Bargaining Units 3, 4, 6, 8 and E99

50 % NDI Salary conversion not to Exceed $125														
MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate
350	40.40	5.77143	400	46.20	6.60000	450	52.00	7.42857	500	57.60	8.22857	550	63.40	9.05714
351	40.60	5.80000	401	46.20	6.60000	451	52.00	7.42857	501	57.80	8.25714	551	63.60	9.08571
352	40.60	5.80000	402	46.40	6.62857	452	52.20	7.45714	502	58.00	8.28571	552	63.60	9.08571
353	40.80	5.82857	403	46.60	6.65714	453	52.20	7.45714	503	58.00	8.28571	553	63.80	9.11429
354	40.80	5.82857	404	46.60	6.65714	454	52.40	7.48571	504	58.20	8.31429	554	64.00	9.14286
355	41.00	5.85714	405	46.80	6.68571	455	52.60	7.51429	505	58.20	8.31429	555	64.00	9.14286
356	41.00	5.85714	406	46.80	6.68571	456	52.60	7.51429	506	58.40	8.34286	556	64.20	9.17143
357	41.20	5.88571	407	47.00	6.71429	457	52.80	7.54286	507	58.60	8.37143	557	64.20	9.17143
358	41.40	5.91429	408	47.00	6.71429	458	52.80	7.54286	508	58.60	8.37143	558	64.40	9.20000
359	41.40	5.91429	409	47.20	6.74286	459	53.00	7.57143	509	58.80	8.40000	559	64.60	9.22857
360	41.60	5.94286	410	47.40	6.77143	460	53.00	7.57143	510	58.80	8.40000	560	64.60	9.22857
361	41.60	5.94286	411	47.40	6.77143	461	53.20	7.60000	511	59.00	8.42857	561	64.80	9.25714
362	41.80	5.97143	412	47.60	6.80000	462	53.40	7.62857	512	59.00	8.42857	562	64.80	9.25714
363	41.80	5.97143	413	47.60	6.80000	463	53.40	7.62857	513	59.20	8.45714	563	65.00	9.28571
364	42.00	6.00000	414	47.80	6.82857	464	53.60	7.65714	514	59.40	8.48571	564	65.00	9.28571
365	42.20	6.02857	415	47.80	6.82857	465	53.60	7.65714	515	59.40	8.48571	565	65.20	9.31429
366	42.20	6.02857	416	48.00	6.85714	466	53.80	7.68571	516	59.60	8.51429	566	65.40	9.34286
367	42.40	6.05714	417	48.20	6.88571	467	53.80	7.68571	517	59.60	8.51429	567	65.40	9.34286
368	42.40	6.05714	418	48.20	6.88571	468	54.00	7.71429	518	59.80	8.54286	568	65.60	9.37143
369	42.60	6.08571	419	48.40	6.91429	469	54.20	7.74286	519	59.80	8.54286	569	65.60	9.37143
370	42.60	6.08571	420	48.40	6.91429	470	54.20	7.74286	520	60.00	8.57143	570	65.80	9.40000
371	42.80	6.11429	421	48.60	6.94286	471	54.40	7.77143	521	60.20	8.60000	571	65.80	9.40000
372	43.00	6.14286	422	48.60	6.94286	472	54.40	7.77143	522	60.20	8.60000	572	66.00	9.42857
373	43.00	6.14286	423	48.80	6.97143	473	54.60	7.80000	523	60.40	8.62857	573	66.20	9.45714
374	43.20	6.17143	424	49.00	7.00000	474	54.60	7.80000	524	60.40	8.62857	574	66.20	9.45714
375	43.20	6.17143	425	49.00	7.00000	475	54.80	7.82857	525	60.60	8.65714	575	66.40	9.48571
376	43.40	6.20000	426	49.20	7.02857	476	55.00	7.85714	526	60.60	8.65714	576	66.40	9.48571
377	43.60	6.22857	427	49.20	7.02857	477	55.00	7.85714	527	60.80	8.68571	577	66.60	9.51429
378	43.60	6.22857	428	49.40	7.05714	478	55.20	7.88571	528	61.00	8.71429	578	66.60	9.51429
379	43.80	6.25714	429	49.60	7.08571	479	55.20	7.88571	529	61.00	8.71429	579	66.80	9.54286
380	43.80	6.25714	430	49.60	7.08571	480	55.40	7.91429	530	61.20	8.74286	580	67.00	9.57143
381	44.00	6.28571	431	49.80	7.11429	481	55.60	7.94286	531	61.20	8.74286	581	67.00	9.57143
382	44.00	6.28571	432	49.80	7.11429	482	55.60	7.94286	532	61.40	8.77143	582	67.20	9.60000
383	44.20	6.31429	433	50.00	7.14286	483	55.80	7.97143	533	61.60	8.80000	583	67.20	9.60000
384	44.40	6.34286	434	50.00	7.14286	484	55.80	7.97143	534	61.60	8.80000	584	67.40	9.62857
385	44.40	6.34286	435	50.20	7.17143	485	56.00	8.00000	535	61.80	8.82857	585	67.60	9.65714
386	44.60	6.37143	436	50.40	7.20000	486	56.00	8.00000	536	61.80	8.82857	586	67.60	9.65714
387	44.60	6.37143	437	50.40	7.20000	487	56.20	8.02857	537	62.00	8.85714	587	67.80	9.68571
388	44.80	6.40000	438	50.60	7.22857	488	56.40	8.05714	538	62.00	8.85714	588	67.80	9.68571
389	44.80	6.40000	439	50.60	7.22857	489	56.40	8.05714	539	62.20	8.88571	589	68.00	9.71429
390	45.00	6.42857	440	50.80	7.25714	490	56.60	8.08571	540	62.40	8.91429	590	68.00	9.71429
391	45.20	6.45714	441	50.80	7.25714	491	56.60	8.08571	541	62.40	8.91429	591	68.20	9.74286
392	45.20	6.45714	442	51.00	7.28571	492	56.80	8.11429	542	62.60	8.94286	592	68.40	9.77143
393	45.40	6.48571	443	51.20	7.31429	493	56.80	8.11429	543	62.60	8.94286	593	68.40	9.77143
394	45.40	6.48571	444	51.20	7.31429	494	57.00	8.14286	544	62.80	8.97143	594	68.60	9.80000
395	45.60	6.51429	445	51.40	7.34286	495	57.20	8.17143	545	62.80	8.97143	595	68.60	9.80000
396	45.60	6.51429	446	51.40	7.34286	496	57.20	8.17143	546	63.00	9.00000	596	68.80	9.82857
397	45.80	6.54286	447	51.60	7.37143	497	57.40	8.20000	547	63.20	9.02857	597	68.80	9.82857
398	46.00	6.57143	448	51.60	7.37143	498	57.40	8.20000	548	63.20	9.02857	598	69.00	9.85714
399	46.00	6.57143	449	51.80	7.40000	499	57.60	8.22857	549	63.40	9.05714	599	69.20	9.88571

California State University Bargaining Units 3, 4, 6, 8 and E99

50 % NDI Salary conversion not to Exceed $125														
MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate
600	69.20	9.88571	650	75.00	10.71429	700	80.80	11.54286	750	86.60	12.37143	800	92.40	13.20000
601	69.40	9.91429	651	75.20	10.74286	701	80.80	11.54286	751	86.60	12.37143	801	92.40	13.20000
602	69.40	9.91429	652	75.20	10.74286	702	81.00	11.57143	752	86.80	12.40000	802	92.60	13.22857
603	69.60	9.94286	653	75.40	10.77143	703	81.20	11.60000	753	86.80	12.40000	803	92.60	13.22857
604	69.60	9.94286	654	75.40	10.77143	704	81.20	11.60000	754	87.00	12.42857	804	92.80	13.25714
605	69.80	9.97143	655	75.60	10.80000	705	81.40	11.62857	755	87.20	12.45714	805	92.80	13.25714
606	70.00	10.00000	656	75.60	10.80000	706	81.40	11.62857	756	87.20	12.45714	806	93.00	13.28571
607	70.00	10.00000	657	75.80	10.82857	707	81.60	11.65714	757	87.40	12.48571	807	93.20	13.31429
608	70.20	10.02857	658	76.00	10.85714	708	81.60	11.65714	758	87.40	12.48571	808	93.20	13.31429
609	70.20	10.02857	659	76.00	10.85714	709	81.80	11.68571	759	87.60	12.51429	809	93.40	13.34286
610	70.40	10.05714	660	76.20	10.88571	710	82.00	11.71429	760	87.60	12.51429	810	93.40	13.34286
611	70.60	10.08571	661	76.20	10.88571	711	82.00	11.71429	761	87.80	12.54286	811	93.60	13.37143
612	70.60	10.08571	662	76.40	10.91429	712	82.20	11.74286	762	88.00	12.57143	812	93.60	13.37143
613	70.80	10.11429	663	76.60	10.94286	713	82.20	11.74286	763	88.00	12.57143	813	93.80	13.40000
614	70.80	10.11429	664	76.60	10.94286	714	82.40	11.77143	764	88.20	12.60000	814	94.00	13.42857
615	71.00	10.14286	665	76.80	10.97143	715	82.60	11.80000	765	88.20	12.60000	815	94.00	13.42857
616	71.00	10.14286	666	76.80	10.97143	716	82.60	11.80000	766	88.40	12.62857	816	94.20	13.45714
617	71.20	10.17143	667	77.00	11.00000	717	82.80	11.82857	767	88.60	12.65714	817	94.20	13.45714
618	71.40	10.20000	668	77.00	11.00000	718	82.80	11.82857	768	88.60	12.65714	818	94.40	13.48571
619	71.40	10.20000	669	77.20	11.02857	719	83.00	11.85714	769	88.80	12.68571	819	94.60	13.51429
620	71.60	10.22857	670	77.40	11.05714	720	83.00	11.85714	770	88.80	12.68571	820	94.60	13.51429
621	71.60	10.22857	671	77.40	11.05714	721	83.20	11.88571	771	89.00	12.71429	821	94.80	13.54286
622	71.80	10.25714	672	77.60	11.08571	722	83.40	11.91429	772	89.00	12.71429	822	94.80	13.54286
623	71.80	10.25714	673	77.60	11.08571	723	83.40	11.91429	773	89.20	12.74286	823	95.00	13.57143
624	72.00	10.28571	674	77.80	11.11429	724	83.60	11.94286	774	89.40	12.77143	824	95.00	13.57143
625	72.20	10.31429	675	77.80	11.11429	725	83.60	11.94286	775	89.40	12.77143	825	95.20	13.60000
626	72.20	10.31429	676	78.00	11.14286	726	83.80	11.97143	776	89.60	12.80000	826	95.40	13.62857
627	72.40	10.34286	677	78.20	11.17143	727	83.80	11.97143	777	89.60	12.80000	827	95.40	13.62857
628	72.40	10.34286	678	78.20	11.17143	728	84.00	12.00000	778	89.80	12.82857	828	95.60	13.65714
629	72.60	10.37143	679	78.40	11.20000	729	84.20	12.02857	779	89.80	12.82857	829	95.60	13.65714
630	72.60	10.37143	680	78.40	11.20000	730	84.20	12.02857	780	90.00	12.85714	830	95.80	13.68571
631	72.80	10.40000	681	78.60	11.22857	731	84.40	12.05714	781	90.20	12.88571	831	95.80	13.68571
632	73.00	10.42857	682	78.60	11.22857	732	84.40	12.05714	782	90.20	12.88571	832	96.00	13.71429
633	73.00	10.42857	683	78.80	11.25714	733	84.60	12.08571	783	90.40	12.91429	833	96.20	13.74286
634	73.20	10.45714	684	79.00	11.28571	734	84.60	12.08571	784	90.40	12.91429	834	96.20	13.74286
635	73.20	10.45714	685	79.00	11.28571	735	84.80	12.11429	785	90.60	12.94286	835	96.40	13.77143
636	73.40	10.48571	686	79.20	11.31429	736	85.00	12.14286	786	90.60	12.94286	836	96.40	13.77143
637	73.60	10.51429	687	79.20	11.31429	737	85.00	12.14286	787	90.80	12.97143	837	96.60	13.80000
638	73.60	10.51429	688	79.40	11.34286	738	85.20	12.17143	788	91.00	13.00000	838	96.60	13.80000
639	73.80	10.54286	689	79.60	11.37143	739	85.20	12.17143	789	91.00	13.00000	839	96.80	13.82857
640	73.80	10.54286	690	79.60	11.37143	740	85.40	12.20000	790	91.20	13.02857	840	97.00	13.85714
641	74.00	10.57143	691	79.80	11.40000	741	85.60	12.22857	791	91.20	13.02857	841	97.00	13.85714
642	74.00	10.57143	692	79.80	11.40000	742	85.60	12.22857	792	91.40	13.05714	842	97.20	13.88571
643	74.20	10.60000	693	80.00	11.42857	743	85.80	12.25714	793	91.60	13.08571	843	97.20	13.88571
644	74.40	10.62857	694	80.00	11.42857	744	85.80	12.25714	794	91.60	13.08571	844	97.40	13.91429
645	74.40	10.62857	695	80.20	11.45714	745	86.00	12.28571	795	91.80	13.11429	845	97.60	13.94286
646	74.60	10.65714	696	80.40	11.48571	746	86.00	12.28571	796	91.80	13.11429	846	97.60	13.94286
647	74.60	10.65714	697	80.40	11.48571	747	86.20	12.31429	797	92.00	13.14286	847	97.80	13.97143
648	74.80	10.68571	698	80.60	11.51429	748	86.40	12.34286	798	92.00	13.14286	848	97.80	13.97143
649	74.80	10.68571	699	80.60	11.51429	749	86.40	12.34286	799	92.20	13.17143	849	98.00	14.00000

California State University Bargaining Units 3,4,6,8 and E99

50% NDI Salary Conversion Table not to exceed $125														
MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate	MO. Salary Rate	WKLY NDI Rate	Daily NDI Rate
850	98.00	14.00000	900	103.80	14.82857	950	109.60	15.65714	1000	115.40	16.48571	1050	121.20	17.31429
851	98.20	14.02857	901	104.00	14.85714	951	109.80	15.68571	1001	115.60	16.51429	1051	121.20	17.31429
852	98.40	14.05714	902	104.00	14.85714	952	109.80	15.68571	1002	115.60	16.51429	1052	121.40	17.34286
853	98.40	14.05714	903	104.20	14.88571	953	110.00	15.71429	1003	115.80	16.54286	1053	121.60	17.37143
854	98.60	14.08571	904	104.40	14.91429	954	110.00	15.71429	1004	115.80	16.54286	1054	121.60	17.37143
855	98.60	14.08571	905	104.40	14.91429	955	110.20	15.74286	1005	116.00	16.57143	1055	121.80	17.40000
856	98.80	14.11429	906	104.60	14.94286	956	110.40	15.77143	1006	116.00	16.57143	1056	121.80	17.40000
857	98.80	14.11429	907	104.60	14.94286	957	110.40	15.77143	1007	116.20	16.60000	1057	122.00	17.42857
858	99.00	14.14286	908	104.80	14.97143	958	110.60	15.80000	1008	116.40	16.62857	1058	122.00	17.42857
859	99.20	14.17143	909	104.80	14.97143	959	110.60	15.80000	1009	116.40	16.62857	1059	122.20	17.45714
860	99.20	14.17143	910	105.00	15.00000	960	110.80	15.82857	1010	116.60	16.65714	1060	122.40	17.48571
861	99.40	14.20000	911	105.20	15.02857	961	110.80	15.82857	1011	116.60	16.65714	1061	122.40	17.48571
862	99.40	14.20000	912	105.20	15.02857	962	111.00	15.85714	1012	116.80	16.68571	1062	122.60	17.51429
863	99.60	14.22857	913	105.40	15.05714	963	111.20	15.88571	1013	116.80	16.68571	1063	122.60	17.51429
864	99.60	14.22857	914	105.40	15.05714	964	111.20	15.88571	1014	117.00	16.71429	1064	122.80	17.54286
865	99.80	14.25714	915	105.60	15.08571	965	111.40	15.91429	1015	117.20	16.74286	1065	122.80	17.54286
866	100.00	14.28571	916	105.60	15.08571	966	111.40	15.91429	1016	117.20	16.74286	1066	123.00	17.57143
867	100.00	14.28571	917	105.80	15.11429	967	111.60	15.94286	1017	117.40	16.77143	1067	123.20	17.60000
868	100.20	14.31429	918	106.00	15.14286	968	111.60	15.94286	1018	117.40	16.77143	1068	123.20	17.60000
869	100.20	14.31429	919	106.00	15.14286	969	111.80	15.97143	1019	117.60	16.80000	1069	123.40	17.62857
870	100.40	14.34286	920	106.20	15.17143	970	112.00	16.00000	1020	117.60	16.80000	1070	123.40	17.62857
871	100.60	14.37143	921	106.20	15.17143	971	112.00	16.00000	1021	117.80	16.82857	1071	123.60	17.65714
872	100.60	14.37143	922	106.40	15.20000	972	112.20	16.02857	1022	118.00	16.85714	1072	123.60	17.65714
873	100.80	14.40000	923	106.60	15.22857	973	112.20	16.02857	1023	118.00	16.85714	1073	123.80	17.68571
874	100.80	14.40000	924	106.60	15.22857	974	112.40	16.05714	1024	118.20	16.88571	1074	124.00	17.71429
875	101.00	14.42857	925	106.80	15.25714	975	112.60	16.08571	1025	118.20	16.88571	1075	124.00	17.71429
876	101.00	14.42857	926	106.80	15.25714	976	112.60	16.08571	1026	118.40	16.91429	1076	124.20	17.74286
877	101.20	14.45714	927	107.00	15.28571	977	112.80	16.11429	1027	118.60	16.94286	1077	124.20	17.74286
878	101.40	14.48571	928	107.00	15.28571	978	112.80	16.11429	1028	118.60	16.94286	1078	124.40	17.77143
879	101.40	14.48571	929	107.20	15.31429	979	113.00	16.14286	1029	118.80	16.97143	1079	124.60	17.80000
880	101.60	14.51429	930	107.40	15.34286	980	113.00	16.14286	1030	118.80	16.97143	1080	124.60	17.80000
881	101.60	14.51429	931	107.40	15.34286	981	113.20	16.17143	1031	119.00	17.00000	1081	124.80	17.82857
882	101.80	14.54286	932	107.60	15.37143	982	113.40	16.20000	1032	119.00	17.00000	1082	124.80	17.82857
883	101.80	14.54286	933	107.60	15.37143	983	113.40	16.20000	1033	119.20	17.02857	1083	125.00	17.85714
884	102.00	14.57143	934	107.80	15.40000	984	113.60	16.22857	1034	119.40	17.05714	1084	125.00	17.85714
885	102.20	14.60000	935	107.80	15.40000	985	113.60	16.22857	1035	119.40	17.05714			
886	102.20	14.60000	936	108.00	15.42857	986	113.80	16.25714	1036	119.60	17.08571			
887	102.40	14.62857	937	108.20	15.45714	987	113.80	16.25714	1037	119.60	17.08571			
888	102.40	14.62857	938	108.20	15.45714	988	114.00	16.28571	1038	119.80	17.11429			
889	102.60	14.65714	939	108.40	15.48571	989	114.20	16.31429	1039	119.80	17.11429			
890	102.60	14.65714	940	108.40	15.48571	990	114.20	16.31429	1040	120.00	17.14286			
891	102.80	14.68571	941	108.60	15.51429	991	114.40	16.34286	1041	120.20	17.17143			
892	103.00	14.71429	942	108.60	15.51429	992	114.40	16.34286	1042	120.20	17.17143			
893	103.00	14.71429	943	108.80	15.54286	993	114.60	16.37143	1043	120.40	17.20000			
894	103.20	14.74286	944	109.00	15.57143	994	114.60	16.37143	1044	120.40	17.20000			
895	103.20	14.74286	945	109.00	15.57143	995	114.80	16.40000	1045	120.60	17.22857			
896	103.40	14.77143	946	109.20	15.60000	996	115.00	16.42857	1046	120.60	17.22857			
897	103.60	14.80000	947	109.20	15.60000	997	115.00	16.42857	1047	120.80	17.25714			
898	103.60	14.80000	948	109.40	15.62857	998	115.20	16.45714	1048	121.00	17.28571			
899	103.80	14.82857	949	109.60	15.65714	999	115.20	16.45714	1049	121.00	17.28571			

NDI 674D SAMPLES
INDEX

Sample 1 - IDL and Regular Pay

Sample 2 - IDL Pay

Sample 3 - Additional NDI Pay

Sample 4 - NDI and Regular Pay, Full Month Released

Sample 5 - NDI Pay for Two Positions

Sample 6 - NDI and Supplementation for Annual Leave

Sample 7 - NDI and Sick Leave Subsidy

Sample 8 - NDI and Regular Pay for Semi-Monthly

Sample 9 - Working While on NDI

ATTACHMENT (Revised 03/02)

STATE OF CALIFORNIA

INDUSTRIAL/NON-INDUSTRIAL DISABILITY PAY/ADJUSTMENT REQUEST

STD. 674D (REV. 1-98)

ATTACHMENT E-2 SAMPLE 1

DOCUMENT NUMBER _____ OF _____

TO: STATE CONTROLLER - PPSD / PAYROLL SERVICES

1. CBID	2. SOCIAL SECURITY NUMBER	3. FIRST & MIDDLE INITIAL AND LAST NAME
R01	095-47-4481	U R FINE

4. POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1.	415	301	1303	706
2.				

5. PAY PERIOD		
T	MO	YR
0	10	90

6. INTERVENING ACTIVITY/WORKING WHILE ON DISABILITY - ENTER NUMBER OF HOURS & CODE (W-WORKED, L-DOCK, C-IDL)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

7. INDUSTRIAL DISABILITY (IDL)

a. EMPLOYEE ON IDL FROM _____

THROUGH _____

b. EXCLUDE LOCKED-IN SPECIAL PAY:

EARNINGS ID(S) _____ _____ _____

AND RATE(S) $ _____ _____ _____

c. _____ EMPLOYEE ENTITLED TO ENHANCE IDL

8. NON-INDUSTRIAL DISABILITY (NDI)

a. EMPLOYEE ON NDI FROM FROM 10-10 TO 10-30

b. SALARY IS BELOW NDI MAXIMUM RATE.
INCLUDE NON-LOCKED-IN SHIFT

_____ _____

CODE _____ AND RATE $ _____

c. AVERAGE HOURS WORKED DURING PREVIOUS
18 MONTHS FOR INTERMITTENT EMPLOYEE

WAS _____

d. _____ EMPLOYEE ON ANNUAL LEAVE PROGRAM

ELECTED _____ SUPPLEMENTATION

9. PAYMENT PER CONTROLLER

ISSUE DATE MO	DY	YR	PT	TIME WORKED DAYS	HOURS	WARRANT OR A/R NUMBER	RET
11	10	90		7	4	01-234567	

10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED DAYS	HOURS	TIMEBASE FRACTION
REGULAR	0	7	4 00	
NDI	T	21		
IDL FULL	6			
IDL 2/3	N			

SHIFT		SHIFT CODE	HOURS	SHIFT RATE
REGULAR	2			
IDL FULL	6			
IDL 2/3	N			

11. ADDITIONAL INFORMATION

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674D, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND.

12. AUTHORIZED SIGNATURE DATE

COMPLETE

13. CONTACT PERSON *(If other than authorized signature)*

COMPLETE

14. TELEPHONE NUMBER *(Include Area Code)*

COMPLETE

SCO USE ONLY

1 OR 2	DOC. TYPE 1 2 3	PAY PERIOD T	MONTH	YR	TIME TO BE PAID DAYS	HRS. & HDTHS	SALARY RATE DOLLARS	CENTS	PT	AP	OFFSET AMOUNT DOLLARS	CENTS	NDI GROSS DOLLARS	CENTS	PT SF	ST	EARNINGS ID
	6 8 1																

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ATTACHMENT (Revised 03/02)

STATE OF CALIFORNIA

INDUSTRIAL/NON-INDUSTRIAL DISABILITY PAY/ADJUSTMENT REQUEST

STD. 674D (REV. 1-98)

ATTACHMENT E-2 SAMPLE 2

DOCUMENT NUMBER _____ OF _____

TO: STATE CONTROLLER - PPSD / PAYROLL SERVICES

1. CBID	2. SOCIAL SECURITY NUMBER	3. FIRST & MIDDLE INITIAL AND LAST NAME
R15	286-47-1379	I M SICK

4. POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1.	405	300	2005	037
2.				

5. PAY PERIOD

T	MO	YR
0	10	90

6. INTERVENING ACTIVITY/WORKING WHILE ON DISABILITY - ENTER NUMBER OF HOURS & CODE (W-WORKED, L-DOCK, C-IDL)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

7. INDUSTRIAL DISABILITY (IDL)

a. EMPLOYEE ON IDL FROM _____

THROUGH _____

b. EXCLUDE LOCKED-IN SPECIAL PAY:

EARNINGS ID(S) _____ _____ _____

AND RATE(S) $ _____ _____ _____

c. _____ EMPLOYEE ENTITLED TO ENHANCE IDL

8. NON-INDUSTRIAL DISABILITY (NDI)

a. EMPLOYEE ON NDI FROM FROM 10-1 TO 10-30

b. SALARY IS BELOW NDI MAXIMUM RATE.
INCLUDE NON-LOCKED-IN SHIFT

_____ _____

CODE _____ AND RATE $ _____

c. AVERAGE HOURS WORKED DURING PREVIOUS
18 MONTHS FOR INTERMITTENT EMPLOYEE

WAS _____

d. _____ EMPLOYEE ON ANNUAL LEAVE PROGRAM

ELECTED _____ SUPPLEMENTATION

9. PAYMENT PER CONTROLLER

ISSUE DATE MO	DY	YR	PT	TIME WORKED DAYS	HOURS	WARRANT OR A/R NUMBER	RET

10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED DAYS	HOURS	TIMEBASE FRACTION
REGULAR	0			
NDI	T	30		
IDL FULL	6			
IDL 2/3	N			

SHIFT		SHIFT CODE	HOURS	SHIFT RATE
REGULAR	2			
IDL FULL	6			
IDL 2/3	N			

11. ADDITIONAL INFORMATION

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674D, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND.

12. AUTHORIZED SIGNATURE DATE

COMPLETE

13. CONTACT PERSON *(If other than authorized signature)*

COMPLETE

14. TELEPHONE NUMBER *(Include Area Code)*

COMPLETE

SCO USE ONLY

1 OR 2	DOC. TYPE 1 2 3	PAY PERIOD T	MONTH 32 33	YR 34	TIME TO BE PAID DAYS 35 36	HRS. & HDTHS 37 38 39 40 41	SALARY RATE DOLLARS 42 43 44 45 46	CENTS 47 48	PT 49	AP 50	OFFSET AMOUNT DOLLARS 51 52 53 54 55	CENTS 56 57	NDI GROSS DOLLARS 58 59 60 61 62	CENTS 63 64	PT SF 65	ST 66	EARNINGS ID 67 68 69 70
	6 8 1																

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ATTACHMENT (Revised 03/02)

STATE OF CALIFORNIA

INDUSTRIAL/NON-INDUSTRIAL DISABILITY PAY/ADJUSTMENT REQUEST

STD. 674D (REV. 1-98)

ATTACHMENT E-2 SAMPLE 3

DOCUMENT NUMBER _____ OF _____

TO: STATE CONTROLLER - PPSD / PAYROLL SERVICES

1. CBID	2. SOCIAL SECURITY NUMBER	3. FIRST & MIDDLE INITIAL AND LAST NAME	
R04	660-60-6666	I B	HURT

4. POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1.	318	301	1164	060
2.				

5. PAY PERIOD

T	MO	YR
0	10	90

6. INTERVENING ACTIVITY/WORKING WHILE ON DISABILITY - ENTER NUMBER OF HOURS & CODE (W-WORKED, L-DOCK, C-IDL)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

7. INDUSTRIAL DISABILITY (IDL)

a. EMPLOYEE ON IDL FROM _____

THROUGH _____

b. EXCLUDE LOCKED-IN SPECIAL PAY:

EARNINGS ID(S) _____ _____ _____

AND RATE(S) $ _____ _____ _____

c. _____ EMPLOYEE ENTITLED TO ENHANCE IDL

8. NON-INDUSTRIAL DISABILITY (NDI)

a. EMPLOYEE ON NDI FROM FROM 10-1 TO 10-30

b. SALARY IS BELOW NDI MAXIMUM RATE.
INCLUDE NON-LOCKED-IN SHIFT

_____ _____

CODE _____ AND RATE $ _____

c. AVERAGE HOURS WORKED DURING PREVIOUS
18 MONTHS FOR INTERMITTENT EMPLOYEE

WAS _____

d. _____ EMPLOYEE ON ANNUAL LEAVE PROGRAM

ELECTED _____ SUPPLEMENTATION

9. PAYMENT PER CONTROLLER

ISSUE DATE MO	DY	YR	PT	TIME WORKED DAYS	HOURS	WARRANT OR A/R NUMBER	RET
10	31	90		17		01-444555	

10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED DAYS	HOURS	TIMEBASE FRACTION
REGULAR	0			
NDI	T	30		
IDL FULL	6			
IDL 2/3	N			

SHIFT		SHIFT CODE	HOURS	SHIFT RATE
REGULAR	2			
IDL FULL	6			
IDL 2/3	N			

11. ADDITIONAL INFORMATION

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674D, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND.

12. AUTHORIZED SIGNATURE DATE

COMPLETE

13. CONTACT PERSON *(If other than authorized signature)*

COMPLETE

14. TELEPHONE NUMBER *(Include Area Code)*

COMPLETE

SCO USE ONLY

1 OR 2	DOC. TYPE 1 2 3	PAY PERIOD T	MONTH	YR	TIME TO BE PAID DAYS	HRS. & HDTHS	SALARY RATE DOLLARS	CENTS	PT	AP	OFFSET AMOUNT DOLLARS	CENTS	NDI GROSS DOLLARS	CENTS	PT SF	ST	EARNINGS ID
	31–34	35–36	37–41	42–48	49	50	51–57	58–64	65	66	67–70
	6 8 1																

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ATTACHMENT (Revised 03/02)

STATE OF CALIFORNIA

INDUSTRIAL/NON-INDUSTRIAL DISABILITY PAY/ADJUSTMENT REQUEST

STD. 674D (REV. 1-98)

ATTACHMENT E-2 SAMPLE 4

DOCUMENT NUMBER _____ OF _____

TO: STATE CONTROLLER - PPSD / PAYROLL SERVICES

1. CBID	2. SOCIAL SECURITY NUMBER	3. FIRST & MIDDLE INITIAL AND LAST NAME
R11	300-12-9969	R U OUTSTANDING

4. POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1.	481	110	1999	034
2.				

5. PAY PERIOD

T	MO	YR
0	10	90

6. INTERVENING ACTIVITY/WORKING WHILE ON DISABILITY - ENTER NUMBER OF HOURS & CODE (W-WORKED, L-DOCK, C-IDL)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

7. INDUSTRIAL DISABILITY (IDL)

a. EMPLOYEE ON IDL FROM _____

THROUGH _____

b. EXCLUDE LOCKED-IN SPECIAL PAY:

EARNINGS ID(S) _____ _____ _____

AND RATE(S) $ _____ _____ _____

c. _____ EMPLOYEE ENTITLED TO ENHANCE IDL

8. NON-INDUSTRIAL DISABILITY (NDI)

a. EMPLOYEE ON NDI FROM FROM 10-1 TO 10-30

b. SALARY IS BELOW NDI MAXIMUM RATE.
INCLUDE NON-LOCKED-IN SHIFT

_____ _____

CODE _____ AND RATE $ _____

c. AVERAGE HOURS WORKED DURING PREVIOUS
18 MONTHS FOR INTERMITTENT EMPLOYEE

WAS _____

d. _____ EMPLOYEE ON ANNUAL LEAVE PROGRAM

ELECTED _____ SUPPLEMENTATION

9. PAYMENT PER CONTROLLER

ISSUE DATE MO	DY	YR	PT	TIME WORKED DAYS	HOURS	WARRANT OR A/R NUMBER	RET
10	31	90	0	22		01-265437	

10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED DAYS	HOURS	TIMEBASE FRACTION
REGULAR	0	14		
NDI	T	12		
IDL FULL	6			
IDL 2/3	N			

SHIFT		SHIFT CODE	HOURS	SHIFT RATE
REGULAR	2			
IDL FULL	6			
IDL 2/3	N			

11. ADDITIONAL INFORMATION

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674D, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND.

12. AUTHORIZED SIGNATURE DATE

COMPLETE

13. CONTACT PERSON *(If other than authorized signature)*

COMPLETE

14. TELEPHONE NUMBER *(Include Area Code)*

COMPLETE

SCO USE ONLY

1 OR 2	DOC. TYPE 1 2 3	PAY PERIOD T	MONTH 32 33	YR 34	TIME TO BE PAID DAYS 35 36	HRS. & HDTHS 37 38 39 40 41	SALARY RATE DOLLARS 42 43 44 45 46	CENTS 47 48	PT 49	AP 50	OFFSET AMOUNT DOLLARS 51 52 53 54 55	CENTS 56 57	NDI GROSS DOLLARS 58 59 60 61 62	CENTS 63 64	PT SF 65	ST 66	EARNINGS ID 67 68 69 70
	6 8 1																

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ATTACHMENT (Revised 03/02)

STATE OF CALIFORNIA

INDUSTRIAL/NON-INDUSTRIAL DISABILITY PAY/ADJUSTMENT REQUEST

STD. 674D (REV. 1-98)

ATTACHMENT E-2 SAMPLE 5

DOCUMENT NUMBER _____ OF _____

TO: STATE CONTROLLER - PPSD / PAYROLL SERVICES

1. CBID	2. SOCIAL SECURITY NUMBER	3. FIRST & MIDDLE INITIAL AND LAST NAME	
R01	548-85-7104	I B	SPLIT

4. POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1.	518	406	5157	090
2.	518	406	5157	008

5. PAY PERIOD		
T	MO	YR
0	10	90

6. INTERVENING ACTIVITY/WORKING WHILE ON DISABILITY - ENTER NUMBER OF HOURS & CODE (W-WORKED, L-DOCK, C-IDL)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

7. INDUSTRIAL DISABILITY (IDL)

a. EMPLOYEE ON IDL FROM _____

THROUGH _____

b. EXCLUDE LOCKED-IN SPECIAL PAY:

EARNINGS ID(S) _____ _____ _____

AND RATE(S) $ _____ _____ _____

c. _____ EMPLOYEE ENTITLED TO ENHANCE IDL

8. NON-INDUSTRIAL DISABILITY (NDI)

a. EMPLOYEE ON NDI FROM FROM 10-1 TO 10-30

b. SALARY IS BELOW NDI MAXIMUM RATE.
INCLUDE NON-LOCKED-IN SHIFT

_____ _____

CODE _____ AND RATE $ _____

c. AVERAGE HOURS WORKED DURING PREVIOUS
18 MONTHS FOR INTERMITTENT EMPLOYEE

WAS _____

d. _____ EMPLOYEE ON ANNUAL LEAVE PROGRAM

ELECTED _____ SUPPLEMENTATION

9. PAYMENT PER CONTROLLER

ISSUE DATE MO	DY	YR	PT	TIME WORKED DAYS	HOURS	WARRANT OR A/R NUMBER	RET

10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED DAYS	HOURS	TIMEBASE FRACTION
REGULAR	0			
NDI #1		14		
NDI #2	T	16		
IDL FULL	6			
IDL 2/3	N			

SHIFT		SHIFT CODE	HOURS	SHIFT RATE
REGULAR	2			
IDL FULL	6			
IDL 2/3	N			

11. ADDITIONAL INFORMATION

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674D, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND.

12. AUTHORIZED SIGNATURE DATE

COMPLETE

13. CONTACT PERSON *(If other than authorized signature)*

COMPLETE

14. TELEPHONE NUMBER *(Include Area Code)*

COMPLETE

SCO USE ONLY

1 OR 2	DOC. TYPE 1 2 3	PAY PERIOD T	MONTH 32 33	YR 34	TIME TO BE PAID DAYS 35 36	HRS. & HDTHS 37 38 39 40 41	SALARY RATE DOLLARS 42 43 44 45 46	CENTS 47 48	PT 49	AP 50	OFFSET AMOUNT DOLLARS 51 52 53 54 55	CENTS 56 57	NDI GROSS DOLLARS 58 59 60 61 62	CENTS 63 64	PT SF 65	ST 66	EARNINGS ID 67 68 69 70
	6 8 1																

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ATTACHMENT (Revised 03/02)

STATE OF CALIFORNIA

INDUSTRIAL/NON-INDUSTRIAL DISABILITY PAY/ADJUSTMENT REQUEST

STD. 674D (REV. 1-98)

ATTACHMENT E-2 SAMPLE 6

DOCUMENT NUMBER _____ OF _____

TO: STATE CONTROLLER - PPSD / PAYROLL SERVICES

1. CBID	2. SOCIAL SECURITY NUMBER	3. FIRST & MIDDLE INITIAL AND LAST NAME	
M01	091-15-1956	M I	HERE

4. POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1.	505	218	4802	004
2.				

5. PAY PERIOD

T	MO	YR

6. INTERVENING ACTIVITY/WORKING WHILE ON DISABILITY - ENTER NUMBER OF HOURS & CODE (W-WORKED, L-DOCK, C-IDL)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

7. INDUSTRIAL DISABILITY (IDL)

a. EMPLOYEE ON IDL FROM _____

THROUGH _____

b. EXCLUDE LOCKED-IN SPECIAL PAY:

EARNINGS ID(S) _____ _____ _____

AND RATE(S) $ _____ _____ _____

c. _____ EMPLOYEE ENTITLED TO ENHANCE IDL

8. NON-INDUSTRIAL DISABILITY (NDI)

a. EMPLOYEE ON NDI FROM FROM 10-10 TO 10-30

b. SALARY IS BELOW NDI MAXIMUM RATE.
INCLUDE NON-LOCKED-IN SHIFT

_____ _____

CODE _____ AND RATE $ _____

c. AVERAGE HOURS WORKED DURING PREVIOUS
18 MONTHS FOR INTERMITTENT EMPLOYEE

WAS _____

d. _____ EMPLOYEE ON ANNUAL LEAVE PROGRAM

ELECTED _____ SUPPLEMENTATION

9. PAYMENT PER CONTROLLER

ISSUE DATE MO	DY	YR	PT	TIME WORKED DAYS	HOURS	WARRANT OR A/R NUMBER	RET

10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED DAYS	HOURS	TIMEBASE FRACTION
REGULAR	0	7		
SUPPL		7	3	
NDI	T	21		
IDL FULL	6			
IDL 2/3	N			

SHIFT		SHIFT CODE	HOURS	SHIFT RATE
REGULAR	2			
IDL FULL	6			
IDL 2/3	N			

11. ADDITIONAL INFORMATION

EMPLOYEE SUPPLEMENTING 100%

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674D, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND.

12. AUTHORIZED SIGNATURE DATE

COMPLETE

13. CONTACT PERSON *(If other than authorized signature)*

COMPLETE

14. TELEPHONE NUMBER *(Include Area Code)*

COMPLETE

SCO USE ONLY

1 OR 2	DOC. TYPE 1 2 3	PAY PERIOD T	MONTH	YR	TIME TO BE PAID DAYS	HRS. & HDTHS	SALARY RATE DOLLARS	CENTS	PT	AP	OFFSET AMOUNT DOLLARS	CENTS	NDI GROSS DOLLARS	CENTS	PT SF	ST	EARNINGS ID
	31 32 33 34				35 36	37 38 39 40 41	42 43 44 45 46	47 48	49	50	51 52 53 54 55	56 57	58 59 60 61 62	63 64	65	66	67 68 69 70
	6 8 1																

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ATTACHMENT (Revised 03/02)

STATE OF CALIFORNIA

INDUSTRIAL/NON-INDUSTRIAL DISABILITY PAY/ADJUSTMENT REQUEST

STD. 674D (REV. 1-98)

ATTACHMENT E-2 SAMPLE 7

DOCUMENT NUMBER _____ OF _____

TO: STATE CONTROLLER - PPSD / PAYROLL SERVICES

1. CBID	2. SOCIAL SECURITY NUMBER	3. FIRST & MIDDLE INITIAL AND LAST NAME	
R04	710-32-3232	I	KNEDHELP

4. POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1.	274	111	1147	103
2.				

5. PAY PERIOD

T	MO	YR
0	02	93

6. INTERVENING ACTIVITY/WORKING WHILE ON DISABILITY - ENTER NUMBER OF HOURS & CODE (W-WORKED, L-DOCK, C-IDL)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

7. INDUSTRIAL DISABILITY (IDL)

a. EMPLOYEE ON IDL FROM _____

THROUGH _____

b. EXCLUDE LOCKED-IN SPECIAL PAY:

EARNINGS ID(S) _____ _____ _____

AND RATE(S) $ _____ _____ _____

c. _____ EMPLOYEE ENTITLED TO ENHANCE IDL

8. NON-INDUSTRIAL DISABILITY (NDI)

a. EMPLOYEE ON NDI FROM FROM 10-1 TO 10-30

b. SALARY IS BELOW NDI MAXIMUM RATE.
INCLUDE NON-LOCKED-IN SHIFT

_____ _____

CODE _____ AND RATE $ _____

c. AVERAGE HOURS WORKED DURING PREVIOUS
18 MONTHS FOR INTERMITTENT EMPLOYEE

WAS _____

d. _____ EMPLOYEE ON ANNUAL LEAVE PROGRAM

ELECTED _____ SUPPLEMENTATION

9. PAYMENT PER CONTROLLER

ISSUE DATE MO	DY	YR	PT	TIME WORKED DAYS	HOURS	WARRANT OR A/R NUMBER	RET

10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED DAYS	HOURS	TIMEBASE FRACTION
REGULAR	0	9	5 00	
NDI	T	30		
IDL FULL	6			
IDL 2/3	N			

SHIFT		SHIFT CODE	HOURS	SHIFT RATE
REGULAR	2			
IDL FULL	6			
IDL 2/3	N			

11. ADDITIONAL INFORMATION

NDI SICK LEAVE SUBSIDY

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674D, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND.

12. AUTHORIZED SIGNATURE DATE

COMPLETE

13. CONTACT PERSON *(If other than authorized signature)*

COMPLETE

14. TELEPHONE NUMBER *(Include Area Code)*

COMPLETE

SCO USE ONLY

1 OR 2	DOC. TYPE 1 2 3	PAY PERIOD T	MONTH 32 33	YR 34	TIME TO BE PAID DAYS 35 36	HRS. & HDTHS 37 38 39 40 41	SALARY RATE DOLLARS 42 43 44 45 46	CENTS 47 48	PT 49	AP 50	OFFSET AMOUNT DOLLARS 51 52 53 54 55	CENTS 56 57	NDI GROSS DOLLARS 58 59 60 61 62	CENTS 63 64	PT SF 65	ST 66	EARNINGS ID 67 68 69 70
	6 8 1																

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ATTACHMENT (Revised 03/02)

STATE OF CALIFORNIA

INDUSTRIAL/NON-INDUSTRIAL DISABILITY PAY/ADJUSTMENT REQUEST

STD. 674D (REV. 1-98)

ATTACHMENT E-2 SAMPLE 8

DOCUMENT NUMBER _____ OF _____

TO: STATE CONTROLLER - PPSD / PAYROLL SERVICES

1. CBID	2. SOCIAL SECURITY NUMBER	3. FIRST & MIDDLE INITIAL AND LAST NAME
R18	357-00-8056	U B TWOTIMES

4. POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1.	174	122	8232	903
2.				

5. PAY PERIOD

T	MO	YR
0	10	90

6. INTERVENING ACTIVITY/WORKING WHILE ON DISABILITY - ENTER NUMBER OF HOURS & CODE (W-WORKED, L-DOCK, C-IDL)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

7. INDUSTRIAL DISABILITY (IDL)

a. EMPLOYEE ON IDL FROM _____

THROUGH _____

b. EXCLUDE LOCKED-IN SPECIAL PAY:

EARNINGS ID(S) _____ _____ _____

AND RATE(S) $ _____ _____ _____

c. _____ EMPLOYEE ENTITLED TO ENHANCE IDL

8. NON-INDUSTRIAL DISABILITY (NDI)

a. EMPLOYEE ON NDI FROM FROM 10-10 TO 10-26

b. SALARY IS BELOW NDI MAXIMUM RATE.
INCLUDE NON-LOCKED-IN SHIFT

_____ _____

CODE _____ AND RATE $ _____

c. AVERAGE HOURS WORKED DURING PREVIOUS
18 MONTHS FOR INTERMITTENT EMPLOYEE

WAS _____

d. _____ EMPLOYEE ON ANNUAL LEAVE PROGRAM

ELECTED _____ SUPPLEMENTATION

9. PAYMENT PER CONTROLLER

ISSUE DATE MO	DY	YR	PT	TIME WORKED DAYS	HOURS	WARRANT OR A/R NUMBER	RET

10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED DAYS	HOURS	TIMEBASE FRACTION
REGULAR -1ST	0	7		
Regular - 2nd		2		
NDI	T	17		
IDL FULL	6			
IDL 2/3	N			

SHIFT		SHIFT CODE	HOURS	SHIFT RATE
REGULAR	2			
IDL FULL	6			
IDL 2/3	N			

11. ADDITIONAL INFORMATION

EMPLOYEE DUE 7 DAYS - 1ST HALF AND 2 DAYS - 2ND HALF

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674D, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND.

12. AUTHORIZED SIGNATURE DATE

COMPLETE

13. CONTACT PERSON *(If other than authorized signature)*

COMPLETE

14. TELEPHONE NUMBER *(Include Area Code)*

COMPLETE

SCO USE ONLY

1 OR 2	DOC. TYPE 1 2 3	PAY PERIOD T	MONTH 32 33	YR 34	TIME TO BE PAID DAYS 35 36	HRS. & HDTHS 37 38 39 40 41	SALARY RATE DOLLARS 42 43 44 45 46	CENTS 47 48	PT 49	AP 50	OFFSET AMOUNT DOLLARS 51 52 53 54 55	CENTS 56 57	NDI GROSS DOLLARS 58 59 60 61 62	CENTS 63 64	PT SF 65	ST 66	EARNINGS ID 67 68 69 70
	6 8 1																

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ATTACHMENT (Revised 03/02)

STATE OF CALIFORNIA

INDUSTRIAL/NON-INDUSTRIAL DISABILITY PAY/ADJUSTMENT REQUEST

STD. 674D (REV. 1-98)

ATTACHMENT E-2 SAMPLE 9

DOCUMENT NUMBER _____ OF _____

TO: STATE CONTROLLER - PPSD / PAYROLL SERVICES

1. CBID	2. SOCIAL SECURITY NUMBER	3. FIRST & MIDDLE INITIAL AND LAST NAME		
R04	121-12-1221	R	U	FEELINGOOD

4. POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1.	057	072	1128	004
2.				

5. PAY PERIOD

T	MO	YR
0	10	90

6. INTERVENING ACTIVITY/WORKING WHILE ON DISABILITY - ENTER NUMBER OF HOURS & CODE (W-WORKED, L-DOCK, C-IDL)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
										4W					8W															

7. INDUSTRIAL DISABILITY (IDL)

a. EMPLOYEE ON IDL FROM _____

THROUGH _____

b. EXCLUDE LOCKED-IN SPECIAL PAY:

EARNINGS ID(S) _____ _____ _____

AND RATE(S) $ _____ _____ _____

c. _____ EMPLOYEE ENTITLED TO ENHANCE IDL

8. NON-INDUSTRIAL DISABILITY (NDI)

a. EMPLOYEE ON NDI FROM FROM 10-10 TO 10-17

b. SALARY IS BELOW NDI MAXIMUM RATE.
INCLUDE NON-LOCKED-IN SHIFT

_____ _____

CODE _____ AND RATE $ _____

c. AVERAGE HOURS WORKED DURING PREVIOUS
18 MONTHS FOR INTERMITTENT EMPLOYEE

WAS _____

d. _____ EMPLOYEE ON ANNUAL LEAVE PROGRAM

ELECTED _____ SUPPLEMENTATION

9. PAYMENT PER CONTROLLER

ISSUE DATE MO	DY	YR	PT	TIME WORKED DAYS	HOURS	WARRANT OR A/R NUMBER	RET

10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED DAYS	HOURS	TIMEBASE FRACTION
REGULAR	0	17	4 00	
NDI	T	8		
IDL FULL	6			
IDL 2/3	N			

SHIFT		SHIFT CODE	HOURS	SHIFT RATE
REGULAR	2			
IDL FULL	6			
IDL 2/3	N			

11. ADDITIONAL INFORMATION

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674D, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND.

12. AUTHORIZED SIGNATURE DATE

COMPLETE

13. CONTACT PERSON *(If other than authorized signature)*

COMPLETE

14. TELEPHONE NUMBER *(Include Area Code)*

COMPLETE

SCO USE ONLY

1 OR 2	DOC. TYPE 1 2 3	PAY PERIOD T	MONTH	YR	TIME TO BE PAID DAYS	HRS. & HDTHS	SALARY RATE DOLLARS	CENTS	PT	AP	OFFSET AMOUNT DOLLARS	CENTS	NDI GROSS DOLLARS	CENTS	PT SF	ST	EARNINGS ID
	31 32 33 34				35 36	37 38 39 40 41	42 43 44 45 46	47 48	49	50	51 52 53 54 55	56 57	58 59 60 61 62	63 64	65	66	67 68 69 70
	6 8 1																

647DPRT.FRP

TD - 674 SAMPLES
INDEX

FULL SUPPLEMENTATION

Sample 1. Full Month on TD Account Receivable Request

Sample 2. Partial Month on TD Account Receivable Request

Sample 3. Payment Request

Sample 4. Hourly Employee

Sample 5. Shift Differential in Pay Period

PARTIAL SUPPLEMENTATION

Sample 6. Payment Request

Sample 7. Payment Request Shift Differential in Pay Period

Sample 8. IDL and TD in the Same Pay Period (674D)

MISCELLANEOUS

Sample 9. IDL and TD in the Same Pay Period (674)
NOTE: IDL and TD forms must be submitted as a package.

Sample 10. SCIF Amount Changed - Reversal of A/R

Sample 11. SCIF Daily Rate Increased - Additional A/R Request

Sample 12. Wage Loss

Sample 13. SCIF Amount Reduced by Attorney Fees

Sample 14. Abatement

Sample 15. Full Month on TD A/R Request - Fractional Employee

ATTACHMENT (Revised 03/02)

ATTACHMENT E-3 SAMPLE 2

STATE OF CALIFORNIA

PAYROLL ADJUSTMENT NOTICE

STD 674 (REV. 4-89)

DOCUMENT NO. _____

(1) TO: STATE CONTROLLER

- [ ] DIVISION OF DISBURSEMENTS
- [x] PPSD/PAYROLL SERVICES

(2) SOCIAL SECURITY NUMBER	(3) NAME		(4) POSITION NUMBER AGENCY	UNIT	CLASS	SERIAL
COMPLETE	COMPLETE	1			COMPLETE	
		2				

(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:

- [ ] PAYMENT REQUEST
- [ ] RETURN WARRANT ONLY
- [x] ADJUSTMENT REQUEST
  - [ ] SALARY
  - [ ] TIME
  - [x] TRANSFER OF FUNDS
- [x] ACCOUNT RECEIVABLE
- [ ] INQUIRY REGARDING FORM _____

REMARKS

I. Per G.C. 19863, employee absent on T.D. from 6-18-92 through 6-30-92.
   A. 1934/176 = 10.99
   B. 494/10.99 = 44.95 Round to 45 Hours
   C. Restore 45 Hours
   D. 45 Hours = 5 days 5 Hours
II. SCIF Daily Rate $38.00 Wage Loss N/A Abatement N/A

DATES/HOURS ON DOCK:

(6)	ISSUE DATE MO.	ISSUE DATE DY.	ISSUE DATE YR.	PAY PERIOD MO.	PAY PERIOD DY.	PAY PERIOD YR.	SALARY TYPE	SALARY RATE	TIME WORKED STD	TIME WORKED DYS.	TIME WORKED HOURS	APPT. FRAC.	GROSS TYPE	PMT. TYPE	PAY SUFFIX	ADJ. CODE	EARNINGS ID	SHIFT CODE	GROSS	NET PAY	ACCT. REC. OR WARRANT NO.	RELEASED	RETURNED	HELD BY
A.	07	01	92	06		92	1	1934.00	1				1	0	0				1934.00	1447.87	1-364842	✔		
PAYMENT PER CONTROLLER WARRANT REGISTER								SCIF		5	5								494.00					
										27	5								2428.00	SAMPLE 2 FULL				
																				SUPPLEMENTATION PARTIAL MONTH ON T.D.				
B.				06		92		REGULAR		13				0					1142.82	ACCOUNT RECEIVABLE REQUEST				
PAYMENT SHOULD BE								SCIF		5	5								494.00					
								SUPPL		3	3			U	T				297.18					
										22									1934.00					
C. OVERPAYMENT				06		92		SCIF		5	5								494.00					
UNDERPAYMENT																								

(7) OVERPAYMENT TO BE RECOVERED BY:

- [x] AGENCY COLLECTION
- [ ] PAYROLL DEDUCTION (SPECIFY TYPE)
  - [ ] 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD
  - [ ] ___(NO.) DEDUCTIONS TO START WITH NEXT APPLICABLE PAY PERIOD
  - [ ] 2% OF SALARY RATE OR 1/12 OF ACCOUNT RECEIVABLE NET

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE WAS NOTIFIED OF THE IMPENDING ACCOUNTS RECEIVABLE (A/R). PRIOR TO SUBMITTING THIS STD. 674, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND, AGREES TO THE A/R AND REPAYMENT SCHEDULE OR THE EMPLOYEE FAILED TO RESPOND TO NOTIFICATION OF THE IMPENDING A/R.

FORM COMPLETED BY: ▶ COMPLETE

PHONE NO: COMPLETE

(AGENCY NAME) COMPLETE

FROM:

AUTHORIZED SIGNATURE ▶ COMPLETE

DATE

ATTACHMENT (Revised 03/02)

ATTACHMENT E-3 SAMPLE 3

STATE OF CALIFORNIA

DOCUMENT NO. _____

PAYROLL ADJUSTMENT NOTICE

STD 674 (REV. 4-89)

(1) TO: STATE CONTROLLER

- [ ] DIVISION OF DISBURSEMENTS
- [x] PPSD/PAYROLL SERVICES

(2) SOCIAL SECURITY NUMBER	(3) NAME		(4) POSITION NUMBER AGENCY	UNIT	CLASS	SERIAL
COMPLETE	COMPLETE	1	COMPLETE			
		2				

(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:

- [x] PAYMENT REQUEST
- [ ] RETURN WARRANT ONLY
- [ ] ADJUSTMENT REQUEST
- [ ] ACCOUNT RECEIVABLE
- [ ] INQUIRY REGARDING FORM _____
- [ ] SALARY
- [ ] TIME
- [ ] TRANSFER OF FUNDS

REMARKS

I. PER GC 19863, EMPLOYEE ABSENT ON TD FROM 6-1-92 THROUGH 6-30-92
A. 1979/176 = 11.24
B. 1140/11.24 = 101.42 ROUNG TO 101 HOURS = 12 DAYS 5 HOURS
C. EMPLOYEE ENTITLED TO 9 DAYS 3 HOURS AS FULL SUPPLEMENTATION
D. DATES AND HOURS WORKED N/A NON-PAY DATES N/A
E. SCIF DAILY RATE $38.00 WAGE LOSS N/A ABATEMENT N/A

DATES/HOURS ON DOCK:

(6)

	ISSUE DATE MO.	DY.	YR.	PAY PERIOD MO.	DY.	YR.	SALARY TYPE	SALARY RATE	TIME WORKED STD	DYS.	HOURS	APPT. FRAC.	GROSS TYPE	PMT. TYPE	PAY SUFFIX	ADJ. CODE	EARNINGS ID	SHIFT CODE	GROSS	NET PAY	ACCT. REC. OR WARRANT NO.	RELEASED	RETURNED	HELD BY
A. PAYMENT PER CONTROLLER WARRANT REGISTER				06		92		1979.00		NONE				0					NONE					
								SCIF		12	5 00								1140.00					
										12	5 00								1140.00	SAMPLE 3 FULL				
																				SUPPLEMENTATION PAYMENT REQUEST				
B. PAYMENT SHOULD BE				06		92		REGULAR		NONE				0					NONE					
								SCIF		12	5 00								1140.00					
								SUPPL		9	3 00			U	T				839.00					
										22									1979.00					
C. OVERPAYMENT																								
UNDERPAYMENT				06		92		SUPPL		9	3 00			U	T				839.00					

(7) OVERPAYMENT TO BE RECOVERED BY:

- [ ] AGENCY COLLECTION
- [ ] PAYROLL DEDUCTION (SPECIFY TYPE)
- [ ] 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD
- [ ] ___(NO.) DEDUCTIONS TO START WITH NEXT APPLICABLE PAY PERIOD
- [ ] 2% OF SALARY RATE OR 1/12 OF ACCOUNT RECEIVABLE NET

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE WAS NOTIFIED OF THE IMPENDING ACCOUNTS RECEIVABLE (A/R). PRIOR TO SUBMITTING THIS STD. 674, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND, AGREES TO THE A/R AND REPAYMENT SCHEDULE OR THE EMPLOYEE FAILED TO RESPOND TO NOTIFICATION OF THE IMPENDING A/R.

FOR ▶ COMPLETE COMPLETE

(AGENCY NAME)

FROM: COMPLETE

AUTHORIZED SIGNATURE ▶ COMPLETE

DATE COMPLETE

ATTACHMENT Revised 03/02

STATE OF CALIFORNIA

PAYROLL ADJUSTMENT NOTICE

STD 674 (REV. 4-89)

DOCUMENT NO. **ATTACHMENT E-3 SAMPLE 4**

(1) TO: STATE CONTROLLER

- [ ] DIVISION OF DISBURSEMENTS
- [x] PPSD/PAYROLL SERVICES

(2) SOCIAL SECURITY NUMBER	(3) NAME		(4) POSITION NUMBER AGENCY	UNIT	CLASS	SERIAL
COMPLETE	COMPLETE	1		COMPLETE		
		2				

(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:

- [x] PAYMENT REQUEST
- [ ] RETURN WARRANT ONLY
- [ ] ADJUSTMENT REQUEST
- [ ] ACCOUNT RECEIVABLE
- [ ] INQUIRY REGARDING FORM _____
- [ ] SALARY
- [ ] TIME
- [ ] TRANSFER OF FUNDS

REMARKS

1. PER CC 19863 EMPLOYEE ABSET ON TD FROM 6-1-92 THROUGHT6-30-92
   A.
   B. 954.901/12.74 = ROUND TO 75 HOURS
   C. EMPLOYEE ENTITLED TO 66 HOURS AS FULL SUPLIEMENTATION.
   D. DATES AND HOURS WORKED N/A NON-PAY DATES N/A
   E. SCIF DAILY RATE $31.83 WAGE LOSS N/A ABATEMENT N/A

DATES/HOURS ON DOCK:

(6)	ISSUE DATE MO.	DY.	YR.	PAY PERIOD MO.	DY.	YR.	SALARY TYPE	SALARY RATE	TIME WORKED STD	DYS.	HOURS	APPT. FRAC.	GROSS TYPE	PMT. TYPE	PAY SUFFIX	ADJ. CODE	EARNINGS ID	SHIFT CODE	GROSS	NET PAY	ACCT. REC. OR WARRANT NO.	RELEASED	RETURNED	HELD BY
A. PAYMENT PER CONTROLLER WARRANT REGISTER				06		92		12.74		NONE				0					NONE					
								SCIF			75 00								954.80					
											75 00								954.90	SAMPLE 4 FULL				
																				SUPPLEMENTATION. HOURLY EMPLOYEE.				
B. PAYMENT SHOULD BE				06		92		REGULAR		NONE				0					NONE	AVERAGE HOURS WORKED LAST 12				
								SCIF			75 00								954.90	MONTHS IS 141				
								SUPPLE			66 00			U	T				841.44					
											141 00								1796.34					
C. OVERPAYMENT																								
UNDERPAYMENT				06		92		SUPPLE			66 00			U	T				841.44					

(7) OVERPAYMENT TO BE RECOVERED BY:

- [ ] AGENCY COLLECTION
- [ ] PAYROLL DEDUCTION (SPECIFY TYPE)
- [ ] 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD
- [ ] ___(NO.) DEDUCTIONS TO START WITH NEXT APPLICABLE PAY PERIOD
- [ ] 2% OF SALARY RATE OR 1/12 OF ACCOUNT RECEIVABLE NET

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE WAS NOTIFIED OF THE IMPENDING ACCOUNTS RECEIVABLE (A/R). PRIOR TO SUBMITTING THIS STD. 674, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND, AGREES TO THE A/R AND REPAYMENT SCHEDULE OR THE EMPLOYEE FAILED TO RESPOND TO NOTIFICATION OF THE IMPENDING A/R.

FOR COMPLETED BY: COMPLETE

PHONE NO. COMPLETE

(AGENCY NAME) COMPLETE

FROM:

AUTHORIZED SIGNATURE: COMPLETE

DATE: COMPLETE

ATTACHMENT (Revised 03/02)

ATTACHMENT E-3 SAMPLE 5

STATE OF CALIFORNIA

PAYROLL ADJUSTMENT NOTICE

STD 674 (REV. 4-89)

DOCUMENT NO. _____

(1) TO: STATE CONTROLLER

- [ ] DIVISION OF DISBURSEMENTS
- [x] PPSD/PAYROLL SERVICES

(2) SOCIAL SECURITY NUMBER	(3) NAME		(4) POSITION NUMBER AGENCY	UNIT	CLASS	SERIAL
COMPLETE	COMPLETE	1	COMPLETE			
		2				

(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:

- [ ] PAYMENT REQUEST
- [ ] RETURN WARRANT ONLY
- [x] ADJUSTMENT REQUEST
  - [ ] SALARY
  - [ ] TIME
  - [x] TRANSFER OF FUNDS
- [ ] ACCOUNT RECEIVABLE
- [ ] INQUIRY REGARDING FORM _____

REMARKS

I. PER GC 19863, EMPLOYEE ABSENT ON TD FROM 6-1-92 THROUGH 6-30-92
A. 3407.00*/176 = 19.36 (*INCLUDES SHIFT PAY)
B. 1440/19.36 = 74.38 ROUND TO 74 HOURS.
C. RESTORE 74 HOURS
D. 74 HOURS = 9 DAYS 2 HOURS
E. SCIF DAILY RATE $48.00 WAGE LOSS N/A ABATEMENT N/A

DATES/HOURS ON DOCK:

(6)

	ISSUE DATE MO.	DY.	YR.	PAY PERIOD MO.	DY.	YR.	SALARY TYPE	SALARY RATE	TIME WORKED STD	DYS.	HOURS	APPT. FRAC.	GROSS TYPE	PMT. TYPE	PAY SUFFIX	ADJ. CODE	EARNINGS ID	SHIFT CODE	GROSS	NET PAY	ACCT. REC. OR WARRANT NO.	RELEASED	RETURNED	HELD BY
A. PAYMENT PER CONTROLLER WARRANT REGISTER	07	01	92	06		92	1	3319.00	1				1	0		0			3319.00	2474.15	1-234568	✔		
								SCIF		9	2 00								1440.00					
	07	15	92	06		92		.50			**176 00		1	2		0		S	**88.00	55.13	1-717171	✔		
										31	2 00								4759.00	** NOT INCLUDED IN TOTALS				
B. PAYMENT SHOULD BE				06		92		REGULAR		NONE				0					NONE					
								SCIF		9	2 00								1440.00	SAMPLE 5				
								SUPPL		12	6 00			U	T				1879.00	FULL SUPPLEMENTATION. SHIFT DIFFERENTAL IN PAY PERIOD. ACCOUNT RECEIVABLE REQUEST.				
										22									3319.00					
C. OVERPAYMENT				06		92		SCIF		9	2 00								1440.00					
UNDERPAYMENT										NONE									NONE					

(7) OVERPAYMENT TO BE RECOVERED BY:

- [x] AGENCY COLLECTION
- [ ] PAYROLL DEDUCTION (SPECIFY TYPE)
  - [ ] 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD
  - [ ] ___(NO.) DEDUCTIONS TO START WITH NEXT APPLICABLE PAY PERIOD
  - [ ] 2% OF SALARY RATE OR 1/12 OF ACCOUNT RECEIVABLE NET

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE WAS NOTIFIED OF THE IMPENDING ACCOUNTS RECEIVABLE (A/R). PRIOR TO SUBMITTING THIS STD. 674, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND, AGREES TO THE A/R AND REPAYMENT SCHEDULE OR THE EMPLOYEE FAILED TO RESPOND TO NOTIFICATION OF THE IMPENDING A/R.

FORM COMPLETED BY: ▶ COMPLETE

PHONE NO: COMPLETE

(AGENCY NAME)
FROM: COMPELTE

AUTHORIZED SIGNATURE ▶ COMPLETE

DATE COMPLETE

ATTACHMENT (Revised 03/02)

ATTACHMENT E-3 SAMPLE 6

STATE OF CALIFORNIA

DOCUMENT NO. _____

PAYROLL ADJUSTMENT NOTICE

STD 674 (REV. 4-89)

(1) TO: STATE CONTROLLER

- [ ] DIVISION OF DISBURSEMENTS
- [x] PPSD/PAYROLL SERVICES

(2) SOCIAL SECURITY NUMBER	(3) NAME		(4) POSITION NUMBER AGENCY	UNIT	CLASS	SERIAL
COMPLETE	COMPLETE	1			COMPLETE	
		2				

(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:

- [x] PAYMENT REQUEST
- [ ] RETURN WARRANT ONLY
- [ ] ADJUSTMENT REQUEST
- [ ] ACCOUNT RECEIVABLE
- [ ] INQUIRY REGARDING FORM _____
- [ ] SALARY
- [ ] TIME
- [ ] TRANSFER OF FUNDS

REMARKS

I. PER GC 19863, EMPLOYEE ABSENT ON TD FROM 6-1-92 THROUGH 6-30-92
A. 1979/176 = 11.24
B. 1140/11.24 = 101.42 ROUND TO 101 HOURS = 12 DAYS 5 HOURS
C. EMPLOYEE ENTITLED TO 4 DAYS 2 HOURS PARTIAL SUPPLEMENTATION.
D. DATE AND HOURS WORKED N/A NON-PAY DATES N/A
E. SCIF DAILY RATE $38.00 WAGE LOST N/A ABATEMENT N/A

DATES/HOURS ON DOCK:

(6)

	ISSUE DATE MO.	DY.	YR.	PAY PERIOD MO.	DY.	YR.	SALARY TYPE	SALARY RATE	TIME WORKED STD	DYS.	HOURS	APPT. FRAC.	GROSS TYPE	PMT. TYPE	PAY SUFFIX	ADJ. CODE	EARNINGS ID	SHIFT CODE	GROSS	NET PAY	ACCT. REC. OR WARRANT NO.	RELEASED	RETURNED	HELD BY
A. PAYMENT PER CONTROLLER WARRANT REGISTER				06		92		1979.00		NONE				0					NONE					
								SCIF		12	5								1140.00					
										12	5								1140.00	SAMPLE 6 PARTIAL				
																				SUPPLEMENMTATION. ORIGINAL PAYMENT				
B. PAYMENT SHOULD BE				06		92		REGULAR		NONE				0					NONE	REQUEST.				
								SCIF		12	5								1140.00					
								SUPPL		4	2			U	T				382.31					
										16	7								1522.31					
C. OVERPAYMENT																								
UNDERPAYMENT				06		92		SUPPL		4	2			U	T				382.31					

(7) OVERPAYMENT TO BE RECOVERED BY:

- [ ] AGENCY COLLECTION
- [ ] PAYROLL DEDUCTION (SPECIFY TYPE)
- [ ] 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD
- [ ] ___(NO.) DEDUCTIONS TO START WITH NEXT APPLICABLE PAY PERIOD
- [ ] 2% OF SALARY RATE OR 1/12 OF ACCOUNT RECEIVABLE NET

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE WAS NOTIFIED OF THE IMPENDING ACCOUNTS RECEIVABLE (A/R). PRIOR TO SUBMITTING THIS STD. 674, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND, AGREES TO THE A/R AND REPAYMENT SCHEDULE OR THE EMPLOYEE FAILED TO RESPOND TO NOTIFICATION OF THE IMPENDING A/R.

FOR: COMPLETE ▶ PHONE NO. COMPLETE

(AGENCY NAME) COMPLETE

FROM:

AUTHORIZED SIGNATURE ▶ COMPLETE DATE COMPLETE

ATTACHMENT (Revised 03/02)

ATTACHMENT E-3 SAMPLE 7

STATE OF CALIFORNIA

PAYROLL ADJUSTMENT NOTICE

STD 674 (REV. 4-89)

DOCUMENT NO. _____

(1) TO: STATE CONTROLLER

- [ ] DIVISION OF DISBURSEMENTS
- [x] PPSD/PAYROLL SERVICES

(2) SOCIAL SECURITY NUMBER	(3) NAME		(4) POSITION NUMBER AGENCY	UNIT	CLASS	SERIAL
COMPLETE	COMPLETE	1			COMPLETE	
		2				

(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:

- [x] PAYMENT REQUEST
- [ ] RETURN WARRANT ONLY
- [ ] ADJUSTMENT REQUEST
- [ ] ACCOUNT RECEIVABLE
- [ ] INQUIRY REGARDING FORM _____
- [ ] SALARY
- [ ] TIME
- [ ] TRANSFER OF FUNDS

REMARKS

I. PER GC 19863, EMPLOYEE ABSENT ON TD FROM 6-1-92 THROUGH 6-30-92
A. 2790.00*/176 = 15.85 (*INCLUDES SHIFT .50 X 176 = 88.00)
B. 1140/15.85 = 90.85 ROUND TO 91 HOURS - 11 DAYS 3 HOURS
C. EMPLOYEE ENTITLED TO 3 DAYS 3 HOURS AS PARTIAL SUPPLEMENTATION
D. DATES AND HOURS WORKED N/A NON-PAY DATES N/A
E. SCIF DAILY RATE $48.00 WAGE LOSS N/A ABATEMENT N/A

DATES/HOURS ON DOCK:

(6)

	ISSUE DATE MO.	DY.	YR.	PAY PERIOD MO.	DY.	YR.	SALARY TYPE	SALARY RATE	TIME WORKED STD	DYS.	HOURS	APPT. FRAC.	GROSS TYPE	PMT. TYPE	PAY SUFFIX	ADJ. CODE	EARNINGS ID	SHIFT CODE	GROSS	NET PAY	ACCT. REC. OR WARRANT NO.	RELEASED	RETURNED	HELD BY
A. PAYMENT PER CONTROLLER WARRANT REGISTER				06		92		2702.00		NONE				0					NONE					
								SCIF		11	3								1440.00					
										11	3								1440.00	SAMPLE 7 PARTIAL				
																				SUPPLEMENTATION. PAYMENT REQUEST.				
B. PAYMENT SHOULD BE				06		92		REGULAR		NONE				0					NONE	**27 HOURS SHIFT PAY INCLUDED IN				
								SCIF		11	3								1440.00	SUPPLEMENTATION GROSS.				
								SUPPL		3	3			U	T				428.01**					
										14	6								1868.01					
C. OVERPAYMENT																								
UNDERPAYMENT				06		92		SUPPL		3	3			U	T				428.01**					

(7) OVERPAYMENT TO BE RECOVERED BY:

- [ ] AGENCY COLLECTION
- [ ] PAYROLL DEDUCTION (SPECIFY TYPE)
- [ ] 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD
- [ ] ___(NO.) DEDUCTIONS TO START WITH NEXT APPLICABLE PAY PERIOD
- [ ] 2% OF SALARY RATE OR 1/12 OF ACCOUNT RECEIVABLE NET

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE WAS NOTIFIED OF THE IMPENDING ACCOUNTS RECEIVABLE (A/R). PRIOR TO SUBMITTING THIS STD. 674, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND, AGREES TO THE A/R AND REPAYMENT SCHEDULE OR THE EMPLOYEE FAILED TO RESPOND TO NOTIFICATION OF THE IMPENDING A/R.

FORM ▶ COMPLETE

FROM: (AGENCY NAME) COMPLETE

AUTHORIZED SIGNATURE ▶ COMPLETE

DATE COMPLETE

ATTACHMENT (Revised 03/02)

STATE OF CALIFORNIA

INDUSTRIAL/NON-INDUSTRIAL DISABILITY PAY/ADJUSTMENT REQUEST

STD. 674D (REV. 1-98)

ATTACHMENT E-3 SAMPLE 8

DOCUMENT NUMBER 1 OF 2

TO: STATE CONTROLLER - PPSD / PAYROLL SERVICES

1. CBID	2. SOCIAL SECURITY NUMBER	3. FIRST & MIDDLE INITIAL AND LAST NAME
COMPLETE	COMPLETE	COMPLETE

4. POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1.		COMPLETE		
2.				

5. PAY PERIOD

T	MO	YR
0	06	92

6. INTERVENING ACTIVITY/WORKING WHILE ON DISABILITY - ENTER NUMBER OF HOURS & CODE (W-WORKED, L-DOCK, C-IDL)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

7. INDUSTRIAL DISABILITY (IDL)

a. EMPLOYEE ON IDL FROM 6-1-92

THROUGH 6-14-92

b. EXCLUDE LOCKED-IN SPECIAL PAY:

EARNINGS ID(S) _____ _____ _____

AND RATE(S) $ _____ _____ _____

c. _____ EMPLOYEE ENTITLED TO ENHANCE IDL

8. NON-INDUSTRIAL DISABILITY (NDI)

a. EMPLOYEE ON NDI FROM _____ (FROM) _____ (TO)

b. SALARY IS BELOW NDI MAXIMUM RATE.
INCLUDE NON-LOCKED-IN SHIFT

_____ _____

CODE _____ AND RATE $ _____

c. AVERAGE HOURS WORKED DURING PREVIOUS 18 MONTHS FOR INTERMITTENT EMPLOYEE

WAS _____

d. _____ EMPLOYEE ON ANNUAL LEAVE PROGRAM

ELECTED _____ SUPPLEMENTATION

9. PAYMENT PER CONTROLLER

ISSUE DATE MO	DY	YR	PT	TIME WORKED DAYS	HOURS	WARRANT OR A/R NUMBER	RET
07	01	92	0	22		COMPLETE	

10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED DAYS	HOURS	TIMEBASE FRACTION
REGULAR	0		NONE	
NDI	T			
IDL FULL	6	10		
IDL 2/3	N			

SHIFT		SHIFT CODE	HOURS	SHIFT RATE
REGULAR	2			
IDL FULL	6			
IDL 2/3	N			

11. ADDITIONAL INFORMATION

EMPLOYEE ON TD 6-15-92 THROUGH 6-30-92.

IDL AND TD IN THE SAME PAY PERIOD.

SAMPLE 8

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674D, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND.

12. AUTHORIZED SIGNATURE DATE

COMPLETE

13. CONTACT PERSON *(If other than authorized signature)*

14. TELEPHONE NUMBER *(Include Area Code)*

COMPLETE

SCO USE ONLY

1 OR 2	DOC. TYPE 1 2 3	PAY PERIOD T	MONTH	YR	TIME TO BE PAID DAYS	HRS. & HDTHS	SALARY RATE DOLLARS	CENTS	PT	AP	OFFSET AMOUNT DOLLARS	CENTS	NDI GROSS DOLLARS	CENTS	PT SF	ST	EARNINGS ID
	6 8 1																

647DPRT.FRP

ATTACHMENT (Revised 03/02)

ATTACHMENT E-3 SAMPLE 9

STATE OF CALIFORNIA

DOCUMENT NO. 2 OF 2

PAYROLL ADJUSTMENT NOTICE

STD 674 (REV. 4-89)

(1) TO: STATE CONTROLLER

- [ ] DIVISION OF DISBURSEMENTS
- [x] PPSD/PAYROLL SERVICES

(2) SOCIAL SECURITY NUMBER	(3) NAME		(4) POSITION NUMBER AGENCY	UNIT	CLASS	SERIAL
COMPLETE	COMPLETE	1			COMPLETE	
		2				

(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:

- [ ] PAYMENT REQUEST
- [ ] RETURN WARRANT ONLY
- [x] ADJUSTMENT REQUEST
  - [ ] SALARY
  - [ ] TIME
  - [ ] TRANSFER OF FUNDS
- [x] ACCOUNT RECEIVABLE
- [ ] INQUIRY REGARDING FORM _____

REMARKS

I. PER GC19863 EMPLOYEE ABSENT ON TD FROM 6-15-92 THROUGH 6-30-92.
A. 2000/176 = 11.36 ON IDL 6-1-92 THROUGH 6-14-92.
B. 608/11.36 = 53.52 ROUND TO 54 HOURS
C. RESTORE 54 HOURS
D. 54 HOURS = 6 DAYS 6 HOURS
II. SCIF DAILY RATE $38.00 WAGE LOSS N/A ABATEMENT N/A

DATES/HOURS ON DOCK:

(6)	ISSUE DATE MO.	DY.	YR.	PAY PERIOD MO.	DY.	YR.	SALARY TYPE	SALARY RATE	TIME WORKED STD	DYS.	HOURS	APPT. FRAC.	GROSS TYPE	PMT. TYPE	PAY SUFFIX	ADJ. CODE	EARNINGS ID	SHIFT CODE	GROSS	NET PAY	ACCT. REC. OR WARRANT NO.	RELEASED	RETURNED	HELD BY
A.	07	01	92	06		92	1	2000.00	1				1	0		0			2000.00	1492.36	1-123456	✔		
PAYMENT PER CONTROLLER WARRANT REGISTER								SCIF		6	6								608.00					
										6	6								2608.00					
																				SAMPLE 9				
B.				06		92		REGULAR		NONE				0					NONE	CHANGE OF BENEFITS. IDL AND				
PAYMENT SHOULD BE								SCIF		6	6								608.00	TDIN THE SAME PAY PERIOD.				
								SUPPL		15	2			U	T				482.91					
										12									1090.91					
C. OVERPAYMENT				06		92		REGULAR		10				0					909.09	TRANSFER TO IDL				
								SCIF		6	6								608.00					
UNDERPAYMENT																								

(7) OVERPAYMENT TO BE RECOVERED BY:

- [x] AGENCY COLLECTION
- [ ] PAYROLL DEDUCTION (SPECIFY TYPE)
  - [ ] 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD
  - [ ] ___(NO.) DEDUCTIONS TO START WITH NEXT APPLICABLE PAY PERIOD
  - [ ] 2% OF SALARY RATE OR 1/12 OF ACCOUNT RECEIVABLE NET

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE WAS NOTIFIED OF THE IMPENDING ACCOUNTS RECEIVABLE (A/R). PRIOR TO SUBMITTING THIS STD. 674, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND, AGREES TO THE A/R AND REPAYMENT SCHEDULE OR THE EMPLOYEE FAILED TO RESPOND TO NOTIFICATION OF THE IMPENDING A/R.

FORM COMPLETED BY: ▶ COMPLETE

PHONE NO: COMPLETE

FROM: (AGENCY NAME) COMPLETE

AUTHORIZED SIGNATURE ▶ COMPLETE

DATE COMPLETE

ATTACHMENT (Revised 03/02)

ATTACHMENT E-3 SAMPLE 10

STATE OF CALIFORNIA

PAYROLL ADJUSTMENT NOTICE

STD 674 (REV. 4-89)

DOCUMENT NO. _____

(1) TO: STATE CONTROLLER

- [ ] DIVISION OF DISBURSEMENTS
- [x] PPSD/PAYROLL SERVICES

(2) SOCIAL SECURITY NUMBER	(3) NAME		(4) POSITION NUMBER AGENCY	UNIT	CLASS	SERIAL
COMPLETE	COMPLETE	1			COMPLETE	
		2				

(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:

- [ ] PAYMENT REQUEST
- [ ] RETURN WARRANT ONLY
- [x] ADJUSTMENT REQUEST
  - [ ] SALARY
  - [ ] TIME
  - [ ] TRANSFER OF FUNDS
- [x] ACCOUNT RECEIVABLE
- [ ] INQUIRY REGARDING FORM _____

REMARKS

I. PERGC 19863 EMPLOYEE ABSENT ON TD FROM 6-1-92 THROUGH 6-30-92
A. 2100/176 - 11.93
B. 1140/11.93 = 95.56 ROUND TO 96 HOURS
C. RESTORE 96 HOURS
D. 96 HOURS - 12 DAYS
II. SCIF DAILY RATE $38.00 WAGE LOSS N/A ABATEMENT N/A

DATES/HOURS ON DOCK:

(6)

	ISSUE DATE MO.	DY.	YR.	PAY PERIOD MO.	DY.	YR.	SALARY TYPE	SALARY RATE	TIME WORKED STD	DYS.	HOURS	APPT. FRAC.	GROSS TYPE	PMT. TYPE	PAY SUFFIX	ADJ. CODE	EARNINGS ID	SHIFT CODE	GROSS	NET PAY	ACCT. REC. OR WARRANT NO.	RELEASED	RETURNED
A.	07	01	92	06		92	1	2100.00		22			1	0		0			2100.00	1600.65	01--043333	✔	
PAYMENT PER CONTROLLER WARRANT REGISTER	07	01	92	06		92	1	2100.00		-15	-1		1	U	T	1			-1440.00	-1257.84	AR#2040		
								SCIF		+12									+1140.00				
										34									3240.00	SAMPLE 10 SCIF AMOUNT CHANGED REVERSAL OF A/R.			
B.				06		92		REGULAR		NONE				0					NONE				
PAYMENT SHOULD BE								SCIF		12									1140.00				
								SUPPL		10				U	T				960.00				
										22									2100.00				
C. OVERPAYMENT				06		92		SCIF		12									1140.00				
UNDERPAYMENT																							

(7) OVERPAYMENT TO BE RECOVERED BY:

- [ ] AGENCY COLLECTION
- [ ] PAYROLL DEDUCTION (SPECIFY TYPE)
  - [ ] 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD
  - [ ] ___(NO.) DEDUCTIONS TO START WITH NEXT APPLICABLE PAY PERIOD
  - [ ] 2% OF SALARY RATE OR 1/12 OF ACCOUNT RECEIVABLE NET

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE WAS NOTIFIED OF THE IMPENDING ACCOUNTS RECEIVABLE (A/R). PRIOR TO SUBMITTING THIS STD. 674, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND, AGREES TO THE A/R AND REPAYMENT SCHEDULE OR THE EMPLOYEE FAILED TO RESPOND TO NOTIFICATION OF THE IMPENDING A/R.

FOR COMPLETED BY: COMPLETE ▶ PHONE NO. COMPLETE

(AGENCY NAME) COMPLETE

FROM:

AUTHORIZED SIGNATURE ▶ COMPLETE DATE COMPLETE

ATTACHMENT (Revised 0302)

ATTACHMENT E-3 SAMPLE 11

STATE OF CALIFORNIA

PAYROLL ADJUSTMENT NOTICE

STD 674 (REV. 4-89)

DOCUMENT NO. _____

(1) TO: STATE CONTROLLER

- [ ] DIVISION OF DISBURSEMENTS
- [x] PPSD/PAYROLL SERVICES

(2) SOCIAL SECURITY NUMBER	(3) NAME		(4) POSITION NUMBER AGENCY	UNIT	CLASS	SERIAL
COMPLETE	COMPLETE	1			COMPLETE	
		2				

(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:

- [ ] PAYMENT REQUEST
- [ ] RETURN WARRANT ONLY
- [x] ADJUSTMENT REQUEST
  - [ ] SALARY
  - [ ] TIME
  - [ ] TRANSFER OF FUNDS
- [x] ACCOUNT RECEIVABLE
- [ ] INQUIRY REGARDING FORM _____

REMARKS

I. PER GC 19863, EMPLOYEE ABSENT ON TD FROM 6-1-92 THROUGH 6-30-92.
A. 2787/176 = 15.84
B. 1440/15.84 = 90.91 ROUND TO 91 HOURS
C. RESTORE 91 HOURS
D. 91 HOURS = 11 DAYS 3 HOURS
II. SCIF DAILY RATE $48.00 WAGE LOSS N/A ABATEMENT N/A

DATES/HOURS ON DOCK:

(6)

	ISSUE DATE MO.	DY.	YR.	PAY PERIOD MO.	DY.	YR.	SALARY TYPE	SALARY RATE	TIME WORKED STD	DYS.	HOURS	APPT. FRAC.	GROSS TYPE	PMT. TYPE	PAY SUFFIX	ADJ. CODE	EARNINGS ID	SHIFT CODE	GROSS	NET PAY	ACCT. REC. OR WARRANT NO.	RELEASED	RETURNED
A. PAYMENT PER CONTROLLER WARRANT REGISTER	07	01	92	06		92	1	2787.00	1				1	0		0			2787.00	2076.73	01-043340	✔	
	07	22	92	06		92	1	2787.00		-9			I	U	T	I			-1140.00	-995.79	AR#1706		
								SCIF		+11	3								+1440.00	SAMPLE 11 SCIF DAILY RATE			
										24	3								3087.00	INCREASED. ADDITIONAL TD A/R REQUEST.			
B. PAYMENT SHOULD BE				06		92		REGULAR		NONE				0					NONE				
								SCIF		11	3								1440.00				
								SUPPL		10	5			U	T				1347.00				
										22									2787.00				
C. OVERPAYMENT				06		92		SCIF		2	3								300.00				
UNDERPAYMENT																							

(7) OVERPAYMENT TO BE RECOVERED BY:

- [x] AGENCY COLLECTION
- [ ] PAYROLL DEDUCTION (SPECIFY TYPE)
  - [ ] 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD
  - [ ] ___(NO.) DEDUCTIONS TO START WITH NEXT APPLICABLE PAY PERIOD
  - [ ] 2% OF SALARY RATE OR 1/12 OF ACCOUNT RECEIVABLE NET

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE WAS NOTIFIED OF THE IMPENDING ACCOUNTS RECEIVABLE (A/R). PRIOR TO SUBMITTING THIS STD. 674, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND, AGREES TO THE A/R AND REPAYMENT SCHEDULE OR THE EMPLOYEE FAILED TO RESPOND TO NOTIFICATION OF THE IMPENDING A/R.

FOR: COMPLETE ▶ COMPLETE

(AGENCY NAME)

FROM: COMPLETE

AUTHORIZED SIGNATURE ▶ DATE

ATTACHMENT (Revised 03/02)

ATTACHMENT E-3 SAMPLE 12

STATE OF CALIFORNIA

DOCUMENT NO. _____

PAYROLL ADJUSTMENT NOTICE

STD 674 (REV. 4-89)

(1) TO: STATE CONTROLLER

- [ ] DIVISION OF DISBURSEMENTS
- [x] PPSD/PAYROLL SERVICES

(2) SOCIAL SECURITY NUMBER	(3) NAME		(4) POSITION NUMBER AGENCY	UNIT	CLASS	SERIAL
COMPLETE	COMPLETE	1			COMPLETE	
		2				

(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:

- [ ] PAYMENT REQUEST
- [ ] RETURN WARRANT ONLY
- [x] ADJUSTMENT REQUEST
  - [ ] SALARY
  - [ ] TIME
  - [x] TRANSFER OF FUNDS
- [x] ACCOUNT RECEIVABLE
- [ ] INQUIRY REGARDING FORM _____

REMARKS

I. PER GC 19863 EMPLOYEE ABSENT ON TD FROM 5-1-92 THROUGH 5-31-92
A. 3769 3769/168 = 22.43
B. 1364/22.43 = 60.85 ROUND TO 61 HOURS
C. RESTORE 61 HOURS
II. SCIF DAILY RATE $48.00 WAGE LOST $99.20 ABATEMENT N/A

DATES/HOURS ON DOCK:

(6)	ISSUE DATE MO.	DY.	YR.	PAY PERIOD MO.	DY.	YR.	SALARY TYPE	SALARY RATE	TIME WORKED STD	DYS.	HOURS	APPT. FRAC.	GROSS TYPE	PMT. TYPE	PAY SUFFIX	ADJ. CODE	EARNINGS ID	SHIFT CODE	GROSS	NET PAY	ACCT. REC. OR WARRANT NO.	RELEASED	RETURNED	HELD BY
A. PAYMENT PER CONTROLLER WARRANT REGISTER	05	01	92	05		92		3769.00		21			1	0		0			3769.00	2822.51	01-222222			
								SCIF		7	5								1364.80					
										28	5								5133.80	SAMPLE 12 SCIF PAYMENT WAS REDUCED BASES ON A WAGE LOSS.				
B. PAYMENT SHOULD BE				05		92		REGULAR		NONE				0					NONE					
								SCIF		7	5								1364.80					
								SUPPL		13	3			U	T				2404.20					
										21									3769.00					
C. OVERPAYMENT				05		92		SCIF		7	5								1364.80					
UNDERPAYMENT																								

(7) OVERPAYMENT TO BE RECOVERED BY:

- [x] AGENCY COLLECTION
- [ ] PAYROLL DEDUCTION (SPECIFY TYPE)
  - [ ] 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD
  - [ ] ___(NO.) DEDUCTIONS TO START WITH NEXT APPLICABLE PAY PERIOD
  - [ ] 2% OF SALARY RATE OR 1/12 OF ACCOUNT RECEIVABLE NET

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE WAS NOTIFIED OF THE IMPENDING ACCOUNTS RECEIVABLE (A/R). PRIOR TO SUBMITTING THIS STD. 674, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND, AGREES TO THE A/R AND REPAYMENT SCHEDULE OR THE EMPLOYEE FAILED TO RESPOND TO NOTIFICATION OF THE IMPENDING A/R.

FORM COMPLETED BY: COMPLETE ▶ PHONE NO: COMPLETE

(AGENCY NAME)

FROM: COMPLETE

AUTHORIZED SIGNATURE ▶ COMPLETE DATE

ATTACHMENT (Revised 03/02)

ATTACHMENT E-3 SAMPLE 13

STATE OF CALIFORNIA

PAYROLL ADJUSTMENT NOTICE

STD 674 (REV. 4-89)

DOCUMENT NO. _____

(1) TO: STATE CONTROLLER

[ ] DIVISION OF DISBURSEMENTS

[✔] PPSD/PAYROLL SERVICES

(2) SOCIAL SECURITY NUMBER	(3) NAME		(4) POSITION NUMBER AGENCY	UNIT	CLASS	SERIAL
COMPLETE	COMPLETE	1	COMPLETE			
		2				

(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:

[ ] PAYMENT REQUEST

[ ] RETURN WARRANT ONLY

[✔] ADJUSTMENT REQUEST

[ ] SALARY [ ] TIME

[✔] ACCOUNT RECEIVABLE

[ ] INQUIRY REGARDING FORM _____

[✔] TRANSFER OF FUNDS

REMARKS

I. PER GC 19863 EMPLOYEE ABSENT ON TD FROM 5-1-92 THROUGH 5-31-92.
A. 3221/168 = 19.17
B. 1277.20/19.17 = 66.62 ROUND TO 67 HOURS.
C. RESTORE 67 HOURS.
D. 67 HOURS = 8 DAYS 3 HOURS
II. SCIF DAILY RATE $48.00/41.20 ATTORNEY FEES $210.80 ABATEMENT N/A

DATES/HOURS ON DOCK:

(6)	ISSUE DATE MO.	DY.	YR.	PAY PERIOD MO.	DY.	YR.	SALARY TYPE	SALARY RATE	TIME WORKED STD	DYS.	HOURS	APPT. FRAC.	GROSS TYPE	PMT. TYPE	PAY SUFFIX	ADJ. CODE	EARNINGS ID	SHIFT CODE	GROSS	NET PAY	ACCT. REC. OR WARRANT NO.	RELEASED	RETURNED	HELD BY
A. PAYMENT PER CONTROLLER WARRANT REGISTER	06	01	92	05		92	1	3221.00		21			1	0	0				3221.00	1568.43	01-498498	X		
								SCIF		8	3 0								1277.20					
										29	3 0								4498.20					
																				SAMPLE 13				
B. PAYMENT SHOULD BE				05		92		REGULAR			NONE			0					NONE	SCIF PAYMENT WAS REDUCED BY ATTORNEY FEES.				
								SCIF		8	3 0								1277.20					
								SUPPL		12	5 0			U	1				1943.80					
										21									3221.00					
C. OVERPAYMENT				05		92		SCIF		8	3 0								1277.20					
UNDERPAYMENT																								

(7) OVERPAYMENT TO BE RECOVERED BY:

[ ] AGENCY COLLECTION

[✔] PAYROLL DEDUCTION (SPECIFY TYPE)

[ ] 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD

[ ] ___(NO.) DEDUCTIONS TO START WITH NEXT APPLICABLE PAY PERIOD

[ ] 2% OF SALARY RATE OR 1/12 OF ACCOUNT RECEIVABLE NET

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE WAS NOTIFIED OF THE IMPENDING ACCOUNTS RECEIVABLE (A/R). PRIOR TO SUBMITTING THIS STD. 674, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND, AGREES TO THE A/R AND REPAYMENT SCHEDULE OR THE EMPLOYEE FAILED TO RESPOND TO NOTIFICATION OF THE IMPENDING A/R.

FORM COMPLETED BY: ▶ COMPLETE

PHONE NO: COMPLETE

FROM: (AGENCY NAME) COMPLETE

AUTHORIZED SIGNATURE ▶ COMPLETE

DATE

ATTACHMENT (Revised 03/02)

ATTACHMENT E-3 SAMPLE 14

STATE OF CALIFORNIA

DOCUMENT NO. _____

PAYROLL ADJUSTMENT NOTICE

STD 674 (REV. 4-89)

(1) TO: STATE CONTROLLER

- [ ] DIVISION OF DISBURSEMENTS
- [x] PPSD/PAYROLL SERVICES

(2) SOCIAL SECURITY NUMBER	(3) NAME		(4) POSITION NUMBER AGENCY	UNIT	CLASS	SERIAL
COMPLETE	COMPLETE	1			COMPLETE	
		2				

(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:

- [ ] PAYMENT REQUEST
- [ ] RETURN WARRANT ONLY
- [x] ADJUSTMENT REQUEST
  - [ ] SALARY
  - [ ] TIME
  - [x] TRANSFER OF FUNDS
- [x] ACCOUNT RECEIVABLE
- [ ] INQUIRY REGARDING FORM _____

REMARKS

I. PER GC 19863 EMPLOYEE ABSENT ON TD FROM 6-5-92 THROUGH 6-7-92
A. 2460/176 = 13.98
B. 111.82/13.98 = 8
C. RESTORE 8 HOURS
D. 8 HOURS = 1 DAY
II. SCIF DAILY RATE $38.00 WAGE LOSS N/A ABATEMENT $2.18

DATES/HOURS ON DOCK:

(6)

	ISSUE DATE MO.	DY.	YR.	PAY PERIOD MO.	DY.	YR.	SALARY TYPE	SALARY RATE	TIME WORKED STD	DYS.	HOURS	APPT. FRAC.	GROSS TYPE	PMT. TYPE	PAY SUFFIX	ADJ. CODE	EARNINGS ID	SHIFT CODE	GROSS	NET PAY	ACCT. REC. OR WARRANT NO.	RELEASED	RETURNED
A. PAYMENT PER CONTROLLER WARRANT REGISTER	07	01	92	06		92		2460.00	1				1	0		0			2460.00	1835.27	03-541104	✔	
								SCIF		1									111.82				
										23									2571.82				
																				SAMPLE 14			
B. PAYMENT SHOULD BE				06		92		REGULAR		21				0					2346.18	ABATEMENT			
								SCIF		1									111.82				
								SUPPL		0				U	T				NONE				
										22									2460.00				
C. OVERPAYMENT				06		92		SCIF		1									111.82				
UNDERPAYMENT																							

(7) OVERPAYMENT TO BE RECOVERED BY:

- [x] AGENCY COLLECTION
- [ ] PAYROLL DEDUCTION (SPECIFY TYPE)
  - [ ] 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD
  - [ ] ___(NO.) DEDUCTIONS TO START WITH NEXT APPLICABLE PAY PERIOD
  - [ ] 2% OF SALARY RATE OR 1/12 OF ACCOUNT RECEIVABLE NET

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE WAS NOTIFIED OF THE IMPENDING ACCOUNTS RECEIVABLE (A/R). PRIOR TO SUBMITTING THIS STD. 674, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND, AGREES TO THE A/R AND REPAYMENT SCHEDULE OR THE EMPLOYEE FAILED TO RESPOND TO NOTIFICATION OF THE IMPENDING A/R.

FOR: COMPLETE ▶ PHONE NO. COMPLETE

(AGENCY NAME) COMPLETE

FROM:

AUTHORIZED SIGNATURE ▶ COMPLETE DATE COMPLETE

ATTACHMENT (Revised 03/02)

ATTACHMENT E-3 SAMPLE 15

STATE OF CALIFORNIA

DOCUMENT NO. _____

PAYROLL ADJUSTMENT NOTICE

STD 674 (REV. 4-89)

(1) TO: STATE CONTROLLER

- [ ] DIVISION OF DISBURSEMENTS
- [x] PPSD/PAYROLL SERVICES

(2) SOCIAL SECURITY NUMBER	(3) NAME		(4) POSITION NUMBER AGENCY	UNIT	CLASS	SERIAL
COMPLETE	COMPLETE	1			COMPLETE	
		2				

(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:

- [ ] PAYMENT REQUEST
- [ ] RETURN WARRANT ONLY
- [x] ADJUSTMENT REQUEST
  - [ ] SALARY
  - [ ] TIME
  - [x] TRANSFER OF FUNDS
- [x] ACCOUNT RECEIVABLE
- [ ] INQUIRY REGARDING FORM _____

REMARKS

I. PEER GC 19863 EMPLOYEE ABSENT ON TD FROM 6-1-92 THROUGH 6-30-92
A. 3319/176 = 18.86
B. 1440/18.86 = 76.35 ROUND TO 76 HOURS
C. RESTORE 76 HOURS
D. 76 HOURS = 19 DAYS
II. SCIF DAILY RATE $48.00 WAGE LOSS N/A ABATEMENT N/A

DATES/HOURS ON DOCK:

(6)

	ISSUE DATE MO.	DY.	YR.	PAY PERIOD MO.	DY.	YR.	SALARY TYPE	SALARY RATE	TIME WORKED STD	DYS.	HOURS	APPT. FRAC.	GROSS TYPE	PMT. TYPE	PAY SUFFIX	ADJ. CODE	EARNINGS ID	SHIFT CODE	GROSS	NET PAY	ACCT. REC. OR WARRANT NO.	RELEASED	RETURNED	HELD BY
A. PAYMENT PER CONTROLLER WARRANT REGISTER	07	01	92	06		92		1659.50	1			1/2	1	0		0			1659.50	935.77	01-234333	✔		
								SCIF		19									1440.00					
										41									3099.50	SAMPLE 15				
																				FULL SUPPLEMENTATION.				
B. PAYMENT SHOULD BE				06		92		REGULAR		NONE				0					NONE	FRACTIONAL EMPLOYEE. FULL				
								SCIF		19		1/2							1440.00	MONTH ON T.D. ACCOUNT				
								SUPPL		3				U	T				219.50	RECEIVABLE REQUEST				
										22									1659.50					
C. OVERPAYMENT				06		92		SCIF		19									1440.00					
UNDERPAYMENT																								

(7) OVERPAYMENT TO BE RECOVERED BY:

- [x] AGENCY COLLECTION
- [ ] PAYROLL DEDUCTION (SPECIFY TYPE)
  - [ ] 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD
  - [ ] ___(NO.) DEDUCTIONS TO START WITH NEXT APPLICABLE PAY PERIOD
  - [ ] 2% OF SALARY RATE OR 1/12 OF ACCOUNT RECEIVABLE NET

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE WAS NOTIFIED OF THE IMPENDING ACCOUNTS RECEIVABLE (A/R). PRIOR TO SUBMITTING THIS STD. 674, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND, AGREES TO THE A/R AND REPAYMENT SCHEDULE OR THE EMPLOYEE FAILED TO RESPOND TO NOTIFICATION OF THE IMPENDING A/R.

FORM COMPLETED BY: COMPLETE ▶ PHONE NO: COMPLETE

(AGENCY NAME) FROM: COMPLETE

AUTHORIZED SIGNATURE ▶ COMPLETE DATE COMPLETE

IDL - 674D SAMPLES
INDEX

Sample 1 - IDL and Regular Pay, Full Month Released

Sample 2 - IDL and Regular Pay

Sample 3 - IDL, Regular Pay and Shift Differential

Sample 4 - Working While on IDL

Sample 5 - Mid-Month Salary Change

Sample 6 - Two Injuries

Sample 7 - IDL and TD in Same Pay Period

ATTACHMENT (Revised 03/02)

STATE OF CALIFORNIA

INDUSTRIAL/NON-INDUSTRIAL DISABILITY PAY/ADJUSTMENT REQUEST

STD. 674D (REV. 1-98)

ATTACHMENT E-4 SAMPLE 1

DOCUMENT NUMBER _____ OF _____

TO: STATE CONTROLLER - PPSD / PAYROLL SERVICES

1. CBID	2. SOCIAL SECURITY NUMBER	3. FIRST & MIDDLE INITIAL AND LAST NAME
R11	330-22-5959	R U OUTSTANDING

4. POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1.	481	231	1999	042
2.				

5. PAY PERIOD

T	MO	YR
0	10	90

6. INTERVENING ACTIVITY/WORKING WHILE ON DISABILITY - ENTER NUMBER OF HOURS & CODE (W-WORKED, L-DOCK, C-IDL)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

7. INDUSTRIAL DISABILITY (IDL)

a. EMPLOYEE ON IDL FROM 10-11

THROUGH 10-30

b. EXCLUDE LOCKED-IN SPECIAL PAY:

EARNINGS ID(S) _____ _____ _____

AND RATE(S) $ _____ _____ _____

c. _____ EMPLOYEE ENTITLED TO ENHANCE IDL

8. NON-INDUSTRIAL DISABILITY (NDI)

FROM TO

a. EMPLOYEE ON NDI FROM _____ _____

b. SALARY IS BELOW NDI MAXIMUM RATE.
INCLUDE NON-LOCKED-IN SHIFT

_____ _____

CODE _____ AND RATE $ _____

c. AVERAGE HOURS WORKED DURING PREVIOUS
18 MONTHS FOR INTERMITTENT EMPLOYEE

WAS _____

d. _____ EMPLOYEE ON ANNUAL LEAVE PROGRAM

ELECTED _____ SUPPLEMENTATION

9. PAYMENT PER CONTROLLER

ISSUE DATE MO	DY	YR	PT	TIME WORKED DAYS	HOURS	WARRANT OR A/R NUMBER	RET
10	31	90	1			03-333111	

10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED DAYS	HOURS	TIMEBASE FRACTION
REGULAR	0	8		
NDI	T			
IDL FULL	6	14		
IDL 2/3	N			

SHIFT		SHIFT CODE	HOURS	SHIFT RATE
REGULAR	2			
IDL FULL	6			
IDL 2/3	N			

11. ADDITIONAL INFORMATION

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674D, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND.

12. AUTHORIZED SIGNATURE DATE

COMPLETE

13. CONTACT PERSON *(If other than authorized signature)*

COMPLETE

14. TELEPHONE NUMBER *(Include Area Code)*

COMPLETE

SCO USE ONLY

1 OR 2	DOC. TYPE 1 2 3	PAY PERIOD T	MONTH 32 33	YR 34	TIME TO BE PAID DAYS 35 36	HRS. & HDTHS 37 38 39 40 41	SALARY RATE DOLLARS 42 43 44 45 46	CENTS 47 48	PT 49	AP 50	OFFSET AMOUNT DOLLARS 51 52 53 54 55	CENTS 56 57	NDI GROSS DOLLARS 58 59 60 61 62	CENTS 63 64	PT SF 65	ST 66	EARNINGS ID 67 68 69 70
	6 8 1																

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ATTACHMENT (Revised 03/02)

ATTACHMENT E-4 SAMPLE 2

STATE OF CALIFORNIA

INDUSTRIAL/NON-INDUSTRIAL DISABILITY PAY/ADJUSTMENT REQUEST

STD. 674D (REV. 1-98)

DOCUMENT NUMBER _____ OF _____

TO: STATE CONTROLLER - PPSD / PAYROLL SERVICES

1. CBID	2. SOCIAL SECURITY NUMBER	3. FIRST & MIDDLE INITIAL AND LAST NAME
R01	COMPLETE	N O PAY

4. POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1.		COMPLETE		
2.				

5. PAY PERIOD

T	MO	YR
0	10	90

6. INTERVENING ACTIVITY/WORKING WHILE ON DISABILITY - ENTER NUMBER OF HOURS & CODE (W-WORKED, L-DOCK, C-IDL)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

7. INDUSTRIAL DISABILITY (IDL)

a. EMPLOYEE ON IDL FROM 10-11

THROUGH 10-30

b. EXCLUDE LOCKED-IN SPECIAL PAY:

EARNINGS ID(S) _____ _____ _____

AND RATE(S) $ _____ _____ _____

c. _____ EMPLOYEE ENTITLED TO ENHANCE IDL

8. NON-INDUSTRIAL DISABILITY (NDI)

FROM TO

a. EMPLOYEE ON NDI FROM _____ _____

b. SALARY IS BELOW NDI MAXIMUM RATE.
INCLUDE NON-LOCKED-IN SHIFT

_____ _____

CODE _____ AND RATE $ _____

c. AVERAGE HOURS WORKED DURING PREVIOUS
18 MONTHS FOR INTERMITTENT EMPLOYEE

WAS _____

d. _____ EMPLOYEE ON ANNUAL LEAVE PROGRAM

ELECTED _____ SUPPLEMENTATION

9. PAYMENT PER CONTROLLER

ISSUE DATE MO	DY	YR	PT	TIME WORKED DAYS	HOURS	WARRANT OR A/R NUMBER	RET

10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED DAYS	HOURS	TIMEBASE FRACTION
REGULAR	0	8		
NDI	T			
IDL FULL	6	14		
IDL 2/3	N			

SHIFT		SHIFT CODE	HOURS	SHIFT RATE
REGULAR	2			
IDL FULL	6			
IDL 2/3	N			

11. ADDITIONAL INFORMATION

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674D, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND.

12. AUTHORIZED SIGNATURE DATE

COMPLETE

13. CONTACT PERSON *(If other than authorized signature)*

COMPLETE

14. TELEPHONE NUMBER *(Include Area Code)*

COMPLETE

SCO USE ONLY

1 OR 2	DOC. TYPE 1 2 3	PAY PERIOD T	MONTH 32 33	YR 34	TIME TO BE PAID DAYS 35 36	HRS. & HDTHS 37 38 39 40 41	SALARY RATE DOLLARS 42 43 44 45 46	CENTS 47 48	PT 49	AP 50	OFFSET AMOUNT DOLLARS 51 52 53 54 55	CENTS 56 57	NDI GROSS DOLLARS 58 59 60 61 62	CENTS 63 64	PT SF 65	ST 66	EARNINGS ID 67 68 69 70
	6 8 1																

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ATTACHMENT (Revised 03/02)

ATTACHMENT E-4 SAMPLE 3

STATE OF CALIFORNIA

INDUSTRIAL/NON-INDUSTRIAL DISABILITY PAY/ADJUSTMENT REQUEST

STD. 674D (REV. 1-98)

DOCUMENT NUMBER _____ OF _____

TO: STATE CONTROLLER - PPSD / PAYROLL SERVICES

1. CBID	2. SOCIAL SECURITY NUMBER	3. FIRST & MIDDLE INITIAL AND LAST NAME
R06	COMPLETE	COMPLETE

4. POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1.	COMPLETE			
2.				

5. PAY PERIOD

T	MO	YR
0	10	90

6. INTERVENING ACTIVITY/WORKING WHILE ON DISABILITY - ENTER NUMBER OF HOURS & CODE (W-WORKED, L-DOCK, C-IDL)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

7. INDUSTRIAL DISABILITY (IDL)

a. EMPLOYEE ON IDL FROM 10-15

THROUGH 10-30

b. EXCLUDE LOCKED-IN SPECIAL PAY:

EARNINGS ID(S) _____ _____ _____

AND RATE(S) $ _____ _____ _____

c. _____ EMPLOYEE ENTITLED TO ENHANCE IDL

8. NON-INDUSTRIAL DISABILITY (NDI)

FROM TO

a. EMPLOYEE ON NDI FROM _____ _____

b. SALARY IS BELOW NDI MAXIMUM RATE.
INCLUDE NON-LOCKED-IN SHIFT

_____ _____

CODE _____ AND RATE $ _____

c. AVERAGE HOURS WORKED DURING PREVIOUS
18 MONTHS FOR INTERMITTENT EMPLOYEE

WAS _____

d. _____ EMPLOYEE ON ANNUAL LEAVE PROGRAM

ELECTED _____ SUPPLEMENTATION

9. PAYMENT PER CONTROLLER

ISSUE DATE MO	DY	YR	PT	TIME WORKED DAYS	HOURS		WARRANT OR A/R NUMBER	RET
10	31	90	1				03-333333	
11	7	90			176	00	03-131313	

10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED DAYS	HOURS		TIMEBASE FRACTION
REGULAR	0	10			
NDI	T				
IDL FULL	6	10			
IDL 2/3	N	2			

SHIFT		SHIFT CODE	HOURS		SHIFT RATE
REGULAR	2	N	80	00	.50
IDL FULL	6	N	80	00	.50
IDL 2/3	N	N	80	00	.50

11. ADDITIONAL INFORMATION

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674D, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND.

12. AUTHORIZED SIGNATURE DATE

COPMPLETE

13. CONTACT PERSON *(If other than authorized signature)*

COMPLETE

14. TELEPHONE NUMBER *(Include Area Code)*

COMPLETE

SCO USE ONLY

1 OR 2	DOC. TYPE 1 2 3	PAY PERIOD T	MONTH 32 33	YR 34	TIME TO BE PAID DAYS 35 36	HRS. & HDTHS 37 38 39 40 41	SALARY RATE DOLLARS 42 43 44 45 46	CENTS 47 48	PT 49	AP 50	OFFSET AMOUNT DOLLARS 51 52 53 54 55	CENTS 56 57	NDI GROSS DOLLARS 58 59 60 61 62	CENTS 63 64	PT SF 65	ST 66	EARNINGS ID 67 68 69 70
	6 8 1																

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ATTACHMENT (Revised 03/02)

STATE OF CALIFORNIA

INDUSTRIAL/NON-INDUSTRIAL DISABILITY PAY/ADJUSTMENT REQUEST

STD. 674D (REV. 1-98)

ATTACHMENT E-4 SAMPLE 4

DOCUMENT NUMBER _____ OF _____

TO: STATE CONTROLLER - PPSD / PAYROLL SERVICES

1. CBID	2. SOCIAL SECURITY NUMBER	3. FIRST & MIDDLE INITIAL AND LAST NAME
R01	COMPLETE	COMPLETE

4. POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1.		COMPLETE		
2.				

5. PAY PERIOD

T	MO	YR
0	10	90

6. INTERVENING ACTIVITY/WORKING WHILE ON DISABILITY - ENTER NUMBER OF HOURS & CODE (W-WORKED, L-DOCK, C-IDL)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
8C	8C	8C	8C	8C			4W	4W	4W	4W	4W			4W	4W	4W	4W	4W												
							4C	4C	4C	4C	4C			4C	4C	4C	4C	4C			8C	8C	8C	8C	8C			8C	8C	

7. INDUSTRIAL DISABILITY (IDL)

a. EMPLOYEE ON IDL FROM _____

THROUGH _____

b. EXCLUDE LOCKED-IN SPECIAL PAY:

EARNINGS ID(S) _____ _____ _____

AND RATE(S) $ _____ _____ _____

c. _____ EMPLOYEE ENTITLED TO ENHANCE IDL

8. NON-INDUSTRIAL DISABILITY (NDI)

FROM TO

a. EMPLOYEE ON NDI FROM _____ _____

b. SALARY IS BELOW NDI MAXIMUM RATE.
INCLUDE NON-LOCKED-IN SHIFT

_____ _____

CODE _____ AND RATE $ _____

c. AVERAGE HOURS WORKED DURING PREVIOUS
18 MONTHS FOR INTERMITTENT EMPLOYEE

WAS _____

d. _____ EMPLOYEE ON ANNUAL LEAVE PROGRAM

ELECTED _____ SUPPLEMENTATION

9. PAYMENT PER CONTROLLER

ISSUE DATE MO	DY	YR	PT	TIME WORKED DAYS	HOURS	WARRANT OR A/R NUMBER	RET
10	31	90	1			03-223344	

10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED DAYS	HOURS	TIMEBASE FRACTION
REGULAR	0	5		
NDI	T			
IDL FULL	6	17		
IDL 2/3	N			

SHIFT		SHIFT CODE	HOURS	SHIFT RATE
REGULAR	2			
IDL FULL	6			
IDL 2/3	N			

11. ADDITIONAL INFORMATION

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674D, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND.

12. AUTHORIZED SIGNATURE DATE

COMPLETE

13. CONTACT PERSON *(If other than authorized signature)*

COMPLETE

14. TELEPHONE NUMBER *(Include Area Code)*

COMPLETE

SCO USE ONLY

1 OR 2	DOC. TYPE 1	2	3	PAY PERIOD T 31	MONTH 32	33	YR 34	TIME TO BE PAID DAYS 35	36	HRS. & HDTHS 37	38	39	40	41	SALARY RATE DOLLARS 42	43	44	45	46	CENTS 47	48	PT 49	AP 50	OFFSET AMOUNT DOLLARS 51	52	53	54	55	CENTS 56	57	NDI GROSS DOLLARS 58	59	60	61	62	CENTS 63	64	PT SF 65	ST 66	EARNINGS ID 67	68	69	70
	6	8	1																																								

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ATTACHMENT (Revised 03/02)

ATTACHMENT E-4 SAMPLE 5

STATE OF CALIFORNIA

INDUSTRIAL/NON-INDUSTRIAL DISABILITY PAY/ADJUSTMENT REQUEST

STD. 674D (REV. 1-98)

DOCUMENT NUMBER _____ OF _____

TO: STATE CONTROLLER - PPSD / PAYROLL SERVICES

1. CBID	2. SOCIAL SECURITY NUMBER	3. FIRST & MIDDLE INITIAL AND LAST NAME
R08	COMPLETE	COMPLETE

4. POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1.	COMPLETE			
2.				

5. PAY PERIOD

T	MO	YR
0	10	90

6. INTERVENING ACTIVITY/WORKING WHILE ON DISABILITY - ENTER NUMBER OF HOURS & CODE (W-WORKED, L-DOCK, C-IDL)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

7. INDUSTRIAL DISABILITY (IDL)

a. EMPLOYEE ON IDL FROM 10-2

THROUGH 10-17

b. EXCLUDE LOCKED-IN SPECIAL PAY:

EARNINGS ID(S) _____ _____ _____

AND RATE(S) $ _____ _____ _____

c. _____ EMPLOYEE ENTITLED TO ENHANCE IDL

8. NON-INDUSTRIAL DISABILITY (NDI)

FROM TO

a. EMPLOYEE ON NDI FROM _____ _____

b. SALARY IS BELOW NDI MAXIMUM RATE.
INCLUDE NON-LOCKED-IN SHIFT

_____ _____

CODE _____ AND RATE $ _____

c. AVERAGE HOURS WORKED DURING PREVIOUS
18 MONTHS FOR INTERMITTENT EMPLOYEE

WAS _____

d. _____ EMPLOYEE ON ANNUAL LEAVE PROGRAM

ELECTED _____ SUPPLEMENTATION

9. PAYMENT PER CONTROLLER

ISSUE DATE MO	DY	YR	PT	TIME WORKED DAYS	HOURS	WARRANT OR A/R NUMBER	RET

10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED DAYS	HOURS	TIMEBASE FRACTION
REGULAR	0	10		
NDI	T			
IDL FULL	6	12		
IDL 2/3	N			

SHIFT		SHIFT CODE	HOURS	SHIFT RATE
REGULAR	2			
IDL FULL	6			
IDL 2/3	N			

11. ADDITIONAL INFORMATION

EMPLOYEE DUE 4 DAYS REG. AT $2300 AND 6 DAYS REG. AT $2200.00

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674D, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND.

12. AUTHORIZED SIGNATURE DATE

COMPLETE

13. CONTACT PERSON *(If other than authorized signature)*

COMPLETE

14. TELEPHONE NUMBER *(Include Area Code)*

COMPLETE

SCO USE ONLY

1 OR 2	DOC. TYPE 1 2 3	PAY PERIOD T	MONTH 32 33	YR 34	TIME TO BE PAID DAYS 35 36	HRS. & HDTHS 37 38 39 40 41	SALARY RATE DOLLARS 42 43 44 45 46	CENTS 47 48	PT 49	AP 50	OFFSET AMOUNT DOLLARS 51 52 53 54 55	CENTS 56 57	NDI GROSS DOLLARS 58 59 60 61 62	CENTS 63 64	PT SF 65	ST 66	EARNINGS ID 67 68 69 70
	6 8 1																

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ATTACHMENT (Revised 03/02)

STATE OF CALIFORNIA

INDUSTRIAL/NON-INDUSTRIAL DISABILITY PAY/ADJUSTMENT REQUEST

STD. 674D (REV. 1-98)

ATTACHMENT E-4 SAMPLE 6

DOCUMENT NUMBER _____ OF _____

TO: STATE CONTROLLER - PPSD / PAYROLL SERVICES

1. CBID	2. SOCIAL SECURITY NUMBER	3. FIRST & MIDDLE INITIAL AND LAST NAME
R04	COMPLETE	COMPLETE

4. POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1.	COMPLETE			
2.				

5. PAY PERIOD

T	MO	YR
0	10	90

6. INTERVENING ACTIVITY/WORKING WHILE ON DISABILITY - ENTER NUMBER OF HOURS & CODE (W-WORKED, L-DOCK, C-IDL)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

7. INDUSTRIAL DISABILITY (IDL)

a. EMPLOYEE ON IDL FROM 10/1 - 10/4

THROUGH 10/24 - 10/30

b. EXCLUDE LOCKED-IN SPECIAL PAY:

EARNINGS ID(S) _____ _____ _____

AND RATE(S) $ _____ _____ _____

c. _____ EMPLOYEE ENTITLED TO ENHANCE IDL

8. NON-INDUSTRIAL DISABILITY (NDI)

a. EMPLOYEE ON NDI FROM _____ (FROM) _____ (TO)

b. SALARY IS BELOW NDI MAXIMUM RATE.
INCLUDE NON-LOCKED-IN SHIFT

_____ _____

CODE _____ AND RATE $ _____

c. AVERAGE HOURS WORKED DURING PREVIOUS
18 MONTHS FOR INTERMITTENT EMPLOYEE

WAS _____

d. _____ EMPLOYEE ON ANNUAL LEAVE PROGRAM

ELECTED _____ SUPPLEMENTATION

9. PAYMENT PER CONTROLLER

ISSUE DATE MO	DY	YR	PT	TIME WORKED DAYS	HOURS	WARRANT OR A/R NUMBER	RET

10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED DAYS	HOURS	TIMEBASE FRACTION
REGULAR	0	13		
NDI	T			
IDL FULL	6	5		
IDL 2/3	N	4		

SHIFT		SHIFT CODE	HOURS	SHIFT RATE
REGULAR	2			
IDL FULL	6			
IDL 2/3	N			

11. ADDITIONAL INFORMATION

EMPLOYEE HAS 2 INJURIES.
SCIF DATES ARE 4/18/90 AND
10/24/90

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674D, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND.

12. AUTHORIZED SIGNATURE DATE

COMPLETE

13. CONTACT PERSON *(If other than authorized signature)*

COMPLETE

14. TELEPHONE NUMBER *(Include Area Code)*

COMPLETE

SCO USE ONLY

1 OR 2	DOC. TYPE 1	2	3	PAY PERIOD T 31	MONTH 32	33	YR 34	TIME TO BE PAID DAYS 35	36	HRS. & HDTHS 37	38	39	40	41	SALARY RATE DOLLARS 42	43	44	45	46	CENTS 47	48	PT 49	AP 50	OFFSET AMOUNT DOLLARS 51	52	53	54	55	CENTS 56	57	NDI GROSS DOLLARS 58	59	60	61	62	CENTS 63	64	PT SF 65	ST 66	EARNINGS ID 67	68	69	70
	6	8	1																																								

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ATTACHMENT (Revised 03/02)

STATE OF CALIFORNIA

INDUSTRIAL/NON-INDUSTRIAL DISABILITY PAY/ADJUSTMENT REQUEST

STD. 674D (REV. 1-98)

DOCUMENT NUMBER 1 OF 2

TO: STATE CONTROLLER - PPSD / PAYROLL SERVICES

1. CBID	2. SOCIAL SECURITY NUMBER	3. FIRST & MIDDLE INITIAL AND LAST NAME
R03	COMPLETE	COMPLETE

4. POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1.	COMPLETE			
2.				

5. PAY PERIOD

T	MO	YR
0	08	89

6. INTERVENING ACTIVITY/WORKING WHILE ON DISABILITY - ENTER NUMBER OF HOURS & CODE (W-WORKED, L-DOCK, C-IDL)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

7. INDUSTRIAL DISABILITY (IDL)

a. EMPLOYEE ON IDL FROM 08/18

THROUGH 08/30

b. EXCLUDE LOCKED-IN SPECIAL PAY:

EARNINGS ID(S) _____ _____ _____

AND RATE(S) $ _____ _____ _____

c. _____ EMPLOYEE ENTITLED TO ENHANCE IDL

8. NON-INDUSTRIAL DISABILITY (NDI)

FROM TO

a. EMPLOYEE ON NDI FROM _____ _____

b. SALARY IS BELOW NDI MAXIMUM RATE.
INCLUDE NON-LOCKED-IN SHIFT

_____ _____

CODE _____ AND RATE $ _____

c. AVERAGE HOURS WORKED DURING PREVIOUS
18 MONTHS FOR INTERMITTENT EMPLOYEE

WAS _____

d. _____ EMPLOYEE ON ANNUAL LEAVE PROGRAM

ELECTED _____ SUPPLEMENTATION

9. PAYMENT PER CONTROLLER

ISSUE DATE MO	DY	YR	PT	TIME WORKED DAYS	HOURS	WARRANT OR A/R NUMBER	RET
08	31	89		13		01-2345234	

10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED DAYS	HOURS	TIMEBASE FRACTION
REGULAR	0			
NDI	T			
IDL FULL	6			
IDL 2/3	N	9		

SHIFT		SHIFT CODE	HOURS	SHIFT RATE
REGULAR	2			
IDL FULL	6			
IDL 2/3	N			

11. ADDITIONAL INFORMATION

EMPLOYEE ON TD 8/1 - 8/17

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674D, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND.

12. AUTHORIZED SIGNATURE DATE

COMPLETE

13. CONTACT PERSON *(If other than authorized signature)*

COMPLETE

14. TELEPHONE NUMBER *(Include Area Code)*

COMPLETE

SCO USE ONLY

1 OR 2	DOC. TYPE 1 2 3	PAY PERIOD T	MONTH	YR	TIME TO BE PAID DAYS	HRS. & HDTHS	SALARY RATE DOLLARS	CENTS	PT	AP	OFFSET AMOUNT DOLLARS	CENTS	NDI GROSS DOLLARS	CENTS	PT SF	ST	EARNINGS ID
	6 8 1																

647DPRT.FRP

STATE OF CALIFORNIA

PAYROLL ADJUSTMENT NOTICE

STD 674 (REV. 4-89)

DOCUMENT NO. _____

(1) TO: STATE CONTROLLER

- [ ] DIVISION OF DISBURSEMENTS
- [x] PPSD/PAYROLL SERVICES

(2) SOCIAL SECURITY NUMBER	(3) NAME		(4) POSITION NUMBER AGENCY	UNIT	CLASS	SERIAL
COMPLETE	COMPLETE	1		COMPLETE		
		2				

(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:

- [ ] PAYMENT REQUEST
- [ ] RETURN WARRANT ONLY
- [ ] ADJUSTMENT REQUEST
- [x] ACCOUNT RECEIVABLE
- [ ] INQUIRY REGARDING FORM _____
- [ ] SALARY
- [ ] TIME
- [x] TRANSFER OF FUNDS

REMARKS

i. PER GC 19863 EMPLOYEE ABSENT ON TD FROM 08/01/89 THRU 08/17/89*
A. $2269.00/176 = 12.89
B. $544.00/12.89 = 42.20 ROUND TO 42 HRS.
C. RESTORE 42 HRS TO THE EMPLOYEE'S LEAVE CREDITS
D. 42 HRS = 5 DAYS 2 HRS
ii. SCIF DAILY RATE $32.00 WAGE LOSS N/A ABATEMENT N/A
*EE ON IDL 8/18 - 30

DATES/HOURS ON DOCK:

(6)

	ISSUE DATE MO.	DY.	YR.	PAY PERIOD MO.	DY.	YR.	SALARY TYPE	SALARY RATE	TIME WORKED STD	DYS.	HOURS	APPT. FRAC.	GROSS TYPE	PMT. TYPE	PAY SUFFIX	ADJ. CODE	EARNINGS ID	SHIFT CODE	GROSS	NET PAY	ACCT. REC. OR WARRANT NO.	RELEASED	RETURNED	HELD BY
A. PAYMENT PER CONTROLLER WARRANT REGISTER	08	31	89	08		89	1	2269.00		13			0	0		0			1340.77	1049.38	01-223344	X		
								SCIF		5	2 0								544.00					
								TOTAL		18	2 0								1884.77					
B. PAYMENT SHOULD BE				08		89		REGULAR			NONE			0					NONE					
								SCIF		5	2 0								544.00					
								SUPPL		7	6 0			U					796.77					
								TOTAL		13									1340.77					
C. OVERPAYMENT								SCIF		5	2								544.00					
UNDERPAYMENT																								

(7) OVERPAYMENT TO BE RECOVERED BY:

- [ ] AGENCY COLLECTION
- [ ] PAYROLL DEDUCTION (SPECIFY TYPE)
  - [ ] 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD
  - [ ] ___(NO.) DEDUCTIONS TO START WITH NEXT APPLICABLE PAY PERIOD
  - [ ] 2% OF SALARY RATE OR 1/12 OF ACCOUNT RECEIVABLE NET

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE WAS NOTIFIED OF THE IMPENDING ACCOUNTS RECEIVABLE (A/R). PRIOR TO SUBMITTING THIS STD. 674, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND, AGREES TO THE A/R AND REPAYMENT SCHEDULE OR THE EMPLOYEE FAILED TO RESPOND TO NOTIFICATION OF THE IMPENDING A/R.

FORM COMPLETED BY: COMPLETE

PHONE NO: COMPLETE

(AGENCY NAME)
FROM: COMPLETE

AUTHORIZED SIGNATURE: COMPLETE

DATE: COMPLETE

ATTACHMENT (Revised 03/02) **ATTACHMENT E-5, EXAMPLE 1A**

For the 02/93 pay period, employee worked 2 days and was on IDL Full 13 days and on IDL 2/3 6 days (21 days pay period)

Salary rate: $3,041 per month Married with 0 exemptions Retirement ID: 08/5%

1. Compute FULL NET PAY for total hours worked and on IDL:
   a. 16 hours worked - 8 hours (for PLP) = 8 hours
   b. IDL equals 152 hours (13 days IDL Full, 6 days IDL, 2/3)

      8 hours worked + 152 hours IDL = 160 total hours

   c. Total hours X hourly salary (salary rate ÷ 168) = Gross

      160 X $18.10119 ($3041.00 ÷ 168) = $2896.19 (gross)

$2896.19	Gross
339.05	Federal Tax
59.72	State Tax
179.56	Social Security
41.99	Medicare
- 119.16	Retirement*
$2156.71	FULL NET PAY

2. Compute GROSS NET for regular pay due:
   a. 8 hours worked X $18.10119 = $144.81

$ 144.81	Regular Pay Gross
0.00	Federal Tax
0.00	State Tax
8.98	Social Security
2.10	Medicare
- 0.00	Retirement (Gross amount less than exclusion amount)
$ 133.73	Regular Pay GROSS NET

3. Compute GROSS NET for IDL Full pay due:
   a. 104 hours IDL Full X 18.10119 = $1882.52 gross
   b. $1882.52 IDL Full gross reduced by:

215.24	Federal Tax**
27.54	State Tax**
116.72	Social Security
- 27.30	Medicare
1495.72	Reduced IDL Full gross
- 75.72	Retirement**
$1420.00	IDL Full Pay GROSS NET

* Retirement ($2896.19 - $513.00 [exclusion amount] X 5% = $119.16

** Compute by adding Regular gross and IDL Full gross

4. Compute GROSS NET for IDL 2/3 pay due:
   a. 48 hours IDL 2/3 X $18.10119 = $868.86

      $ 868.86 ÷ 3 X 2 = $579.24 IDL 2/3 Gross

$ 579.24	IDL 2/3 Gross
- 43.44	Retirement ($868.80 X 5%)
$ 535.80	IDL 2/3 pay GROSS NET

5. Add GROSS NET amounts from steps 2, 3, and 4:

$ 133.73	Regular Pay GROSS NET
1420.0	IDL FULL
+ 535.80	IDL 2/3
$2089.53	

6. Compute GROSS NET for IDL supplementation pay:

$2156.71	FULL NET PAY
-2089.52	TOTAL GROSS NET
67.18	IDL Supplementation pay GROSS NET

7. Compute IDL supplementation pay GROSS:
   a. IDL supplementation GROSS NET ÷ mandatory factor = IDL supplementation pay GROSS:

      $67.16 ÷ .6635 = $101.25 IDL supplementation pay GROSS:

8. Compute leave credit hours for IDL supplementation pay GROSS:

   a. IDL supplementation gross ÷ hourly rate = hours to be charged

      $101.25 ÷ 18.10 = 5.59, rounded to 6 hours

ATTACHMENT (Revised 03/02)

STATE OF CALIFORNIA

INDUSTRIAL/NON-INDUSTRIAL DISABILITY PAY/ADJUSTMENT REQUEST

STD. 674D (REV. 1-98)

ATTACHMENT E-5, SAMPLE 1B

DOCUMENT NUMBER _____ OF _____

TO: STATE CONTROLLER - PPSD / PAYROLL SERVICES

1. CBID	2. SOCIAL SECURITY NUMBER	3. FIRST & MIDDLE INITIAL AND LAST NAME
Complete	COMPLETE	Complete

4. POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1.				
2.	Complete			

5. PAY PERIOD

T	MO	YR
0	02	93

6. INTERVENING ACTIVITY/WORKING WHILE ON DISABILITY - ENTER NUMBER OF HOURS & CODE (W-WORKED, L-DOCK, C-IDL)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

7. INDUSTRIAL DISABILITY (IDL)

a. EMPLOYEE ON IDL FROM 2/3/93

THROUGH 3/1/93

b. EXCLUDE LOCKED-IN SPECIAL PAY:

EARNINGS ID(S) _____ _____ _____

AND RATE(S) $ _____ _____ _____

c. _____ EMPLOYEE ENTITLED TO ENHANCE IDL

8. NON-INDUSTRIAL DISABILITY (NDI)

a. EMPLOYEE ON NDI FROM _____ (FROM) _____ (TO)

b. SALARY IS BELOW NDI MAXIMUM RATE.
INCLUDE NON-LOCKED-IN SHIFT

_____ _____

CODE _____ AND RATE $ _____

c. AVERAGE HOURS WORKED DURING PREVIOUS
18 MONTHS FOR INTERMITTENT EMPLOYEE

WAS _____

d. _____ EMPLOYEE ON ANNUAL LEAVE PROGRAM

ELECTED _____ SUPPLEMENTATION

9. PAYMENT PER CONTROLLER

ISSUE DATE MO	DY	YR	PT	TIME WORKED DAYS	HOURS	WARRANT OR A/R NUMBER	RET
03	01	93	0	20		02-766000	

10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED DAYS	HOURS	TIMEBASE FRACTION
REGULAR	0	04		
IDL/S	U		6 00	101.22
NDI	T			
IDL FULL	6	13		
IDL 2/3	N	6		

SHIFT		SHIFT CODE	HOURS	SHIFT RATE
REGULAR	2			
IDL FULL	6			
IDL 2/3	N			

11. ADDITIONAL INFORMATION

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674D, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND.

12. AUTHORIZED SIGNATURE DATE

Complete

13. CONTACT PERSON *(If other than authorized signature)*

Complete

14. TELEPHONE NUMBER *(Include Area Code)*

Complete

SCO USE ONLY

1 OR 2	DOC. TYPE 1 2 3	PAY PERIOD T	MONTH	YR	TIME TO BE PAID DAYS	HRS. & HDTHS	SALARY RATE DOLLARS	CENTS	PT	AP	OFFSET AMOUNT DOLLARS	CENTS	NDI GROSS DOLLARS	CENTS	PT SF	ST	EARNINGS ID
	6 8 1																

647DPRT.FRP

For the 04/93 pay period, employee was on IDL 2/3 (22 days pay period)

Salary rate: $3,800 per month Married with 2 exemptions Retirement ID: 08/5%

1. Compute FULL NET PAY for total hours worked and on IDL:

   a. IDL equals 176 hours (22 days IDL 2/3)
   b. Total hours X hourly rate (salary rate ÷ 176) = Gross

   176 X $21.59091 ($3800.00 ÷ 176) = 3800.00 rounded (gross)

$3800.00	Gross
409.10	Federal Tax
84.07	State Tax
235.60	Social Security
55.10	Medicare
- 164.35	Retirement*
$2851.78	FULL NET PAY

2. Compute GROSS NET for IDL Full pay due:

   NONE DUE

3. Compute GROSS NET for IDL Full pay due:

   NONE DUE

4. Compute GROSS NET for IDL 2/3 pay due:

   a. 176 hours IDL 2/3 X $21.59091 = $3800.00

   $3800.00 ÷ 3 X 2 = $2533.33 IDL 2/3 Gross

$2533.33	IDL 2/3 Gross
- 164.35	Retirement ([$3800 - $513] X 5%)
$2368.98	IDL 2/3 pay GROSS NET

5. Add GROSS NET amounts from steps 2, 3 and 4

$2368.98	Total GROSS NET

6. Compute GROSS NET for IDL supplementation pay:

$2851.78	FULL NET PAY
- 2368.98	Total GROSS NET of all pay due
$ 482.80	IDL Supplementation pay GROSS NET

7. Compute IDL supplementation pay gross:

   a. IDL supplementation GROSS NET ÷ mandatory factor = IDL supplementation pay GROSS

   $482.80 ÷ .6635 = $727.66 IDL supplementation pay gross

8. Compute leave credit hours for IDL supplementation pay gross:

   a. IDL supplementation pay gross ÷ hourly rate = hours to be charged

   $727.66 ÷ $21.59091 = 33.70, rounded to 34 hours

9. For monthly salary employee, convert leave credit hours to days and hours when submitting the pay request:

   34 hours = 4 days 2 hours to be charged

* Retirement ($3800 - $513 [exclusion amount]) X 5% = $164.35

ATTACHMENT (Revised 03/02)

STATE OF CALIFORNIA

INDUSTRIAL/NON-INDUSTRIAL DISABILITY PAY/ADJUSTMENT REQUEST

STD. 674D (REV. 1-98)

ATTACHMENT E-5 EXAMPLE 2B

DOCUMENT NUMBER _____ OF _____

TO: STATE CONTROLLER - PPSD / PAYROLL SERVICES

1. CBID	2. SOCIAL SECURITY NUMBER	3. FIRST & MIDDLE INITIAL AND LAST NAME
COMPLETE	COMPLETE	COMPLETE

4. POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1.	COMPLETE			
2.				

5. PAY PERIOD

T	MO	YR
0	04	93

6. INTERVENING ACTIVITY/WORKING WHILE ON DISABILITY - ENTER NUMBER OF HOURS & CODE (W-WORKED, L-DOCK, C-IDL)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

7. INDUSTRIAL DISABILITY (IDL)

a. EMPLOYEE ON IDL FROM 4/1/93

THROUGH 4/30/93

b. EXCLUDE LOCKED-IN SPECIAL PAY:

EARNINGS ID(S) _____ _____ _____

AND RATE(S) $ _____ _____ _____

c. _____ EMPLOYEE ENTITLED TO ENHANCE IDL

8. NON-INDUSTRIAL DISABILITY (NDI)

FROM TO

a. EMPLOYEE ON NDI FROM _____ _____

b. SALARY IS BELOW NDI MAXIMUM RATE.
INCLUDE NON-LOCKED-IN SHIFT

_____ _____

CODE _____ AND RATE $ _____

c. AVERAGE HOURS WORKED DURING PREVIOUS
18 MONTHS FOR INTERMITTENT EMPLOYEE

WAS _____

d. _____ EMPLOYEE ON ANNUAL LEAVE PROGRAM

ELECTED _____ SUPPLEMENTATION

9. PAYMENT PER CONTROLLER

ISSUE DATE MO	DY	YR	PT	TIME WORKED DAYS	HOURS	WARRANT OR A/R NUMBER	RET
05	03	93	0	21		01-997887	

10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED DAYS	HOURS		TIMEBASE FRACTION
REGULAR	0				
IDL/S	U	4	2	00	727.66
NDI	T				
IDL FULL	6				
IDL 2/3	N	22			

SHIFT		SHIFT CODE	HOURS		SHIFT RATE
REGULAR	2				
IDL FULL	6				
IDL 2/3	N				

11. ADDITIONAL INFORMATION

REGULAR PAY REDUCED FOR PLP

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674D, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND.

12. AUTHORIZED SIGNATURE DATE

COMPLETE

13. CONTACT PERSON *(If other than authorized signature)*

COMPLETE

14. TELEPHONE NUMBER *(Include Area Code)*

COMPLETE

SCO USE ONLY

1 OR 2	DOC. TYPE 1 2 3	PAY PERIOD T	MONTH	YR	TIME TO BE PAID DAYS	HRS. & HDTHS	SALARY RATE DOLLARS	CENTS	PT	AP	OFFSET AMOUNT DOLLARS	CENTS	NDI GROSS DOLLARS	CENTS	PT SF	ST	EARNINGS ID
	31 32 33 34				35 36	37 38 39 40 41	42 43 44 45 46	47 48	49	50	51 52 53 54 55	56 57	58 59 60 61 62	63 64	65	66	67 68 69 70
	6 8 1																

647DPRT.FRP

For the 03/93 pay period, employee was on IDL Full 15 days and on IDL 2/3 7 days (22 days pay period)
Salary rate: $2281.00 per month Head of Household with 2 exemptions Retirement ID: 00/6%

1. Compute FULL NET PAY for total hours worked and on IDL:

   a. IDL equals 176 hours (15 days IDL Full, 7 days IDL 2/3)
   b. Total hours X hourly rate (salary rate ÷ 176) = Gross

   176 hours X $12.96023 (hourly rate) = $2281.00 rounded (gross)

   c. Total hours X hourly salary (salary rate ÷ 168) = Gross

$2281.00	Gross
234.16	Federal Tax
17.53	State Tax
0,00	Social Security
0.00	Medicare
- 117.84	Retirement*
$1911.47	FULL NET PAY

2. Compute GROSS NET for regular pay due:

   NONE DUE

3. Compute GROSS NET for IDL Full pay due:

   a. 120 hours IDL Full X 12.96023 = $1555.23 gross

$1555.23	IDL Full gross reduced by:
133.83	Federal Tax**
3.89	State Tax
0.00	Social Security
0.00	Medicare
1419.51	Reduced IDL Full gross
- 74.29	Retirement*
$1345.22	IDL FULL PAY GROSS NET

4. Compute GROSS NET for IDL 2/3 pay due:
   a. 56 hours IDL 2/3 X $12.96023 = $725.77
   b. $ 725.77 ÷ 3 X 2 = $483.85 IDL 2/3 Gross

$ 483.85	IDL 2/3 Gross
- 43.55	Retirement ($725.76 X 6%)
440.30	IDL 2/3 Pay GROSS NET

5. Add GROSS NET amounts from steps 2, 3, and 4:

$1345.22	IDL FULL
+ 440.30	IDL 2/3
$1785.52	TOTAL GROSS NET

6. Compute GROSS NET for IDL supplementation pay:

$1911.47	FULL NET PAY
-1785.52	TOTAL GROSS NET
$ 125.95	IDL Supplementation pay GROSS NET

7. Compute IDL supplementation pay gross:

   a. IDL supplementation GROSS net ÷ mandatory factor =
      $125.95 ÷ .7400 = $170.20 IDL supplementation pay gross

8. Compute leave credit hours for IDL supplementation pay:

   a. IDL supplementation pay gross ÷ hourly rate = hours to be charged

   $170.20 ÷ 12.96 = 13.13, rounded to 13 hours

9. For monthly salary employee, convert leave credit hours to days and hours when submitting the pay request:

   13 hours = 1 day 5 hours

* Retirement ($2281.00 - $317.00 [exclusion amount]) X 6% = $117.84
** Compute by adding Regular gross and IDL Full gross

ATTACHMENT (Revised 03/02)

STATE OF CALIFORNIA

INDUSTRIAL/NON-INDUSTRIAL DISABILITY PAY/ADJUSTMENT REQUEST

STD. 674D (REV. 1-98)

ATTACHMENT E-5 EXAMPLE 3B

DOCUMENT NUMBER _____ OF _____

TO: STATE CONTROLLER - PPSD / PAYROLL SERVICES

1. CBID	2. SOCIAL SECURITY NUMBER	3. FIRST & MIDDLE INITIAL AND LAST NAME
COMPLETE	COMPLETE	COMPLETE

4. POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1.	COMPLETE			
2.				

5. PAY PERIOD

T	MO	YR
0	03	93

6. INTERVENING ACTIVITY/WORKING WHILE ON DISABILITY - ENTER NUMBER OF HOURS & CODE (W-WORKED, L-DOCK, C-IDL)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

7. INDUSTRIAL DISABILITY (IDL)

a. EMPLOYEE ON IDL FROM 3/2/93

THROUGH 3/31/93

b. EXCLUDE LOCKED-IN SPECIAL PAY:

EARNINGS ID(S) _____ _____ _____

AND RATE(S) $ _____ _____ _____

c. _____ EMPLOYEE ENTITLED TO ENHANCE IDL

8. NON-INDUSTRIAL DISABILITY (NDI)

FROM TO

a. EMPLOYEE ON NDI FROM _____ _____

b. SALARY IS BELOW NDI MAXIMUM RATE.
INCLUDE NON-LOCKED-IN SHIFT

_____ _____

CODE _____ AND RATE $ _____

c. AVERAGE HOURS WORKED DURING PREVIOUS
18 MONTHS FOR INTERMITTENT EMPLOYEE

WAS _____

d. _____ EMPLOYEE ON ANNUAL LEAVE PROGRAM

ELECTED _____ SUPPLEMENTATION

9. PAYMENT PER CONTROLLER

ISSUE DATE MO	DY	YR	PT	TIME WORKED DAYS	HOURS	WARRANT OR A/R NUMBER	RET
03	31	93	0	21		01-246678	

10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED DAYS	HOURS		TIMEBASE FRACTION
REGULAR	0				
IDL/S	U	01	5	00	170.20
NDI	T				
IDL FULL	6	15			
IDL 2/3	N	07			

SHIFT		SHIFT CODE	HOURS		SHIFT RATE
REGULAR	2				
IDL FULL	6				
IDL 2/3	N				

11. ADDITIONAL INFORMATION

REGULAR PAY REDUCED FOR PLP

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674D, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND.

12. AUTHORIZED SIGNATURE DATE

COMPLETE

13. CONTACT PERSON *(If other than authorized signature)*

COMPLETE

14. TELEPHONE NUMBER *(Include Area Code)*

COMPLETE

SCO USE ONLY

1 OR 2	DOC. TYPE 1 2 3	PAY PERIOD T	MONTH 32 33	YR 34	TIME TO BE PAID DAYS 35 36	HRS. & HDTHS 37 38 39 40 41	SALARY RATE DOLLARS 42 43 44 45 46	CENTS 47 48	PT 49	AP 50	OFFSET AMOUNT DOLLARS 51 52 53 54 55	CENTS 56 57	NDI GROSS DOLLARS 58 59 60 61 62	CENTS 63 64	PT SF 65	ST 66	EARNINGS ID 67 68 69 70
	6 8 1																

647DPRT.FRP

For the 03/93 pay period, employee worked 5 days and was on IDL 2/3 17 days (22 day pay period)
Salary rate: $2200.00 per month Single with 0 exemptions Retirement ID: 08/5%

1. Compute FULL NET PAY for total hours worked and on IDL in the pay period:

   a. 40 hours worked - 8 hours (for PLP) = 32 hours
   b. IDL equals 136 hours (17 days IDL 2/3)

   32 hours worked + 136 hours IDL 2/3 = 168 total hours

   c. Total hours X hourly rate (salary rate ÷ 176) = Gross

   168 X $12.50 ($2200.00 ÷ 176) = $2100.00 (gross)

$2100.00	Gross
280.18	Federal Tax
59.57	State Tax
130.20	Social Security
30.45	Medicare
- 79.35	Retirement*
$1520.45	FULL NET PAY

2. Compute GROSS NET for regular pay due:

   a. 32 hours worked X $12.50 = $400.00 Regular Pay Gross

$ 400.00	IDL Full gross reduced by:
28.44	Federal Tax
0.00	State Tax
24.80	Social Security
5.80	Medicare
- 0.00	Retirement (Gross amount less than exclusion amount)
$ 340.96	FULL NET PAY

3. Compute GROSS NET for IDL Full pay due:

   NONE DUE

4. Compute GROSS NET for IDL 2/3 pay due:

   a. 136 hours IDL 2/3 X $12.50 = $1700.00
   b. $1700.00 ÷ 3 X 2 = $1133.33 IDL 2/3 Gross

$1133.33	IDL 2/3 Gross
- 79.35	Retirement (SEE STEP 2)
$1053.98	IDL 2/3 Pay GROSS NET

5. Add GROSS NET amounts from steps 2, 3, and 4:

$ 340.96	Regular Pay GROSS NET
+1053.98	IDL 2/3 Pay GROSS NET
$1394.94	TOTAL GROSS NET

6. Compute GROSS NET for IDL supplementation pay:

$1520.45	FULL NET PAY
– 1394.94	TOTAL GROSS NET
$ 125.51	IDL Supplementation pay GROSS NET

7. Compute IDL supplementation pay gross:

   a. IDL supplementation GROSS net ÷ mandatory factor = IDL supplementation pay GROSS

   $125.51 ÷ .6635 = $189.16 IDL supplementation pay GROSS

8. Compute leave credit hours for IDL supplementation pay GROSS:

   a. IDL supplementation pay gross ÷ hourly rate = hours to be charged

   $189.16 ÷ 12.50 = 15.13, rounded to 15 hours

9. For monthly salary employee, convert leave credit hours to days and hours when submitting the pay request:

   15 hours = 1 day 7 hours

* Retirement ($2100.00 - $513.00 [exclusion amount] X 5% = $79.35

ATTACHMENT (Revised 03/02)

STATE OF CALIFORNIA

INDUSTRIAL/NON-INDUSTRIAL DISABILITY PAY/ADJUSTMENT REQUEST

STD. 674D (REV. 1-98)

ATTACHMENT E-5 EXAMPLE 4B

DOCUMENT NUMBER _____ OF _____

TO: STATE CONTROLLER - PPSD / PAYROLL SERVICES

1. CBID	2. SOCIAL SECURITY NUMBER	3. FIRST & MIDDLE INITIAL AND LAST NAME
COMPLETE	COMPLETE	COMPLETE

4. POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1.	COMPLETE			
2.				

5. PAY PERIOD

T	MO	YR
0	03	93

6. INTERVENING ACTIVITY/WORKING WHILE ON DISABILITY - ENTER NUMBER OF HOURS & CODE (W-WORKED, L-DOCK, C-IDL)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

7. INDUSTRIAL DISABILITY (IDL)

a. EMPLOYEE ON IDL FROM _____

THROUGH _____

b. EXCLUDE LOCKED-IN SPECIAL PAY:

EARNINGS ID(S) _____ _____ _____

AND RATE(S) $ _____ _____ _____

c. _____ EMPLOYEE ENTITLED TO ENHANCE IDL

8. NON-INDUSTRIAL DISABILITY (NDI)

FROM TO

a. EMPLOYEE ON NDI FROM _____ _____

b. SALARY IS BELOW NDI MAXIMUM RATE.
INCLUDE NON-LOCKED-IN SHIFT

_____ _____

CODE _____ AND RATE $ _____

c. AVERAGE HOURS WORKED DURING PREVIOUS
18 MONTHS FOR INTERMITTENT EMPLOYEE

WAS _____

d. _____ EMPLOYEE ON ANNUAL LEAVE PROGRAM

ELECTED _____ SUPPLEMENTATION

9. PAYMENT PER CONTROLLER

ISSUE DATE MO	DY	YR	PT	TIME WORKED DAYS	HOURS	WARRANT OR A/R NUMBER	RET

10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED DAYS	HOURS	TIMEBASE FRACTION
REGULAR	0	04		
IDL/S	U	1	7	189.16
NDI	T			
IDL FULL	6			
IDL 2/3	N	17		

SHIFT		SHIFT CODE	HOURS	SHIFT RATE
REGULAR	2			
IDL FULL	6			
IDL 2/3	N			

11. ADDITIONAL INFORMATION

Regular Pay reduced for PLP

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674D, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND.

12. AUTHORIZED SIGNATURE DATE

COMPLETE

13. CONTACT PERSON *(If other than authorized signature)*

COMPLETE

14. TELEPHONE NUMBER *(Include Area Code)*

COMPLETE

SCO USE ONLY

1 OR 2	DOC. TYPE 1 2 3	PAY PERIOD T	MONTH 32 33	YR 34	TIME TO BE PAID DAYS 35 36	HRS. & HDTHS 37 38 39 40 41	SALARY RATE DOLLARS 42 43 44 45 46	CENTS 47 48	PT 49	AP 50	OFFSET AMOUNT DOLLARS 51 52 53 54 55	CENTS 56 57	NDI GROSS DOLLARS 58 59 60 61 62	CENTS 63 64	PT SF 65	ST 66	EARNINGS ID 67 68 69 70
	6 8 1																

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For the 05/93 pay period, employee worked 10days and was on IDL 2/3 11 days (21 day pay period)
Salary rate: $4415.00 per month Single with 0 exemptions Retirement ID: 08/5%

1. Compute FULL NET PAY for total hours worked and on IDL in the pay period:

   a. 80 hours worked - 8 hours (for PLP) = 72 hours
   b. IDL equals 88 hours (11 days IDL 2/3)

      72 hours worked + 88 hours IDL 2/3 = 160 total hours

   c. Total hours X hourly rate (salary rate ÷ 168) = Gross

      160 X 26.27976 ($4415.00 ÷ 168) = $4204.76 (gross)

$4204.76	Gross
840.04	Federal Tax
233.81	State Tax
260.70	Social Security
60.97	Medicare
- 184.59	Retirement*
$2624.65	FULL NET PAY

2. Compute GROSS NET for regular pay due:

   a. 72 hours worked X 26.27976 = $1892.14 Regular Pay Gross

$1892.14	Regular Pay Gross
241.91	Federal Tax
47.52	State Tax
117.31	Social Security
27.44	Medicare
- 68.96	Retirement
$1389.00	REGULAR PAY GROSS NET

3. Compute GROSS NET for IDL Full pay due:

   NONE DUE

4. Compute GROSS NET for IDL 2/3 pay due:

   a. 88 hours IDL 2/3 X $26.27976 = $2312.62
   b. $2312.62 ÷ 3 X 2 = $1541.75 IDL 2/3 Gross

$1541.75	IDL 2/3 Gross
- 115.63	Retirement (SEE STEP 2)
$ 1426.12	IDL 2/3 Pay GROSS NET

5. Add GROSS NET amounts from steps 2, 3, and 4:

$1389.00	Regular Pay GROSS NET
+1426.12	IDL 2/3 Pay GROSS NET
$2815.12	TOTAL GROSS NET

6. Compute GROSS NET for IDL supplementation pay:

   NONE DUE - $2815.12 Total GROSS NET of all pay due is greater than $2624.65 FULL NET PAY

* Retirement ($4204.76 - $513.00[Exclusion amount] X 5% = $184.59

For the 03/93 pay period, employee received $340.96 for 5 days worked and $1053.98 for 17 days on IDL 2/3. Employee was on IDL 2/3 for the entire 22 day pay period and is, therefore, due an adjustment to supplementation pay.

Salary rate: $2200.00 per month Single with 0 exemptions Retirement ID: 08/5.00%

1. Compute FULL NET PAY for total hours worked and on IDL:

   a. IDL equals 176 hours (22 days IDL 2/3)
   b. Total hours X hourly rate (salary rate ÷ 176) = Gross

   176 X $12.50 ($2200.00 ÷ 176) = $2200.00 gross (rounded)

$2200.00	Gross
306.78	Federal Tax
65.07	State Tax
136.40	Social Security
31.90	Medicare
- 84.35	Retirement*
$1575.50	FULL NET PAY

2. Compute GROSS NET for regular pay due:

   NONE DUE

3. Compute GROSS NET for IDL Full pay due:

   NONE DUE

4. Compute GROSS NET for IDL 2/3 pay due:

   a. 176 hours IDL 2/3 X $12.50 = $2200.00

   $2200.00 ÷ 3 X 2 = $1466.66 IDL 2/3 Gross

$1466.66	IDL 2/3 Gross
- 84.35	Retirement ([$2200 - $513] X 5%)
$1382.31	IDL 2/3 Pay GROSS NET

5. Add GROSS NET amounts from steps 2, 3, and 4:

$1382.31	TOTAL GROSS NET

6. Compute GROSS NET for IDL supplementation pay:

$1575.50	FULL NET PAY
-1382.31	TOTAL GROSS NET of all pay due
$ 193.19	IDL Supplementation pay GROSS NET

7. Compute IDL supplementation pay gross:

   a. IDL supplementation GROSS net ÷ mandatory factor = IDL supplementation pay GROSS

   $193.19 ÷ .6635 = $291.17 IDL supplementation pay gross

8. Compute leave credit hours for IDL supplementation pay GROSS:

   a. IDL supplementation pay gross ÷ hourly rate = hours to be charged

   $291.17 ÷ 12.50 = 23.29, rounded to 23 hours

9. For monthly salary employee, convert leave credit hours to days and hours when submitting the pay request:

   23 hours = 2 days 7 hours to be charged

* Retirement ($2200 - $513 [exclusion amount]) X 5% = $84.35

ATTACHMENT (Revised 03/02)

STATE OF CALIFORNIA

INDUSTRIAL/NON-INDUSTRIAL DISABILITY PAY/ADJUSTMENT REQUEST

STD. 674D (REV. 1-98)

ATTACHMENT E-5 EXAMPLE 6B

DOCUMENT NUMBER _____ OF _____

TO: STATE CONTROLLER - PPSD / PAYROLL SERVICES

1. CBID	2. SOCIAL SECURITY NUMBER	3. FIRST & MIDDLE INITIAL AND LAST NAME
COMPLETE	COMPLETE	COMPLETE

4. POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1.	COMPLETE			
2.				

5. PAY PERIOD

T	MO	YR
0	03	93

6. INTERVENING ACTIVITY/WORKING WHILE ON DISABILITY - ENTER NUMBER OF HOURS & CODE (W-WORKED, L-DOCK, C-IDL)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

7. INDUSTRIAL DISABILITY (IDL)

a. EMPLOYEE ON IDL FROM 3/2/93

THROUGH 3/31/93

b. EXCLUDE LOCKED-IN SPECIAL PAY:

EARNINGS ID(S) _____ _____ _____

AND RATE(S) $ _____ _____ _____

c. _____ EMPLOYEE ENTITLED TO ENHANCE IDL

8. NON-INDUSTRIAL DISABILITY (NDI)

FROM TO

a. EMPLOYEE ON NDI FROM _____ _____

b. SALARY IS BELOW NDI MAXIMUM RATE.
INCLUDE NON-LOCKED-IN SHIFT

_____ _____

CODE _____ AND RATE $ _____

c. AVERAGE HOURS WORKED DURING PREVIOUS
18 MONTHS FOR INTERMITTENT EMPLOYEE

WAS _____

d. _____ EMPLOYEE ON ANNUAL LEAVE PROGRAM

ELECTED _____ SUPPLEMENTATION

9. PAYMENT PER CONTROLLER

ISSUE DATE MO	DY	YR	PT	TIME WORKED DAYS	HOURS		WARRANT OR A/R NUMBER	RET
04	01	93	0	4			01-121212	
04	01	93	N	17			01- 232323	
04	01	93	U/N	1	7	00	01-123456	

10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED DAYS	HOURS		TIMEBASE FRACTION
REGULAR	0		NONE		
IDL/S	U	2	7	00	291.17
NDI	T				
IDL FULL	6				
IDL 2/3	N	22			

SHIFT		SHIFT CODE	HOURS		SHIFT RATE
REGULAR	2				
IDL FULL	6				
IDL 2/3	N				

11. ADDITIONAL INFORMATION

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674D, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND.

12. AUTHORIZED SIGNATURE DATE

COMPLETE

13. CONTACT PERSON *(If other than authorized signature)*

COMPLETE

14. TELEPHONE NUMBER *(Include Area Code)*

COMPLETE

SCO USE ONLY

1 OR 2	DOC. TYPE 1 2 3	PAY PERIOD T	MONTH 32 33	YR 34	TIME TO BE PAID DAYS 35 36	HRS. & HDTHS 37 38 39 40 41	SALARY RATE DOLLARS 42 43 44 45 46	CENTS 47 48	PT 49	AP 50	OFFSET AMOUNT DOLLARS 51 52 53 54 55	CENTS 56 57	NDI GROSS DOLLARS 58 59 60 61 62	CENTS 63 64	PT SF 65	ST 66	EARNINGS ID 67 68 69 70
	6 8 1																

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STEVE WESTLY
California State Controller

THE ATTACHED WARRANT NO. _____ REPRESENTS PURSUANT TO ONE OF THE FOLLOWING: THE WRIT OF EXECUTION, NOTICE OF TAX LEVY, VOLUNTARY SUPPORT DEDUCTION OR COURT ORDER FOR ASSIGNMENT OF WAGES IDENTIFIED BELOW. IN COMPUTING THE AMOUNT PAYABLE, DEDUCTIONS HAVE BEEN MADE IN ACCORDANCE WITH THE APPLICABLE LAW FROM THE AMOUNT OWING AND UNPAID BY THE STATE TO THE EMPLOYEE.

EMPLOYEE"S SOCIAL SECURITY ACCOUNT NUMBER: PAY PERIOD:

EMPLOYEE"S NAME: PAYROLL WARRANT NO:

DEPARTMENT NAME: AGENCY/UNIT CODE:

DATE COURT ORDER, WRIT OR LEVY RECEIVED BY EMPLOYING AGENCY:

WARRANT PAYABLE TO: ISSUE DATE:

CASE NUMBER: AMOUNT:
BILLING NO: _____

- PAYEE ADDRESS: _____
- PLAINTIFF OR PETITIONER: _____
- TITLE OF ACTION: _____

ATTEN: DEPARTMENT PERSONNEL
IMPORTANT: If the employee's payroll warrant (see above for warrant No.) is/was returned to Division of Disbursements for any reason, the attached warrant must also be returned immediately.

- To be entered by department before transmitting to the payee

CD 155 (9/93) TRANSMITTAL OF CONTROLLER'S WARRANT

–AGENCY COPY–

MAILING ADDRESS P.O. Box 942850, Sacramento, CA 94250-5878
SACRAMENTO 300 Capitol Mall, Sacramento, CA 95814

GARNISHMENT DOCUMENTATION EXAMPLES
INDEX

(FORM STD. 639 (Rev/ 04/2005)

- Ordered Assignment of Wages ..... (Example 1)

  Filed under FC 5200 et seq. received in the office on 09/05/98. Monthly deduction amount of $500.00 to be taken. .....

- Modification to Court Ordered Assignment of Wages, with Arrears Support Also Due ..... (Example 2)

  Filed under FC 5200 et seq. received in the office on 11/11/98. In addition to the $500.00 monthly deduction, employee now has an arrears of $2,000.00 to be taken at $250.00 per month.

- Court Ordered Assignment of Wages, with Arrears Support Also Due ..... (Example 3)

  Filed under FC 5200 et seq. received in the office on 09/15/98. Monthly deduction amount of $400.00 to be taken. Additionally, employee owes arrears of $1,800 with $200.00 to be taken per month.

- Modification to Court Ordered Assignment of Wages, Increased Monthly Deduction..... (Example 4)

  Received in the office on 11/02/98. Monthly deduction of $400.00 has been increased to $700.00. The arrears are now showing a zero amount due.

- Cancel Arrears Support..... (Example 4.1)

- Federally Guaranteed Student Loan (Higher Education Act of 1965: 20 USCA Section 1095a.) 10% of Disposable to be Taken Each Month Until Total Amount Has Been Withheld..... (Example 5)

  Total owed is $5,000.00. Disposable earnings for this employee is $2,419.73 per month.

- FTB Child Support Collection Program..... (Example 6)

  Received in the office on 09/19/98. Amount owed is $11,250.00.

- Earnings Withholding Order ..... (Example 7)

  Filed under CCP 706.125 received in the office on 10/19/98. Total amount owed is $3,645.00.

- Modification to Earnings Withholding Order ..... (Example 8)

  Received in the office on 10/26/98. Modifying the order to show a specific amount per month of $150.00. 25% of disposable earnings, $474.39 was taken from the 10/98 Master Pay. The garnishment warrant was split by accounting. $150.00 was sent to the payee and the remaining $342.39 was refunded to the employee.

- STD. 674 Returning Pay for Garnishment to be Withheld..... (Example 9)

(Revised 05/05)

ATTACHMENT H -2 - EXAMPLE 1

STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE

SALARY GARNISHMENT

STD. 639 (REV. 4/2005)

Reference Payroll Procedures
Manual Section H 300

NOTE: SUBMIT ORIGINAL AND ONE COPY TO THE STATE CONTROLLER'S GARNISHMENT UNIT. IF FAXED, FAX *ONLY ONCE* AND *DO NOT* SUBMIT A HARD COPY.

DOCUMENT NUMBER

1. AGENCY NAME: COMPLETE

2. SOCIAL SECURITY NUMBER

3. NAME (F.I.) (M.I.) (LAST): COMPLETE

4. POSITION NUMBER (Agency) (Unit) (Class) (Serial): COMPLETE

5. EFFECTIVE DATE: 09/15/01

6. ACTION TYPE: ☐ NEW ☐ MODIFICATION OR CORRECTION OF ITEM ☐ CANCELLATION OF GARNISHMENT **ORIGINAL** EFFECTIVE DATE

7. PAY FREQUENCY: [X] MONTHLY ☐ SEMI-MONTHLY ☐ BI-WEEKLY

8. GARNISHMENT TYPE (038)

A. [X] COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088)

$ 500.00 *(Monthly Amount)*

$ 500.00 *(Deduction Amount per Pay Period)*

☐ DEDUCTION AMOUNT CHANGED FROM $ _____ *(Must be completed if changing 8A)*

9. TOTAL GARNISHMENT AMOUNT

B. (399/002) ☐ EARNINGS WITHHOLDING ORDER FOR SUPPORT - ARREARAGES *(CCP Section 706.030, 706.052, and 706.070 et seq.)* *(including **FTB** Child Support Collection Program, Revenue & Taxation Code 19271)* $

C. (339/003) ☐ CERTIFICATION OF FACTS-- FEDERAL TAX LEVY *(GC 926.8)*

(1) NUMBER OF DEPENDENTS *(Must be at least one for employee)* _____

(2) STANDARD DEDUCTIONS: ☐ 1 - SINGLE ☐ 2 - MARRIED FILING JOINTLY ☐ 3 - MARRIED FILING SEPARATELY ☐ 4 - HEAD OF HOUSEHOLD ☐ 5 - SURVIVING SPOUSE $

D. (339/004) ☐ EARNINGS WITHHOLDING ORDER FOR STATE TAXES *(CCP 706.072)*; **FTB** REGISTRATION COLLECTION PROGRAM *(Revenue & Taxation Code 10878)*; **FTB** STUDENT LOAN COLLECTIONS *(GC 16583.5)*; BOARD OF EQUALIZATION FOR TAXES *(CCP 706.074)*; UNEMPLOYMENT INSURANCE *(UI Code 1755)*; **FTB** COURT-ORDERED DEBT COLLECTIONS *(Revenue & Taxation Code 19280)* $

E. (339/007) ☐ EARNINGS WITHHOLDING ORDER *(CCP 706.125)*: $

F. (339/008) ☐ Federally Guaranteed Student Loan *(Higher Education Act of 1965: 20 USCA Section 1095a.)* $

10. ☐ SUM OF ALL AMOUNTS DUE AND OWING THIS AGENCY BY DEBTOR FOR SALARY ADVANCES OR FOR ANY OTHER PURPOSE. $

11. COMPLETE **ONLY** IF COURT SPECIFICALLY STATES *(May only be completed with 8B, 8C, 8D, 8E, and 8F.)*

A ☐ TERMINATION DATE OF EARNINGS WITHHOLDING ORDER *(NOT APPLICABLE TO 8D)* _____

B ☐ MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH *(If 11B is used for 8C, copy of IRS Form 668D must be attached.)* $ _____

C ☐ SUPPORT EXEMPTION AMOUNT $ _____

D ☐ SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH *(If 11D is used for 8C, copy of IRS Form 668D must be attached.)* $ _____

12. WARRANT TO BE MADE PAYABLE TO

Must be completed Levying Officer File Number / Case Number

Enter Levying Officer File Number for warrants payable to Sheriff's Office or Marshal's Departments *(8B and 8E above)*. All others, enter Case Number. COMPLETE

INDICATE NAME SHOWN ON COURT ORDER, WRIT, LEVY. *(Include address if pursuant to FC 150 et seq., 5200 et seq. or PC 3088)*

COMPLETE

COMPLETE

COMPLETE

COMPLETE

13. REMARKS

14. FORM COMPLETED BY: COMPLETE

TELEPHONE NUMBER AND EXTENSION: COMPLETE

15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660

AUTHORIZED SIGNATURE: COMPLETE DATE: COMPLETE

TYPED NAME

(Revised 05/05)

ATTACHMENT H - 2 - EXAMPLE 2

STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE

SALARY GARNISHMENT

STD. 639 (REV. 4/2005)

Reference Payroll Procedures
Manual Section H 300

NOTE: SUBMIT ORIGINAL AND ONE COPY TO THE STATE CONTROLLER'S GARNISHMENT UNIT. IF FAXED, FAX *ONLY ONCE* AND *DO NOT* SUBMIT A HARD COPY.

DOCUMENT NUMBER

1. AGENCY NAME: COMPLETE

4. POSITION NUMBER (Agency) (Unit) (Class) (Serial): COMPLETE

2. SOCIAL SECURITY NUMBER

3. NAME (F.I.) (M.I.) (LAST): COMPLETE

5. EFFECTIVE DATE: 11/21/01

6. ACTION TYPE: [X] NEW [ ] MODIFICATION OR CORRECTION OF ITEM _____ [ ] CANCELLATION OF GARNISHMENT **ORIGINAL** EFFECTIVE DATE _____

7. PAY FREQUENCY: [X] MONTHLY [ ] SEMI-MONTHLY [ ] BI-WEEKLY

8. GARNISHMENT TYPE (038)

A. [ ] COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088)
$ _____ *(Monthly Amount)*
$ _____ *(Deduction Amount per Pay Period)*
[ ] DEDUCTION AMOUNT CHANGED FROM $ _____ ***(Must be completed if changing 8A)***

9. TOTAL GARNISHMENT AMOUNT

B. (399/002) [X] EARNINGS WITHHOLDING ORDER FOR SUPPORT - ARREARAGES *(CCP Section 706.030, 706.052, and 706.070 et seq.)* *(including **FTB** Child Support Collection Program, Revenue & Taxation Code 19271)* — $ 2,000.00

C. (339/003) [ ] CERTIFICATION OF FACTS-- FEDERAL TAX LEVY *(GC 926.8)*
(1) NUMBER OF DEPENDENTS *(Must be at least one for employee)* _____
(2) STANDARD DEDUCTIONS: [ ] 1 - SINGLE [ ] 2 - MARRIED FILING JOINTLY [ ] 3 - MARRIED FILING SEPARATELY [ ] 4 - HEAD OF HOUSEHOLD [ ] 5 - SURVIVING SPOUSE — $

D. (339/004) [ ] EARNINGS WITHHOLDING ORDER FOR STATE TAXES *(CCP 706.072)*; **FTB** REGISTRATION COLLECTION PROGRAM *(Revenue & Taxation Code 10878)*; **FTB** STUDENT LOAN COLLECTIONS *(GC 16583.5)*; BOARD OF EQUALIZATION FOR TAXES *(CCP 706.074)*; UNEMPLOYMENT INSURANCE *(UI Code 1755)*; **FTB** COURT-ORDERED DEBT COLLECTIONS *(Revenue & Taxation Code 19280)* — $

E. (339/007) [ ] EARNINGS WITHHOLDING ORDER *(CCP 706.125)*: — $

F. (339/008) [ ] Federally Guaranteed Student Loan *(Higher Education Act of 1965: 20 USCA Section 1095a.)* — $

10. [ ] SUM OF ALL AMOUNTS DUE AND OWING THIS AGENCY BY DEBTOR FOR SALARY ADVANCES OR FOR ANY OTHER PURPOSE. — $

11. COMPLETE **ONLY** IF COURT SPECIFICALLY STATES ***(May only be completed with 8B, 8C, 8D, 8E, and 8F.)***

A [ ] TERMINATION DATE OF EARNINGS WITHHOLDING ORDER *(NOT APPLICABLE TO 8D)* _____

B [ ] MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH ***(If 11B is used for 8C, copy of IRS Form 668D must be attached.)*** $ _____

C [ ] SUPPORT EXEMPTION AMOUNT $ _____

D [X] SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH ***(If 11D is used for 8C, copy of IRS Form 668D must be attached.)*** $ 250.00

12. WARRANT TO BE MADE PAYABLE TO

Must be completed Levying Officer File Number / Case Number

Enter Levying Officer File Number for warrants payable to Sheriff's Office or Marshal's Departments *(8B and 8E above)*. All others, enter Case Number. ☞ COMPLETE

INDICATE NAME SHOWN ON COURT ORDER, WRIT, LEVY. *(Include address if pursuant to FC 150 et seq., 5200 et seq. or PC 3088)* ☞ COMPLETE
COMPLETE
COMPLETE
COMPLETE

13. REMARKS

14. FORM COMPLETED BY: COMPLETE

TELEPHONE NUMBER AND EXTENSION: COMPLETE

15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660

AUTHORIZED SIGNATURE: COMPLETE DATE: COMPLETE

TYPED NAME

(Revised 05/05)

ATTACHMENT H - 2 - EXAMPLE 3

STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE

SALARY GARNISHMENT

STD. 639 (REV. 4/2005)

Reference Payroll Procedures
Manual Section H 300

NOTE: SUBMIT ORIGINAL AND ONE COPY TO THE STATE CONTROLLER'S GARNISHMENT UNIT. IF FAXED, FAX *ONLY ONCE* AND *DO NOT* SUBMIT A HARD COPY.

DOCUMENT NUMBER

1. AGENCY NAME: COMPLETE

4. POSITION NUMBER (Agency) (Unit) (Class) (Serial): COMPLETE

2. SOCIAL SECURITY NUMBER

3. NAME (F.I.) (M.I.) (LAST): COMPLETE

5. EFFECTIVE DATE: 09/25/01

6. ACTION TYPE: [X] NEW [ ] MODIFICATION OR CORRECTION OF ITEM [ ] CANCELLATION OF GARNISHMENT ORIGINAL EFFECTIVE DATE

7. PAY FREQUENCY: [X] MONTHLY [ ] SEMI-MONTHLY [ ] BI-WEEKLY

8. GARNISHMENT TYPE (038)

A. [X] COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088)
$ 400.00 (Monthly Amount)
$ 400.00 (Deduction Amount per Pay Period)
[ ] DEDUCTION AMOUNT CHANGED FROM $ _____ (Must be completed if changing 8A)

9. TOTAL GARNISHMENT AMOUNT

B. (399/002) [X] EARNINGS WITHHOLDING ORDER FOR SUPPORT - ARREARAGES *(CCP Section 706.030, 706.052, and 706.070 et seq.)* *(including **FTB** Child Support Collection Program, Revenue & Taxation Code 19271)* — $ 1,800.00

C. (339/003) [ ] CERTIFICATION OF FACTS-- FEDERAL TAX LEVY *(GC 926.8)*
(1) NUMBER OF DEPENDENTS *(Must be at least one for employee)* _____
(2) STANDARD DEDUCTIONS: [ ] 1 - SINGLE [ ] 2 - MARRIED FILING JOINTLY [ ] 3 - MARRIED FILING SEPARATELY [ ] 4 - HEAD OF HOUSEHOLD [ ] 5 - SURVIVING SPOUSE — $

D. (339/004) [ ] EARNINGS WITHHOLDING ORDER FOR STATE TAXES *(CCP 706.072)*; **FTB** REGISTRATION COLLECTION PROGRAM *(Revenue & Taxation Code 10878)*; **FTB** STUDENT LOAN COLLECTIONS *(GC 16583.5)*; BOARD OF EQUALIZATION FOR TAXES *(CCP 706.074)*; UNEMPLOYMENT INSURANCE *(UI Code 1755)*; **FTB** COURT-ORDERED DEBT COLLECTIONS *(Revenue & Taxation Code 19280)* — $

E. (339/007) [ ] EARNINGS WITHHOLDING ORDER *(CCP 706.125)*: — $

F. (339/008) [ ] Federally Guaranteed Student Loan *(Higher Education Act of 1965: 20 USCA Section 1095a.)* — $

10. [ ] SUM OF ALL AMOUNTS DUE AND OWING THIS AGENCY BY DEBTOR FOR SALARY ADVANCES OR FOR ANY OTHER PURPOSE. — $

11. COMPLETE **ONLY** IF COURT SPECIFICALLY STATES *(May only be completed with 8B, 8C, 8D, 8E, and 8F.)*

A [ ] TERMINATION DATE OF EARNINGS WITHHOLDING ORDER *(NOT APPLICABLE TO 8D)* _____

B [ ] MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH *(If 11B is used for 8C, copy of IRS Form 668D must be attached.)* $ _____

C [ ] SUPPORT EXEMPTION AMOUNT $ _____

D [X] SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH *(If 11D is used for 8C, copy of IRS Form 668D must be attached.)* $ 200.00

12. WARRANT TO BE MADE PAYABLE TO

Must be completed Levying Officer File Number / Case Number

Enter Levying Officer File Number for warrants payable to Sheriff's Office or Marshal's Departments *(8B and 8E above)*. All others, enter Case Number. COMPLETE

INDICATE NAME SHOWN ON COURT ORDER, WRIT, LEVY. *(Include address if pursuant to FC 150 et seq., 5200 et seq. or PC 3088)*
COMPLETE
COMPLETE
COMPLETE
COMPLETE

13. REMARKS

14. FORM COMPLETED BY: COMPLETE

TELEPHONE NUMBER AND EXTENSION: COMPLETE

15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660

AUTHORIZED SIGNATURE: COMPLETE DATE: COMPLETE

TYPED NAME

(Revised 05/05)

ATTACHMENT H – 2 - EXAMPLE 4

STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE

SALARY GARNISHMENT

STD. 639 (REV. 4/2005)

Reference Payroll Procedures
Manual Section H 300

NOTE: SUBMIT ORIGINAL AND ONE COPY TO THE STATE CONTROLLER'S GARNISHMENT UNIT. IF FAXED, FAX *ONLY ONCE* AND *DO NOT* SUBMIT A HARD COPY.

DOCUMENT NUMBER

1. AGENCY NAME: COMPLETE

2. SOCIAL SECURITY NUMBER

3. NAME (F.I.) (M.I.) (LAST): COMPLETE

4. POSITION NUMBER (Agency) (Unit) (Class) (Serial): COMPLETE

5. EFFECTIVE DATE: 09/25/01

6. ACTION TYPE: [ ] NEW [X] MODIFICATION OR CORRECTION OF ITEM 8A [ ] CANCELLATION OF GARNISHMENT ORIGINAL EFFECTIVE DATE

7. PAY FREQUENCY: [X] MONTHLY [ ] SEMI-MONTHLY [ ] BI-WEEKLY

8. GARNISHMENT TYPE (038)

A. [X] COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088)
$ 700.00 (Monthly Amount)
$ _____ (Deduction Amount per Pay Period)
[X] DEDUCTION AMOUNT CHANGED FROM $ 400.00 (Must be completed if changing 8A)

9. TOTAL GARNISHMENT AMOUNT

B. (399/002) [ ] EARNINGS WITHHOLDING ORDER FOR SUPPORT - ARREARAGES *(CCP Section 706.030, 706.052, and 706.070 et seq.)* *(including **FTB** Child Support Collection Program, Revenue & Taxation Code 19271)* $

C. (339/003) [ ] CERTIFICATION OF FACTS-- FEDERAL TAX LEVY *(GC 926.8)*
(1) NUMBER OF DEPENDENTS *(Must be at least one for employee)* _____
(2) STANDARD DEDUCTIONS [ ] 1 - SINGLE [ ] 2 - MARRIED FILING JOINTLY [ ] 3 - MARRIED FILING SEPARATELY [ ] 4 - HEAD OF HOUSEHOLD [ ] 5 - SURVIVING SPOUSE $

D. (339/004) [ ] EARNINGS WITHHOLDING ORDER FOR STATE TAXES *(CCP 706.072)*; **FTB** REGISTRATION COLLECTION PROGRAM *(Revenue & Taxation Code 10878)*; **FTB** STUDENT LOAN COLLECTIONS *(GC 16583.5)*; BOARD OF EQUALIZATION FOR TAXES *(CCP 706.074)*; UNEMPLOYMENT INSURANCE *(UI Code 1755)*; **FTB** COURT-ORDERED DEBT COLLECTIONS *(Revenue & Taxation Code 19280)* $

E. (339/007) [ ] EARNINGS WITHHOLDING ORDER *(CCP 706.125)*: $

F. (339/008) [ ] Federally Guaranteed Student Loan *(Higher Education Act of 1965: 20 USCA Section 1095a.)* $

10. [ ] SUM OF ALL AMOUNTS DUE AND OWING THIS AGENCY BY DEBTOR FOR SALARY ADVANCES OR FOR ANY OTHER PURPOSE. $

11. COMPLETE **ONLY** IF COURT SPECIFICALLY STATES *(May only be completed with 8B, 8C, 8D, 8E, and 8F.)*

A [ ] TERMINATION DATE OF EARNINGS WITHHOLDING ORDER *(NOT APPLICABLE TO 8D)* _____

B [ ] MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH *(If 11B is used for 8C, copy of IRS Form 668D must be attached.)* $ _____

C [ ] SUPPORT EXEMPTION AMOUNT $ _____

D [ ] SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH *(If 11D is used for 8C, copy of IRS Form 668D must be attached.)* $ _____

12. WARRANT TO BE MADE PAYABLE TO

Enter Levying Officer File Number for warrants payable to Sheriff's Office or Marshal's Departments *(8B and 8E above)*. All others, enter Case Number.

Must be completed Levying Officer File Number / Case Number: COMPLETE

INDICATE NAME SHOWN ON COURT ORDER, WRIT, LEVY. *(Include address if pursuant to FC 150 et seq., 5200 et seq. or PC 3088)*

COMPLETE
COMPLETE
COMPLETE
COMPLETE

13. REMARKS

14. FORM COMPLETED BY: COMPLETE

TELEPHONE NUMBER AND EXTENSION: COMPLETE

15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660

AUTHORIZED SIGNATURE: COMPLETE DATE: COMPLETE

TYPED NAME

(Revised 05/05)

ATTACHMENT H -2 - EXAMPLE 4.1

STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE

SALARY GARNISHMENT

STD. 639 (REV. 4/2005)

Reference Payroll Procedures
Manual Section H 300

NOTE: SUBMIT ORIGINAL AND ONE COPY TO THE STATE CONTROLLER'S GARNISHMENT UNIT. IF FAXED, FAX *ONLY ONCE* AND *DO NOT* SUBMIT A HARD COPY.

DOCUMENT NUMBER

1. AGENCY NAME: COMPLETE

2. SOCIAL SECURITY NUMBER

3. NAME (F.I.) (M.I.) (LAST): COMPLETE

4. POSITION NUMBER (Agency) (Unit) (Class) (Serial): COMPLETE

5. EFFECTIVE DATE: 11/02/01

6. ACTION TYPE: [ ] NEW [ ] MODIFICATION OR CORRECTION OF ITEM _____ [X] CANCELLATION OF GARNISHMENT ORIGINAL EFFECTIVE DATE 09/25/01

7. PAY FREQUENCY: [X] MONTHLY [ ] SEMI-MONTHLY [ ] BI-WEEKLY

8. GARNISHMENT TYPE (038)

A. [ ] COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088)
$ _____ *(Monthly Amount)*
$ _____ *(Deduction Amount per Pay Period)*
[ ] DEDUCTION AMOUNT CHANGED FROM $ _____ *(Must be completed if changing 8A)*

9. TOTAL GARNISHMENT AMOUNT

B. (399/002) [X] EARNINGS WITHHOLDING ORDER FOR SUPPORT - ARREARAGES *(CCP Section 706.030, 706.052, and 706.070 et seq.)* *(including **FTB** Child Support Collection Program, Revenue & Taxation Code 19271)* — $ 1,800.00

C. (339/003) [ ] CERTIFICATION OF FACTS-- FEDERAL TAX LEVY *(GC 926.8)*
(1) NUMBER OF DEPENDENTS *(Must be at least one for employee)* _____
(2) STANDARD DEDUCTIONS: [ ] 1 - SINGLE [ ] 2 - MARRIED FILING JOINTLY [ ] 3 - MARRIED FILING SEPARATELY [ ] 4 - HEAD OF HOUSEHOLD [ ] 5 - SURVIVING SPOUSE — $

D. (339/004) [ ] EARNINGS WITHHOLDING ORDER FOR STATE TAXES *(CCP 706.072)*; **FTB** REGISTRATION COLLECTION PROGRAM *(Revenue & Taxation Code 10878)*; **FTB** STUDENT LOAN COLLECTIONS *(GC 16583.5)*; BOARD OF EQUALIZATION FOR TAXES *(CCP 706.074)*; UNEMPLOYMENT INSURANCE *(UI Code 1755)*; **FTB** COURT-ORDERED DEBT COLLECTIONS *(Revenue & Taxation Code 19280)* — $

E. (339/007) [ ] EARNINGS WITHHOLDING ORDER *(CCP 706.125)*: — $

F. (339/008) [ ] Federally Guaranteed Student Loan *(Higher Education Act of 1965: 20 USCA Section 1095a.)* — $

10. [ ] SUM OF ALL AMOUNTS DUE AND OWING THIS AGENCY BY DEBTOR FOR SALARY ADVANCES OR FOR ANY OTHER PURPOSE. — $

11. COMPLETE **ONLY** IF COURT SPECIFICALLY STATES *(May only be completed with 8B, 8C, 8D, 8E, and 8F.)*

A [ ] TERMINATION DATE OF EARNINGS WITHHOLDING ORDER *(NOT APPLICABLE TO 8D)* _____

B [ ] MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH *(If 11B is used for 8C, copy of IRS Form 668D must be attached.)* $ _____

C [ ] SUPPORT EXEMPTION AMOUNT $ _____

D [X] SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH *(If 11D is used for 8C, copy of IRS Form 668D must be attached.)* $ 200.00

12. WARRANT TO BE MADE PAYABLE TO

Must be completed Levying Officer File Number / Case Number

Enter Levying Officer File Number for warrants payable to Sheriff's Office or Marshal's Departments *(8B and 8E above)*. All others, enter Case Number. COMPLETE

INDICATE NAME SHOWN ON COURT ORDER, WRIT, LEVY. *(Include address if pursuant to FC 150 et seq., 5200 et seq. or PC 3088)*
COMPLETE
COMPLETE
COMPLETE
COMPLETE

13. REMARKS

14. FORM COMPLETED BY: COMPLETE

TELEPHONE NUMBER AND EXTENSION: COMPLETE

15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660

AUTHORIZED SIGNATURE: COMPLETE DATE: COMPLETE

TYPED NAME

(Revised 05/05)

ATTACHMENT H -2 - EXAMPLE 5

STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE

SALARY GARNISHMENT

STD. 639 (REV. 4/2005)

Reference Payroll Procedures
Manual Section H 300

NOTE: SUBMIT ORIGINAL AND ONE COPY TO THE STATE CONTROLLER'S GARNISHMENT UNIT. IF FAXED, FAX *ONLY ONCE* AND *DO NOT* SUBMIT A HARD COPY.

DOCUMENT NUMBER

1. AGENCY NAME: COMPLETE

4. POSITION NUMBER (Agency) (Unit) (Class) (Serial): COMPLETE

2. SOCIAL SECURITY NUMBER

3. NAME (F.I.) (M.I.) (LAST): COMPLETE

5. EFFECTIVE DATE: 11/02/01

6. ACTION TYPE: [X] NEW [ ] MODIFICATION OR CORRECTION OF ITEM _____ [ ] CANCELLATION OF GARNISHMENT **ORIGINAL** EFFECTIVE DATE _____

7. PAY FREQUENCY: [X] MONTHLY [ ] SEMI-MONTHLY [ ] BI-WEEKLY

8. GARNISHMENT TYPE (038)

A. [ ] COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088)
$ _____ *(Monthly Amount)*
$ _____ *(Deduction Amount per Pay Period)*
[ ] DEDUCTION AMOUNT CHANGED FROM $ _____ ***(Must be completed if changing 8A)***

9. TOTAL GARNISHMENT AMOUNT

B. (399/002) [ ] EARNINGS WITHHOLDING ORDER FOR SUPPORT - ARREARAGES *(CCP Section 706.030, 706.052, and 706.070 et seq.)* *(including **FTB** Child Support Collection Program, Revenue & Taxation Code 19271)* $

C. (339/003) [ ] CERTIFICATION OF FACTS-- FEDERAL TAX LEVY *(GC 926.8)*
(1) NUMBER OF DEPENDENTS *(Must be at least one for employee)* _____
(2) STANDARD DEDUCTIONS: [ ] 1 - SINGLE [ ] 2 - MARRIED FILING JOINTLY [ ] 3 - MARRIED FILING SEPARATELY [ ] 4 - HEAD OF HOUSEHOLD [ ] 5 - SURVIVING SPOUSE
$

D. (339/004) [ ] EARNINGS WITHHOLDING ORDER FOR STATE TAXES *(CCP 706.072)*; **FTB** REGISTRATION COLLECTION PROGRAM *(Revenue & Taxation Code 10878)*; **FTB** STUDENT LOAN COLLECTIONS *(GC 16583.5)*; BOARD OF EQUALIZATION FOR TAXES *(CCP 706.074)*; UNEMPLOYMENT INSURANCE *(UI Code 1755)*; **FTB** COURT-ORDERED DEBT COLLECTIONS *(Revenue & Taxation Code 19280)* $

E. (339/007) [ ] EARNINGS WITHHOLDING ORDER *(CCP 706.125)*: $

F. (339/008) [X] Federally Guaranteed Student Loan *(Higher Education Act of 1965: 20 USCA Section 1095a.)* $ 5,000.00

10. [ ] SUM OF ALL AMOUNTS DUE AND OWING THIS AGENCY BY DEBTOR FOR SALARY ADVANCES OR FOR ANY OTHER PURPOSE. $

11. COMPLETE **ONLY** IF COURT SPECIFICALLY STATES ***(May only be completed with 8B, 8C, 8D, 8E, and 8F.)***

A [ ] TERMINATION DATE OF EARNINGS WITHHOLDING ORDER *(NOT APPLICABLE TO 8D)* _____

B [ ] MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH ***(If 11B is used for 8C, copy of IRS Form 668D must be attached.)*** $ _____

C [ ] SUPPORT EXEMPTION AMOUNT $ _____

D [X] SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH ***(If 11D is used for 8C, copy of IRS Form 668D must be attached.)*** $ 241.97

12. WARRANT TO BE MADE PAYABLE TO

Must be completed Levying Officer File Number / Case Number

Enter Levying Officer File Number for warrants payable to Sheriff's Office or Marshal's Departments *(8B and 8E above)*. All others, enter Case Number. COMPLETE

INDICATE NAME SHOWN ON COURT ORDER, WRIT, LEVY. *(Include address if pursuant to FC 150 et seq., 5200 et seq. or PC 3088)*
COMPLETE
COMPLETE
COMPLETE
COMPLETE

13. REMARKS

14. FORM COMPLETED BY: COMPLETE

TELEPHONE NUMBER AND EXTENSION: COMPLETE

15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660

AUTHORIZED SIGNATURE: COMPLETE

DATE: COMPLETE

TYPED NAME

(Revised 05/05)

ATTACHMENT H -2 - EXAMPLE 6

STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE

SALARY GARNISHMENT

STD. 639 (REV. 4/2005)

Reference Payroll Procedures
Manual Section H 300

NOTE: SUBMIT ORIGINAL AND ONE COPY TO THE STATE CONTROLLER'S GARNISHMENT UNIT. IF FAXED, FAX *ONLY ONCE* AND *DO NOT* SUBMIT A HARD COPY.

DOCUMENT NUMBER

1. AGENCY NAME: COMPLETE

2. SOCIAL SECURITY NUMBER

3. NAME (F.I.) (M.I.) (LAST): COMPLETE

4. POSITION NUMBER (Agency) (Unit) (Class) (Serial): COMPLETE

5. EFFECTIVE DATE: 09/29/01

6. ACTION TYPE: [X] NEW [ ] MODIFICATION OR CORRECTION OF ITEM _____ [ ] CANCELLATION OF GARNISHMENT ORIGINAL EFFECTIVE DATE _____

7. PAY FREQUENCY: [X] MONTHLY [ ] SEMI-MONTHLY [ ] BI-WEEKLY

8. GARNISHMENT TYPE (038)

A. [ ] COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088)
$ _____ *(Monthly Amount)*
$ _____ *(Deduction Amount per Pay Period)*
[ ] DEDUCTION AMOUNT CHANGED FROM $ _____ *(Must be completed if changing 8A)*

9. TOTAL GARNISHMENT AMOUNT

B. (399/002) [X] EARNINGS WITHHOLDING ORDER FOR SUPPORT - ARREARAGES *(CCP Section 706.030, 706.052, and 706.070 et seq.)* *(including **FTB** Child Support Collection Program, Revenue & Taxation Code 19271)* — $ 11,250.00

C. (339/003) [ ] CERTIFICATION OF FACTS-- FEDERAL TAX LEVY *(GC 926.8)*
(1) NUMBER OF DEPENDENTS *(Must be at least one for employee)* _____
(2) STANDARD DEDUCTIONS: [ ] 1 - SINGLE [ ] 2 - MARRIED FILING JOINTLY [ ] 3 - MARRIED FILING SEPARATELY [ ] 4 - HEAD OF HOUSEHOLD [ ] 5 - SURVIVING SPOUSE — $

D. (339/004) [ ] EARNINGS WITHHOLDING ORDER FOR STATE TAXES *(CCP 706.072)*; **FTB** REGISTRATION COLLECTION PROGRAM *(Revenue & Taxation Code 10878)*; **FTB** STUDENT LOAN COLLECTIONS *(GC 16583.5)*; BOARD OF EQUALIZATION FOR TAXES *(CCP 706.074)*; UNEMPLOYMENT INSURANCE *(UI Code 1755)*; **FTB** COURT-ORDERED DEBT COLLECTIONS *(Revenue & Taxation Code 19280)* — $

E. (339/007) [ ] EARNINGS WITHHOLDING ORDER *(CCP 706.125)*: — $

F. (339/008) [ ] Federally Guaranteed Student Loan *(Higher Education Act of 1965: 20 USCA Section 1095a.)* — $

10. [ ] SUM OF ALL AMOUNTS DUE AND OWING THIS AGENCY BY DEBTOR FOR SALARY ADVANCES OR FOR ANY OTHER PURPOSE. — $

11. COMPLETE **ONLY** IF COURT SPECIFICALLY STATES *(May only be completed with 8B, 8C, 8D, 8E, and 8F.)*

A [ ] TERMINATION DATE OF EARNINGS WITHHOLDING ORDER *(NOT APPLICABLE TO 8D)* _____

B [ ] MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH *(If 11B is used for 8C, copy of IRS Form 668D must be attached.)* $ _____

C [ ] SUPPORT EXEMPTION AMOUNT $ _____

D [ ] SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH *(If 11D is used for 8C, copy of IRS Form 668D must be attached.)* $ _____

12. WARRANT TO BE MADE PAYABLE TO

Must be completed Levying Officer File Number / Case Number

Enter Levying Officer File Number for warrants payable to Sheriff's Office or Marshal's Departments *(8B and 8E above)*. All others, enter Case Number. COMPLETE

INDICATE NAME SHOWN ON COURT ORDER, WRIT, LEVY. *(Include address if pursuant to FC 150 et seq., 5200 et seq. or PC 3088)*
COMPLETE
COMPLETE
COMPLETE
COMPLETE

13. REMARKS

14. FORM COMPLETED BY: COMPLETE

TELEPHONE NUMBER AND EXTENSION: COMPLETE

15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660

AUTHORIZED SIGNATURE: COMPLETE

DATE: COMPLETE

TYPED NAME

(Revised 05/05)

ATTACHMENT H –2 - EXAMPLE 7

STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE

SALARY GARNISHMENT

STD. 639 (REV. 4/2005)

Reference Payroll Procedures
Manual Section H 300

NOTE: SUBMIT ORIGINAL AND ONE COPY TO THE STATE CONTROLLER'S GARNISHMENT UNIT. IF FAXED, FAX *ONLY ONCE* AND *DO NOT* SUBMIT A HARD COPY.

DOCUMENT NUMBER

1. AGENCY NAME: COMPLETE

2. SOCIAL SECURITY NUMBER

3. NAME (F.I.) (M.I.) (LAST): COMPLETE

4. POSITION NUMBER (Agency) (Unit) (Class) (Serial): COMPLETE

5. EFFECTIVE DATE: 10/29/01

6. ACTION TYPE: [X] NEW [ ] MODIFICATION OR CORRECTION OF ITEM _____ [ ] CANCELLATION OF GARNISHMENT **ORIGINAL** EFFECTIVE DATE _____

7. PAY FREQUENCY: [X] MONTHLY [ ] SEMI-MONTHLY [ ] BI-WEEKLY

8. GARNISHMENT TYPE (038)

A. [ ] COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088)
$ _____ *(Monthly Amount)*
$ _____ *(Deduction Amount per Pay Period)*
[ ] DEDUCTION AMOUNT CHANGED FROM $ _____ ***(Must be completed if changing 8A)***

9. TOTAL GARNISHMENT AMOUNT

B. (399/002) [ ] EARNINGS WITHHOLDING ORDER FOR SUPPORT - ARREARAGES *(CCP Section 706.030, 706.052, and 706.070 et seq.)* *(including **FTB** Child Support Collection Program, Revenue & Taxation Code 19271)* — $

C. (339/003) [ ] CERTIFICATION OF FACTS-- FEDERAL TAX LEVY *(GC 926.8)*
(1) NUMBER OF DEPENDENTS *(Must be at least one for employee)* _____
(2) STANDARD DEDUCTIONS: [ ] 1 - SINGLE [ ] 2 - MARRIED FILING JOINTLY [ ] 3 - MARRIED FILING SEPARATELY [ ] 4 - HEAD OF HOUSEHOLD [ ] 5 - SURVIVING SPOUSE — $

D. (339/004) [ ] EARNINGS WITHHOLDING ORDER FOR STATE TAXES *(CCP 706.072)*; **FTB** REGISTRATION COLLECTION PROGRAM *(Revenue & Taxation Code 10878)*; **FTB** STUDENT LOAN COLLECTIONS *(GC 16583.5)*; BOARD OF EQUALIZATION FOR TAXES *(CCP 706.074)*; UNEMPLOYMENT INSURANCE *(UI Code 1755)*; **FTB** COURT-ORDERED DEBT COLLECTIONS *(Revenue & Taxation Code 19280)* — $

E. (339/007) [X] EARNINGS WITHHOLDING ORDER *(CCP 706.125)*: — $ 3,645.00

F. (339/008) [ ] Federally Guaranteed Student Loan *(Higher Education Act of 1965: 20 USCA Section 1095a.)* — $

10. [ ] SUM OF ALL AMOUNTS DUE AND OWING THIS AGENCY BY DEBTOR FOR SALARY ADVANCES OR FOR ANY OTHER PURPOSE. — $

11. COMPLETE **ONLY** IF COURT SPECIFICALLY STATES ***(May only be completed with 8B, 8C, 8D, 8E, and 8F.)***

A [ ] TERMINATION DATE OF EARNINGS WITHHOLDING ORDER *(NOT APPLICABLE TO 8D)* _____

B [ ] MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH ***(If 11B is used for 8C, copy of IRS Form 668D must be attached.)*** $ _____

C [ ] SUPPORT EXEMPTION AMOUNT $ _____

D [ ] SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH ***(If 11D is used for 8C, copy of IRS Form 668D must be attached.)*** $ _____

12. WARRANT TO BE MADE PAYABLE TO

Must be completed Levying Officer File Number / Case Number

Enter Levying Officer File Number for warrants payable to Sheriff's Office or Marshal's Departments *(8B and 8E above)*. All others, enter Case Number. ☞ COMPLETE

INDICATE NAME SHOWN ON COURT ORDER, WRIT, LEVY. *(Include address if pursuant to FC 150 et seq., 5200 et seq. or PC 3088)* ☞ COMPLETE
COMPLETE
COMPLETE
COMPLETE

13. REMARKS

14. FORM COMPLETED BY: COMPLETE

TELEPHONE NUMBER AND EXTENSION: COMPLETE

15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660

AUTHORIZED SIGNATURE: COMPLETE

DATE: COMPLETE

TYPED NAME

(Revised 05/05)

ATTACHMENT H –2 - EXAMPLE 8

STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE

SALARY GARNISHMENT

STD. 639 (REV. 4/2005)

Reference Payroll Procedures
Manual Section H 300

NOTE: SUBMIT ORIGINAL AND ONE COPY TO THE STATE CONTROLLER'S GARNISHMENT UNIT. IF FAXED, FAX *ONLY ONCE* AND *DO NOT* SUBMIT A HARD COPY.

DOCUMENT NUMBER

1. AGENCY NAME: COMPLETE

2. SOCIAL SECURITY NUMBER

3. NAME (F.I.) (M.I.) (LAST): COMPLETE

4. POSITION NUMBER (Agency) (Unit) (Class) (Serial): COMPLETE

5. EFFECTIVE DATE: 10/29/01

6. ACTION TYPE: [ ] NEW [X] MODIFICATION OR CORRECTION OF ITEM 8E & 11D [ ] CANCELLATION OF GARNISHMENT ORIGINAL EFFECTIVE DATE

7. PAY FREQUENCY: [X] MONTHLY [ ] SEMI-MONTHLY [ ] BI-WEEKLY

8. GARNISHMENT TYPE (038)

A. [ ] COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088)
$ _____ (Monthly Amount)
$ _____ (Deduction Amount per Pay Period)
[ ] DEDUCTION AMOUNT CHANGED FROM $ _____ (Must be completed if changing 8A)

9. TOTAL GARNISHMENT AMOUNT

B. (399/002) [ ] EARNINGS WITHHOLDING ORDER FOR SUPPORT - ARREARAGES *(CCP Section 706.030, 706.052, and 706.070 et seq.)* *(including **FTB** Child Support Collection Program, Revenue & Taxation Code 19271)* $

C. (339/003) [ ] CERTIFICATION OF FACTS-- FEDERAL TAX LEVY *(GC 926.8)*
(1) NUMBER OF DEPENDENTS *(Must be at least one for employee)* _____
(2) STANDARD DEDUCTIONS [ ] 1 - SINGLE [ ] 2 - MARRIED FILING JOINTLY [ ] 3 - MARRIED FILING SEPARATELY [ ] 4 - HEAD OF HOUSEHOLD [ ] 5 - SURVIVING SPOUSE
$

D. (339/004) [ ] EARNINGS WITHHOLDING ORDER FOR STATE TAXES *(CCP 706.072)*; **FTB** REGISTRATION COLLECTION PROGRAM *(Revenue & Taxation Code 10878)*; **FTB** STUDENT LOAN COLLECTIONS *(GC 16583.5)*; BOARD OF EQUALIZATION FOR TAXES *(CCP 706.074)*; UNEMPLOYMENT INSURANCE *(UI Code 1755)*; **FTB** COURT-ORDERED DEBT COLLECTIONS *(Revenue & Taxation Code 19280)* $

E. (339/007) [X] EARNINGS WITHHOLDING ORDER *(CCP 706.125)*: $ 3,969.39

F. (339/008) [ ] Federally Guaranteed Student Loan *(Higher Education Act of 1965: 20 USCA Section 1095a.)* $

10. [ ] SUM OF ALL AMOUNTS DUE AND OWING THIS AGENCY BY DEBTOR FOR SALARY ADVANCES OR FOR ANY OTHER PURPOSE. $

11. COMPLETE **ONLY** IF COURT SPECIFICALLY STATES *(May only be completed with 8B, 8C, 8D, 8E, and 8F.)*

A [ ] TERMINATION DATE OF EARNINGS WITHHOLDING ORDER *(NOT APPLICABLE TO 8D)* _____

B [ ] MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH *(If 11B is used for 8C, copy of IRS Form 668D must be attached.)* $ _____

C [ ] SUPPORT EXEMPTION AMOUNT $ _____

D [X] SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH *(If 11D is used for 8C, copy of IRS Form 668D must be attached.)* $ 150.00

12. WARRANT TO BE MADE PAYABLE TO

Must be completed Levying Officer File Number / Case Number

Enter Levying Officer File Number for warrants payable to Sheriff's Office or Marshal's Departments *(8B and 8E above)*. All others, enter Case Number. COMPLETE

INDICATE NAME SHOWN ON COURT ORDER, WRIT, LEVY. *(Include address if pursuant to FC 150 et seq., 5200 et seq. or PC 3088)*
COMPLETE
COMPLETE
COMPLETE
COMPLETE

13. REMARKS

14. FORM COMPLETED BY: COMPLETE

TELEPHONE NUMBER AND EXTENSION: COMPLETE

15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660

AUTHORIZED SIGNATURE: COMPLETE

DATE: COMPLETE

TYPED NAME

ATTACHMENT (Revised 03/02)

ATTACHMENT H-2 EXAMPLE 9

STATE OF CALIFORNIA

PAYROLL ADJUSTMENT NOTICE

STD 674 (REV. 5-98)

DOCUMENT NO. _____

(1) TO: STATE CONTROLLER'S OFFICE:

✔ DISBURSEMENTS AND SUPPORT

— PPSD/PAYROLL OPERATIONS

PPSD UNIT DESTINATION:

☐ PAYROLL

✔ GARNISHMENTS

☐ DISABILITY

☐ RETIREMENT

☐ W-2/Non USPS

☐ BENEFIT DEDUCTIONS

☐ MISC DEDUCTIONS

(2) SOCIAL SECURITY NUMBER: COMPLETE

(3) NAME: COMPLETE

(4) POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1	COMPLETE			
2				

(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:

☐ PAYMENT REQUEST

☐ RETURN WARRANT ONLY

ADJUSTMENT REQUEST

☐ SALARY ☐ TIME

☐ TRANSFER OF FUNDS

PAY FREQUENCY

☐ MONTHLY ☐ SEMI MONTHLY ☐ BI WEEKLY ☐ INTERMITTENT

REMARKS:

PLEASE REDEPOSIT AND REISSUE WITH THE FOLLOWING GARNISHMENTS:

038: $500.00

339-002: $75.00

DATES/HOURS ON DOCK:

(6)	POSITION	ISSUE DATE MO.	ISSUE DATE DY.	ISSUE DATE YR.	PAY PERIOD T.	PAY PERIOD MO.	PAY PERIOD YR.	SALARY TYPE	SALARY FULL	TIME WORKED STD	TIME WORKED DYS.	TIME WORKED HOURS	APPT. FRAC.	GROSS TYPE	PMT. TYPE	PAY SUFFIX	ADJ. CODE	EARNINGS ID	SHIFT CODE	GROSS	NET PAY	ACCT. REC. OR WARRANT NO.	RELEASED	RETURNED	HELD BY CONTROLLER
A. PAYMENT PER SCO WARRANT REGISTER		11	01	98	0	10	98		2993.00	1					0							02-111111	X		
B. PAYMENT SHOULD BE					0	10	98		2993.00	1					0										
C. OVERPMT																									
UNDERPMT																									

(7) FORM COMPLETED BY: ▶ COMPLETE

TELEPHONE NUMBER AND EXTENSION ( ) COMPLETE

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES.

Payroll information correct in accordance with BC Rule 660

(AGENCY NAME)

FROM: COMPLETE

AUTHORIZED SIGNATURE ▶ COMPLETE

DATE COMPLETE

TO:

DATE:

FROM: PAYROLL OFFICER
Payroll Office III

RE: UNDELIVERABLE U.S. SAVINGS BOND(S)

U.S. Savings Bond(s) were returned to our office by the U.S. Post Office as undeliverable. Specific information on the savings bond(s) follow:

Employee's name:
Social Security Number:
Date of Bond(s):
Address on Bond(s):

( ) Active Bond Account:

Please complete the enclosed Form STD 242. If you have more than one bond account, a separate Form STD 242 must be completed for each account.

( ) Canceled Bond Account:

I authorize the State Controller's Office to send my savings bond(s) to the following address:

Social Security Number:_____
Name:_____
Address:_____
Signature:_____

( ) FINAL NOTIFICATION

This is the final attempt to secure a valid address to deliver this bond. The bond account will be canceled if a response not received by

Return this notice or Form STD 242 to State Controller's office, PPSD Bond Unit, P.O. Box 942850, Sacramento, Ca 94250-5878. If a reply to this notice is not received, the bond(s) will be transferred to the State Controller's Office, Division of Unclaimed Property. If you have any questions, please contact my staff at (916) 324-7295 or (Calnet) 454-7295.

DD:cn
PR358 (10/97)

DATE:

TO: Federal Reserve Bank of Minneapolis
Savings Bond Division
P.O. Box 67
Minneapolis, MN 55480-0067

FROM: PAYROLL OFFICER
Payroll Office III

RE: RETURN OF U.S. SAVINGS BOND(S)

The attached U.S. Savings Bond(s) is/are being returned for the following reasons:

[ ] The employee is not entitled to the bond(s) as no payroll deduction was withheld. Please forward remittance and a copy of the PD1522 (attached) to:

State Controller's Office
Departmental Accounting
P.O. Box 942850
Sacramento, CA 94250-5878

[ ] Incorrect inscription is printed on the bond. Inscription should read:

Please forward replacement bond to:

[ ] Bond was damaged in transit. Inscription is:

[ ] Other:

Your help in this matter is greatly appreciated. If you have any questions or need additional information, please contact _____ of my staff at (916) 324-7295.

cc: Ana Struve, Departmental Accounting

Attachment

STATE OF CALIFORNIA - PAYROLL SYSTEM
DETAIL TRANSACTION REPORT
FOR
KEY/MASTER VARIABLE MAINTENANCE
BATCH LOAD PROCESS

AGENCY: DEPARTMENT XYZ 08/85

EMPLOYEE SSN	EMPLOYEE NAME	AGNCY	POSITION REPORTING UNIT	NUMBER CLASS CODE	SERIAL NUMBER	DEDUCTION TYPE	PAY PERIOD MONTH	PAY PERIOD YEAR
123-45-6789	I M EXAMPLE	999	001	1111	001	0	08	85
234-56-7890	I M EXAMPLE	999	001	1111	002	0	08	85
345-67-8901	I M EXAMPLE	999	001	2222	002	0	08	85

ATTACHMENT
(Revised 03/02)

ATTACHMENT H-6

PARKING ADJUSTMENT NOTICE

The State Controller is herebv authorized to refund the parking payroll deduction for the below named employee.

(PRINT OR TYPE BELOW)

EMPLOYEE IDENTIFICATION		
Social Security Number	Initials	Last Name

REFUND INFORMATION			
Deduction Code	Organization Code	Deduction Amount	Pay Period Month Year
360			/
360			/
360			/
360			/
360			/

FORM COMPLETION INFORMATION		
Completed By	Phone Number ( )	Company/Department Name

DATE

SIGNATURE OF AUTHORIZED COMPANY OR DEPARTMENT OFFICIAL

ATTACHMENT (Revised 03/02) **ATTACHMENT H-7**

FORM PPSD 360 COMPLETION INSTRUCTIONS

The Form PPSD 360 must be completed (typed or hand written in legible form) as outlined below if parking fees were deducted after the effective date of a cancellation or change.

PARKING ADJUSTMENT NOTICE

The State Controller is hereby authorized to refund the parking payroll deduction for the below named employee.

(PRINT OR TYPE BELOW)

EMPLOYEE IDENTIFICATION		
Social Security Number **A**	Initials **B**	Last Name **C**

REFUND INFORMATION			
Deduction Code	Organization Code	Deduction Amount	Pay Period Month Year
360	**D**	**E**	**F** / **G**
360			/
360			/
360			/
360			/

FORM COMPLETION INFORMATION		
Completed By **H**	Phone Number ( ) **I**	Company/Department Name **J**

K **L**

DATE SIGNATURE OF AUTHORIZED COMPANY OR DEPARTMENT OFFICIAL

Mail to: State Controller's Office
Personnel/Payroll Services Division
Attn: Miscellaneous Deductions Unit
P. O. Box 942850
Sacramento, CA 94250-5878

(Rev.01/02)

A. Social Security Number
Enter the employee's Social Security Number.

B. Initials
Enter the employee's first and middle initials.

C. Last Name
Enter the employee's full last name.

D. Organization Code
Enter your assigned three (3) digit Organization Code number.

E. Deduction Amount
Enter the total monthly amount that is to be refunded to the employee.

F. Pay Period – Month
Enter the numerical month of the pay period to be refunded (e.g. '06' for June)

G. Pay Period – Year
Enter the last two digits of the year (e.g. "00" for 2000).

H. Completed By
Enter the name of the person completing the form.

I. Phone Number
Enter the area code and telephone number.

J. Company/Department Name
Enter the deduction client name as recorded with SCO.

K. Date
Enter the date the form was completed.

L. Signature of Authorized Company or Department Official
Must be the original signature of the person authorized to sign Form CD88.

SAMPLE LTD ELIGIBILITY NOTICE

State of California

M E M O R A N D U M

To: (Your Employee) Date: (Issue Date)

From: (Your Department Personnel Office)

Subject: Long Term Disability Insurance
60-Day Enrollment Eligibility Notice

Eligibility Begins: _____ Eligibility Expires: _____

According to our records, you have recently been appointed as a nonrepresented employee who is eligible to enroll in Long Term Disability (LTD) Insurance. Your 60-day enrollment eligibility period is stated above.

IMPORTANT - LONG TERM DISABILITY INFORMATION

LTD is a voluntary program which provides a percentage of income after the first six months of disability. Premiums are paid by the employee through payroll deduction. ONLY NONREPRESENTED, PERMANENT EMPLOYEES WITH A TIME BASE OF ONE HALF TIME OR MORE MAY ENROLL IN THE PROGRAM. You must be active and eligible on the effective date for enrollment to be valid.

Please review the attached "Group Long Term Disability Plan Employee Enrollment and Information Package."

If you wish to enroll, you may obtain a LTD enrollment authorization form (GR-11513-5) from _____ at _____. The enrollment form must be completed and returned to _____ by the expiration date stated above.

Attachment

ACCOUNTS RECEIVABLE 674A/R SAMPLES
INDEX

Sample 1 - Regular Pay Accounts Receivable

Sample 2 - Payroll Deduction A/R Reversal

Sample 3 - Agency Collection A/R Reversal

Sample 4 - Change Method of Collection - Agency to Payroll
(Must complete Section C. Overpayment To Be Recovered By:)

Sample 5 - Change Method of Collection - Payroll to Agency

Sample 6 - Over-Collections of Payroll Deduction A/R

Sample 7 - Payroll Deduction A/R - Equal Amounts from Multiple Pay Periods

Sample 8 - Payroll Deduction A/R Package – Specific Pay Period Order
Sample 8A
Sample 8B

Sample 9 - Payroll Deduction A/R Package – Specific Accounts from Multiple Pay Periods
Sample 9A
Sample 9B

ATTACHMENT (Revised 03/02)

ATTACHMENT I-1 SAMPLE 1

PAYROLL ADJUSTMENT NOTICE—ACCOUNTS RECEIVABLE (A/R)

STD. 674 A/R (REV. 5-99)

DOCUMENT NUMBER

(1) TO STATE CONTROLLER'S OFFICE:

- [ ] ADMIN. & DISBURSEMENTS
- [x] PPSD/PAYROLL SERVICES

PPSD UNIT DESTINATION:

- [x] PAYROLL
- [ ] BENEFITS
- [ ] DISABILITY
- [ ] W-2/Non USPS
- [ ] RETIREMENT
- [ ] DEDUCTIONS

(2) SOCIAL SECURITY NUMBER: COMPLETE

(3) NAME: COMPLETE

(4) POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1	COMPLETE			
2				

CHANGE METHOD OF COLLECTION

- [ ] FROM AGENCY COLLECTION TO PAYROLL DEDUCTION - ***BALANCE TO BE COLLECTED*** $ _____ NET
- [ ] FROM PAYROLL DEDUCTION TO AGENCY COLLECTION - ***BALANCE TO BE COLLECTED*** $ _____ NET
- [ ] REVERSE PAYROLL DEDUCTION A/R
  PLEASE REFUND AMOUNT COLLECTED $ _____ NET
- [ ] OVER-COLLECTION OF PAYROLL DEDUCTION A/R - PAY PERIODS OF DEDUCTION _____
  PLEASE REFUND AMOUNT COLLECTED $ _____ NET
- [ ] REVERSE AGENCY COLLECTION A/R

REMARKS:

PLEASE ESTABLISH A/R FOR 7/98 PAY PERIOD. EE ON DOCK

(5) ESTABLISH/CORRECT/ADJUST AS INDICATED BELOW:

- [x] ACCOUNTS RECEIVABLE
- [ ] REDEPOSIT WITH A/R
- [ ] TRANSFER OF FUNDS WITH A/R

DATES/HOURS ON DOCK:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

(6)

	POSITION	ISSUE DATE MO.	ISSUE DATE DAY	ISSUE DATE YR.	PAY PERIOD T	PAY PERIOD MO.	PAY PERIOD YR.	SALARY TYPE	SALARY FULL	TIME WORKED STD.	TIME WORKED DAYS	TIME WORKED HOURS		APPT. FRAC.	GROSS TYPE	PMT. TYPE	PAY SUFFIX	ADJ. CODE	EARNINGS I.D.	SHIFT CODE	GROSS	NET PAY	ACCT. REC. OR WARRANT NO.	RELEASED	RETURNED	HELD BY CONTROLLER
A PMT. PER SCO WRNT. REG.		07	31	98	0	07	98	C	3000.00	1					1	0		0			3000.00	2620.50	01-999999	X		
B PMT. S/B					0	07	98	C	3000.00		18	3	0		1	0		0			2505.68					
C OVER-PMT.					0	07	98	C	3000.00		3	5	0								494.32					

OVERPAYMENT TO BE RECOVERED BY:

- [ ] AGENCY COLLECTION
- [x] PAYROLL DEDUCTION *(Specify type)*
  - [x] 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD
- [ ] _____ (NO.) DEDUCTIONS BEGINNING WITH PAY PERIOD _____
- [ ] 2% OF SALARY RATE OR 1/12 OF ACCOUNTS RECEIVABLE NET

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674 A/R, THE EMPLOYEE WAS GIVEN AREASONABLE TIME TO RESPOND.

Payroll information correct in accordance with B/C Rule 660.

(7) COMPLETED BY: COMPLETE

TELEPHONE NUMBER AND EXTENSION: ( ) COMPLETE

FROM (Agency Name): COMPLETE

AUTHORIZED SIGNATURE: COMPLETE

DATE SIGNED

ATTACHMENT (Revised 03/02)

ATTACHMENT I-1 SAMPLE 2

PAYROLL ADJUSTMENT NOTICE—ACCOUNTS RECEIVABLE (A/R)

STD. 674 A/R (REV. 5-99)

DOCUMENT NUMBER

(1) TO STATE CONTROLLER'S OFFICE:

- [ ] ADMIN. & DISBURSEMENTS
- [x] PPSD/PAYROLL SERVICES

PPSD UNIT DESTINATION:

- [x] PAYROLL
- [ ] BENEFITS
- [ ] DISABILITY
- [ ] W-2/Non USPS
- [ ] RETIREMENT
- [ ] DEDUCTIONS

(2) SOCIAL SECURITY NUMBER: COMPLETE

(3) NAME: COMPLETE

(4) POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1	COMPLETE			
2				

CHANGE METHOD OF COLLECTION

- [ ] FROM AGENCY COLLECTION TO PAYROLL DEDUCTION - ***BALANCE TO BE COLLECTED*** $ _____ NET
- [ ] FROM PAYROLL DEDUCTION TO AGENCY COLLECTION - ***BALANCE TO BE COLLECTED*** $ _____ NET
- [x] REVERSE PAYROLL DEDUCTION A/R
  PLEASE REFUND AMOUNT COLLECTED $ 395.50 NET
- [ ] OVER-COLLECTION OF PAYROLL DEDUCTION A/R - PAY PERIODS OF DEDUCTION _____
  PLEASE REFUND AMOUNT COLLECTED $ _____ NET
- [ ] REVERSE AGENCY COLLECTION A/R

REMARKS:

PLEASE REVERSE A/R #01234
DOCK RESCINDED.

(5) ESTABLISH/CORRECT/ADJUST AS INDICATED BELOW:

- [ ] ACCOUNTS RECEIVABLE
- [ ] REDEPOSIT WITH A/R
- [ ] TRANSFER OF FUNDS WITH A/R

DATES/HOURS ON DOCK:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

(6)

	POSITION	ISSUE DATE MO.	ISSUE DATE DAY	ISSUE DATE YR.	PAY PERIOD T	PAY PERIOD MO.	PAY PERIOD YR.	SALARY TYPE	SALARY FULL	TIME WORKED STD.	TIME WORKED DAYS	TIME WORKED HOURS	APPT. FRAC.	GROSS TYPE	PMT. TYPE	PAY SUFFIX	ADJ. CODE	EARNINGS I.D.	SHIFT CODE	GROSS	NET PAY	ACCT. REC. OR WARRANT NO.	RELEASED	RETURNED	HELD BY CONTROLLER
A PMT. PER SCO WRNT. REG.		7	31	98	0	07	98	1	3000.00	1				1	0		0			3000.00	2620.50	01-999999	X		
		8	13	98	0	07	98	1	3000.00		3	5 0		1	0		1			494.32	395.90	A/R#01234			
B PMT. S/B					0	07	98		3000.00	1				1	0		0			3000.00					
C OVER-PMT.																									

OVERPAYMENT TO BE RECOVERED BY:

- [ ] AGENCY COLLECTION
- [ ] PAYROLL DEDUCTION *(Specify type)*
  - [ ] 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD
- [ ] _____ (NO.) DEDUCTIONS BEGINNING WITH PAY PERIOD _____
- [ ] 2% OF SALARY RATE OR 1/12 OF ACCOUNTS RECEIVABLE NET

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674 A/R, THE EMPLOYEE WAS GIVEN AREASONABLE TIME TO RESPOND.

Payroll information correct in accordance with B/C Rule 660.

(7) COMPLETED BY: COMPLETE

TELEPHONE NUMBER AND EXTENSION: ( ) COMPLETE

FROM (Agency Name): COMPLETE

AUTHORIZED SIGNATURE: COMPLETE

DATE SIGNED:

ATTACHMENT (Revised 03/02) **ATTACHMENT I-1 SAMPLE 3**

PAYROLL ADJUSTMENT NOTICE—ACCOUNTS RECEIVABLE (A/R)

STD. 674 A/R (REV. 5-99)

DOCUMENT NUMBER

(1) TO STATE CONTROLLER'S OFFICE:

- [ ] ADMIN. & DISBURSEMENTS
- [x] PPSD/PAYROLL SERVICES

PPSD UNIT DESTINATION:

- [x] PAYROLL
- [ ] BENEFITS
- [ ] DISABILITY
- [ ] W-2/Non USPS
- [ ] RETIREMENT
- [ ] DEDUCTIONS

(2) SOCIAL SECURITY NUMBER: COMPLETE

(3) NAME: COMPLETE

(4) POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1		COMPLETE		
2				

CHANGE METHOD OF COLLECTION

- [ ] FROM AGENCY COLLECTION TO PAYROLL DEDUCTION - ***BALANCE TO BE COLLECTED*** $ _____ NET
- [ ] FROM PAYROLL DEDUCTION TO AGENCY COLLECTION - ***BALANCE TO BE COLLECTED*** $ _____ NET
- [ ] REVERSE PAYROLL DEDUCTION A/R
  PLEASE REFUND AMOUNT COLLECTED $ _____ NET
- [ ] OVER-COLLECTION OF PAYROLL DEDUCTION A/R - PAY PERIODS OF DEDUCTION _____
  PLEASE REFUND AMOUNT COLLECTED $ _____ NET
- [x] REVERSE AGENCY COLLECTION A/R

REMARKS:

PLEASE REVERSE AR #02989.
OVERTIME PAID CORRECTLY.
AGENCY WILL REFUND.

(5) ESTABLISH/CORRECT/ADJUST AS INDICATED BELOW:

- [ ] ACCOUNTS RECEIVABLE
- [ ] REDEPOSIT WITH A/R
- [ ] TRANSFER OF FUNDS WITH A/R

DATES/HOURS ON DOCK:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

(6)

	POSITION	ISSUE DATE MO.	ISSUE DATE DAY	ISSUE DATE YR.	PAY PERIOD T	PAY PERIOD MO.	PAY PERIOD YR.	SALARY TYPE	SALARY FULL	TIME WORKED STD.	TIME WORKED DAYS	TIME WORKED HOURS	APPT. FRAC.	GROSS TYPE	PMT. TYPE	PAY SUFFIX	ADJ. CODE	EARNINGS I.D.	SHIFT CODE	GROSS	NET PAY	ACCT. REC. OR WARRANT NO.	RELEASED	RETURNED	HELD BY CONTROLLER
A PMT. PER SCO WRNT. REG.		7	8	98	0	06	98	4	17.43			25 5		1	0		0			444.46	410.46	01-898989	X		
		8	13	98	0	06	98	4	17.43			5		1	1		1			8.72	8.05	A/R #02989			
B PMT. S/B					0	06	98	4	17.43			25 5		1	1		0			444.46					
C OVER-PMT.																									

OVERPAYMENT TO BE RECOVERED BY:

- [ ] AGENCY COLLECTION
- [ ] PAYROLL DEDUCTION *(Specify type)*
  - [ ] 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD
- [ ] _____ (NO.) DEDUCTIONS BEGINNING WITH PAY PERIOD _____
- [ ] 2% OF SALARY RATE OR 1/12 OF ACCOUNTS RECEIVABLE NET

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674 A/R, THE EMPLOYEE WAS GIVEN AREASONABLE TIME TO RESPOND.

Payroll information correct in accordance with B/C Rule 660.

(7) COMPLETED BY: COMPLETE

TELEPHONE NUMBER AND EXTENSION: ( ) COMPLETE

FROM (Agency Name): COMPLETE

AUTHORIZED SIGNATURE: COMPLETE

DATE SIGNED

ATTACHMENT (Revised 02/06)

ATTACHMENT I-1 SAMPLE 4

PAYROLL ADJUSTMENT NOTICE—ACCOUNTS RECEIVABLE (A/R)

STD. 674 A/R (REV. 02/06))

DOCUMENT NUMBER

(1) TO STATE CONTROLLER'S OFFICE:

- [ ] ADMIN. & DISBURSEMENTS
- [x] PPSD/PAYROLL SERVICES

PPSD UNIT DESTINATION:

- [x] PAYROLL
- [ ] BENEFITS
- [ ] DISABILITY
- [ ] W-2/Non USPS
- [ ] RETIREMENT
- [ ] DEDUCTIONS

(2) SOCIAL SECURITY NUMBER: COMPLETE

(3) NAME: COMPLETE

(4) POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1				
2				

CHANGE METHOD OF COLLECTION

- [x] FROM AGENCY COLLECTION TO PAYROLL DEDUCTION - ***BALANCE TO BE COLLECTED*** $ 595.97 NET
- [ ] FROM PAYROLL DEDUCTION TO AGENCY COLLECTION - ***BALANCE TO BE COLLECTED*** $ NET
- [ ] REVERSE PAYROLL DEDUCTION A/R
  PLEASE REFUND AMOUNT COLLECTED $ NET
- [ ] OVER-COLLECTION OF PAYROLL DEDUCTION A/R - PAY PERIODS OF DEDUCTION
  PLEASE REFUND AMOUNT COLLECTED $ NET
- [ ] REVERSE AGENCY COLLECTION A/R

REMARKS:

Must complete Section C. Overpayment To Be Recovered By:

(5) ESTABLISH/CORRECT/ADJUST AS INDICATED BELOW:

- [ ] ACCOUNTS RECEIVABLE
- [ ] REDEPOSIT WITH A/R
- [ ] TRANSFER OF FUNDS WITH A/R

DATES/HOURS ON DOCK:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

(6)

	POSITION	ISSUE DATE MO.	ISSUE DATE DAY	ISSUE DATE YR.	PAY PERIOD T	PAY PERIOD MO.	PAY PERIOD YR.	SALARY TYPE	SALARY FULL	TIME WORKED STD.	TIME WORKED DAYS	TIME WORKED HOURS	APPT. FRAC.	GROSS TYPE	PMT. TYPE	PAY SUFFIX	ADJ. CODE	EARNINGS I.D.	SHIFT CODE	GROSS	NET PAY	ACCT. REC. OR WARRANT NO.	RELEASED	RETURNED	HELD BY CONTROLLER
A PMT. PER SCO WRNT. REG.		08	13	98	0	06	98	1	3000.00		5			1	0					681.82	595.97	A/R#03456			
B PMT. S/B																									
C OVER-PMT.																									

OVERPAYMENT TO BE RECOVERED BY:

- [ ] AGENCY COLLECTION
- [ ] PAYROLL DEDUCTION *(Specify type)*
  - [ ] 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD
- [ ] _____ (NO.) DEDUCTIONS BEGINNING WITH PAY PERIOD _____
- [ ] 2% OF SALARY RATE OR 1/12 OF ACCOUNTS RECEIVABLE NET

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674 A/R, THE EMPLOYEE WAS GIVEN AREASONABLE TIME TO RESPOND.

Payroll information correct in accordance with B/C Rule 660.

(7) COMPLETED BY COMPLETE

TELEPHONE NUMBER AND EXTENSION ( ) COMPLETE

FROM (Agency Name) COMPLETE

AUTHORIZED SIGNATURE COMPLETE

DATE SIGNED

ATTACHMENT (Revised 03/02)

ATTACHMENT I-1 SAMPLE 5

PAYROLL ADJUSTMENT NOTICE—ACCOUNTS RECEIVABLE (A/R)

STD. 674 A/R (REV. 5-99)

DOCUMENT NUMBER

(1) TO STATE CONTROLLER'S OFFICE:

- [ ] ADMIN. & DISBURSEMENTS
- [x] PPSD/PAYROLL SERVICES

PPSD UNIT DESTINATION:

- [x] PAYROLL
- [ ] BENEFITS
- [ ] DISABILITY
- [ ] W-2/Non USPS
- [ ] RETIREMENT
- [ ] DEDUCTIONS

(2) SOCIAL SECURITY NUMBER: COMPLETE

(3) NAME: COMPLETE

(4) POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1		COMPLETE		
2				

CHANGE METHOD OF COLLECTION

- [ ] FROM AGENCY COLLECTION TO PAYROLL DEDUCTION - ***BALANCE TO BE COLLECTED*** $ _____ NET
- [x] FROM PAYROLL DEDUCTION TO AGENCY COLLECTION - ***BALANCE TO BE COLLECTED*** $ 329.09 NET
- [ ] REVERSE PAYROLL DEDUCTION A/R
  PLEASE REFUND AMOUNT COLLECTED $ _____ NET
- [ ] OVER-COLLECTION OF PAYROLL DEDUCTION A/R - PAY PERIODS OF DEDUCTION _____
  PLEASE REFUND AMOUNT COLLECTED $ _____ NET
- [ ] REVERSE AGENCY COLLECTION A/R

REMARKS:

(5) ESTABLISH/CORRECT/ADJUST AS INDICATED BELOW:

- [ ] ACCOUNTS RECEIVABLE
- [ ] REDEPOSIT WITH A/R
- [ ] TRANSFER OF FUNDS WITH A/R

DATES/HOURS ON DOCK:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

(6)

	POSITION	ISSUE DATE MO.	ISSUE DATE DAY	ISSUE DATE YR.	PAY PERIOD T	PAY PERIOD MO.	PAY PERIOD YR.	SALARY TYPE	SALARY FULL	TIME WORKED STD.	TIME WORKED DAYS	TIME WORKED HOURS		APPT. FRAC.	GROSS TYPE	PMT. TYPE	PAY SUFFIX	ADJ. CODE	EARNINGS I.D.	SHIFT CODE	GROSS	NET PAY	ACCT. REC. OR WARRANT NO.	RELEASED	RETURNED	HELD BY CONTROLLER
A PMT. PER SCO WRNT. REG.		08	13	98	0	06	98	1	2883.00		2	7	0		1	0					376.09	329.09	A/R #04567			
B PMT. S/B																										
C OVER-PMT.																										

OVERPAYMENT TO BE RECOVERED BY:

- [ ] AGENCY COLLECTION
- [ ] PAYROLL DEDUCTION *(Specify type)*
  - [ ] 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD
- [ ] _____ (NO.) DEDUCTIONS BEGINNING WITH PAY PERIOD _____
- [ ] 2% OF SALARY RATE OR 1/12 OF ACCOUNTS RECEIVABLE NET

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674 A/R, THE EMPLOYEE WAS GIVEN AREASONABLE TIME TO RESPOND.

Payroll information correct in accordance with B/C Rule 660.

(7) COMPLETED BY: COMPLETE

TELEPHONE NUMBER AND EXTENSION ( ) COMPLETE

FROM (Agency Name) COMPLETE

AUTHORIZED SIGNATURE COMPLETE

DATE SIGNED

ATTACHMENT (Revised 03/02)

ATTACHMENT I-1 SAMPLE 6

PAYROLL ADJUSTMENT NOTICE—ACCOUNTS RECEIVABLE (A/R)

STD. 674 A/R (REV. 5-99)

DOCUMENT NUMBER

(1) TO STATE CONTROLLER'S OFFICE:

- [ ] ADMIN. & DISBURSEMENTS
- [x] PPSD/PAYROLL SERVICES

PPSD UNIT DESTINATION:

- [x] PAYROLL
- [ ] BENEFITS
- [ ] DISABILITY
- [ ] W-2/Non USPS
- [ ] RETIREMENT
- [ ] DEDUCTIONS

(2) SOCIAL SECURITY NUMBER: COMPLETE

(3) NAME: COMPLETE

(4) POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1		COMPLETE		
2				

CHANGE METHOD OF COLLECTION

- [ ] FROM AGENCY COLLECTION TO PAYROLL DEDUCTION - ***BALANCE TO BE COLLECTED*** $ _____ NET
- [ ] FROM PAYROLL DEDUCTION TO AGENCY COLLECTION - ***BALANCE TO BE COLLECTED*** $ _____ NET
- [ ] REVERSE PAYROLL DEDUCTION A/R
  PLEASE REFUND AMOUNT COLLECTED $ _____ NET
- [x] OVER-COLLECTION OF PAYROLL DEDUCTION A/R - PAY PERIODS OF DEDUCTION 07/98
  PLEASE REFUND AMOUNT COLLECTED $20.03 NET
- [ ] REVERSE AGENCY COLLECTION A/R

REMARKS:

(5) ESTABLISH/CORRECT/ADJUST AS INDICATED BELOW:

- [ ] ACCOUNTS RECEIVABLE
- [ ] REDEPOSIT WITH A/R
- [ ] TRANSFER OF FUNDS WITH A/R

DATES/HOURS ON DOCK:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

(6)

	POSITION	ISSUE DATE MO.	ISSUE DATE DAY	ISSUE DATE YR.	PAY PERIOD T	PAY PERIOD MO.	PAY PERIOD YR.	SALARY TYPE	SALARY FULL	TIME WORKED STD.	TIME WORKED DAYS	TIME WORKED HOURS		APPT. FRAC.	GROSS TYPE	PMT. TYPE	PAY SUFFIX	ADJ. CODE	EARNINGS I.D.	SHIFT CODE	GROSS	NET PAY	ACCT. REC. OR WARRANT NO.	RELEASED	RETURNED	HELD BY CONTROLLER
A PMT. PER SCO WRNT. REG.		03	06	98	0	01	98	1	3856.00		2	4	5		1	0					470.52	411.00	A/R#06789			
B PMT. S/B																										
C OVER-PMT.																										

OVERPAYMENT TO BE RECOVERED BY:

- [ ] AGENCY COLLECTION
- [ ] PAYROLL DEDUCTION *(Specify type)*
  - [ ] 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD
- [ ] _____ (NO.) DEDUCTIONS BEGINNING WITH PAY PERIOD _____
- [ ] 2% OF SALARY RATE OR 1/12 OF ACCOUNTS RECEIVABLE NET

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674 A/R, THE EMPLOYEE WAS GIVEN AREASONABLE TIME TO RESPOND.

Payroll information correct in accordance with B/C Rule 660.

(7) COMPLETED BY: COMPLETE

TELEPHONE NUMBER AND EXTENSION: ( ) COMPLETE

FROM (Agency Name): COMPLETE

AUTHORIZED SIGNATURE: COMPLETE

DATE SIGNED:

ATTACHMENT (Revised 03/02)

ATTACHMENT I-1 SAMPLE 7

PAYROLL ADJUSTMENT NOTICE—ACCOUNTS RECEIVABLE (A/R)

STD. 674 A/R (REV. 5-99)

DOCUMENT NUMBER

(1) TO STATE CONTROLLER'S OFFICE:

- [ ] ADMIN. & DISBURSEMENTS
- [x] PPSD/PAYROLL SERVICES

PPSD UNIT DESTINATION:

- [x] PAYROLL
- [ ] BENEFITS
- [ ] DISABILITY
- [ ] W-2/Non USPS
- [ ] RETIREMENT
- [ ] DEDUCTIONS

(2) SOCIAL SECURITY NUMBER: COMPLETE

(3) NAME: COMPLETE

(4) POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1		COMPLETE		
2				

CHANGE METHOD OF COLLECTION

- [ ] FROM AGENCY COLLECTION TO PAYROLL DEDUCTION - ***BALANCE TO BE COLLECTED*** $ _____ NET
- [ ] FROM PAYROLL DEDUCTION TO AGENCY COLLECTION - ***BALANCE TO BE COLLECTED*** $ _____ NET
- [ ] REVERSE PAYROLL DEDUCTION A/R
  PLEASE REFUND AMOUNT COLLECTED $ _____ NET
- [ ] OVER-COLLECTION OF PAYROLL DEDUCTION A/R - PAY PERIODS OF DEDUCTION _____
  PLEASE REFUND AMOUNT COLLECTED $ _____ NET
- [ ] REVERSE AGENCY COLLECTION A/R

REMARKS:

EMPLOYEE IS OVERPAID IN PAY PERIODS 3/98 - 5/98. PLEASE RECOVER THESE A/R'S IN EQUAL AMOUNTS OVER THE NEXT 6 PAY PERIODS.

(5) ESTABLISH/CORRECT/ADJUST AS INDICATED BELOW:

- [x] ACCOUNTS RECEIVABLE
- [ ] REDEPOSIT WITH A/R
- [ ] TRANSFER OF FUNDS WITH A/R

DATES/HOURS ON DOCK:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

(6)

	POSITION	ISSUE DATE MO.	ISSUE DATE DAY	ISSUE DATE YR.	PAY PERIOD T	PAY PERIOD MO.	PAY PERIOD YR.	SALARY TYPE	SALARY FULL	TIME WORKED STD.	TIME WORKED DAYS	TIME WORKED HOURS	APPT. FRAC.	GROSS TYPE	PMT. TYPE	PAY SUFFIX	ADJ. CODE	EARNINGS I.D.	SHIFT CODE	GROSS	NET PAY	ACCT. REC. OR WARRANT NO.	RELEASED	RETURNED	HELD BY CONTROLLER
A PMT. PER SCO WRNT. REG.		04	01	98	0	03	98	1	3500.00	1				1	0	0	0			3500.00	2850.00	01-234567	X		
B PMT. S/B					0	03	98	1	3200.00	1				1	0	0	0			3200.00					
C OVER-PMT.					0	03	98	1	300.00											300.00					

OVERPAYMENT TO BE RECOVERED BY:

- [ ] AGENCY COLLECTION
- [x] PAYROLL DEDUCTION *(Specify type)*
  - [ ] 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD
  - [x] 6 (NO.) DEDUCTIONS BEGINNING WITH PAY PERIOD 08/98
  - [ ] 2% OF SALARY RATE OR 1/12 OF ACCOUNTS RECEIVABLE NET

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674 A/R, THE EMPLOYEE WAS GIVEN AREASONABLE TIME TO RESPOND.

Payroll information correct in accordance with B/C Rule 660.

(7) COMPLETED BY: COMPLETE

TELEPHONE NUMBER AND EXTENSION ( ) COMPLETE

FROM (Agency Name) COMPLETE

AUTHORIZED SIGNATURE COMPLETE

DATE SIGNED

ATTACHMENT (Revised 03/02)

ATTACHMENT I-1 SAMPLE 8

PAYROLL ADJUSTMENT NOTICE—ACCOUNTS RECEIVABLE (A/R)

STD. 674 A/R (REV. 5-99)

DOCUMENT NUMBER 1 OF 3

(1) TO STATE CONTROLLER'S OFFICE:

- [ ] ADMIN. & DISBURSEMENTS
- [x] PPSD/PAYROLL SERVICES

PPSD UNIT DESTINATION:

- [x] PAYROLL
- [ ] BENEFITS
- [ ] DISABILITY
- [ ] W-2/Non USPS
- [ ] RETIREMENT
- [ ] DEDUCTIONS

(2) SOCIAL SECURITY NUMBER: COMPLETE

(3) NAME: COMPLETE

(4) POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1		COMPLETE		
2				

CHANGE METHOD OF COLLECTION

- [ ] FROM AGENCY COLLECTION TO PAYROLL DEDUCTION - ***BALANCE TO BE COLLECTED*** $ _____ NET
- [ ] FROM PAYROLL DEDUCTION TO AGENCY COLLECTION - ***BALANCE TO BE COLLECTED*** $ _____ NET
- [ ] REVERSE PAYROLL DEDUCTION A/R
  PLEASE REFUND AMOUNT COLLECTED $ _____ NET
- [ ] OVER-COLLECTION OF PAYROLL DEDUCTION A/R - PAY PERIODS OF DEDUCTION _____
  PLEASE REFUND AMOUNT COLLECTED $ _____ NET
- [ ] REVERSE AGENCY COLLECTION A/R

REMARKS:

EMPLOYEE IS OVERPAID IN PAY PERIODS 3/98 - 5/98. PLEASE RECOVER THESE A/R'S IN PAY PERIOD ORDER, BEGINNING WITH
03/98. RECOVER ONE TOTAL OVERPAYMENT PER PAY PERIOD.

(5) **ESTABLISH/CORRECT/ADJUST AS INDICATED BELOW:**

- [x] ACCOUNTS RECEIVABLE
- [ ] REDEPOSIT WITH A/R
- [ ] TRANSFER OF FUNDS WITH A/R

DATES/HOURS ON DOCK:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

(6)

	POSITION	ISSUE DATE MO.	ISSUE DATE DAY	ISSUE DATE YR.	PAY PERIOD T	PAY PERIOD MO.	PAY PERIOD YR.	SALARY TYPE	SALARY FULL	TIME WORKED STD.	TIME WORKED DAYS	TIME WORKED HOURS	APPT. FRAC.	GROSS TYPE	PMT. TYPE	PAY SUFFIX	ADJ. CODE	EARNINGS I.D.	SHIFT CODE	GROSS	NET PAY	ACCT. REC. OR WARRANT NO.	RELEASED	RETURNED	HELD BY CONTROLLER
A PMT. PER SCO WRNT. REG.		04	01	98	0	03	98	1	3500.00	1				1	0	0	0			3500.00	2850.00	01-234567	X		
B PMT. S/B					0	03	98	1	3200.00	1				1	0	0	0			3200.00					
C OVER-PMT.					0	03	98	1	300.00											300.00					

OVERPAYMENT TO BE RECOVERED BY:

- [ ] AGENCY COLLECTION
- [x] PAYROLL DEDUCTION *(Specify type)*
  - [ ] 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD
- [x] 1 (NO.) DEDUCTIONS BEGINNING WITH PAY PERIOD 08/98
- [ ] 2% OF SALARY RATE OR 1/12 OF ACCOUNTS RECEIVABLE NET

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674 A/R, THE EMPLOYEE WAS GIVEN AREASONABLE TIME TO RESPOND.

Payroll information correct in accordance with B/C Rule 660.

(7) COMPLETED BY: COMPLETE

TELEPHONE NUMBER AND EXTENSION ( ) COMPLETE

FROM (Agency Name) COMPLETE

AUTHORIZED SIGNATURE COMPLETE

DATE SIGNED

ATTACHMENT (Revised 03/02)

ATTACHMENT I-1 SAMPLE 8A

PAYROLL ADJUSTMENT NOTICE—ACCOUNTS RECEIVABLE (A/R)

STD. 674 A/R (REV. 5-99)

DOCUMENT NUMBER 2 OF 3

(1) TO STATE CONTROLLER'S OFFICE:

- [ ] ADMIN. & DISBURSEMENTS
- [x] PPSD/PAYROLL SERVICES

PPSD UNIT DESTINATION:

- [x] PAYROLL
- [ ] BENEFITS
- [ ] DISABILITY
- [ ] W-2/Non USPS
- [ ] RETIREMENT
- [ ] DEDUCTIONS

(2) SOCIAL SECURITY NUMBER: COMPLETE

(3) NAME: COMPLETE

(4) POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1		COMPLETE		
2				

CHANGE METHOD OF COLLECTION

- [ ] FROM AGENCY COLLECTION TO PAYROLL DEDUCTION - ***BALANCE TO BE COLLECTED*** $ _____ NET
- [ ] FROM PAYROLL DEDUCTION TO AGENCY COLLECTION - ***BALANCE TO BE COLLECTED*** $ _____ NET
- [ ] REVERSE PAYROLL DEDUCTION A/R
  PLEASE REFUND AMOUNT COLLECTED $ _____ NET
- [ ] OVER-COLLECTION OF PAYROLL DEDUCTION A/R - PAY PERIODS OF DEDUCTION _____
  PLEASE REFUND AMOUNT COLLECTED $ _____ NET
- [ ] REVERSE AGENCY COLLECTION A/R

REMARKS:

EMPLOYEE IS OVERPAID IN PAY PERIODS 3/98 - 5/98. PLEASE RECOVER THESE A/R'S IN PAY PERIOD ORDER, BEGINNING WITH 3/98. RECOVER ONE TOTAL OVERPAYMENT PER PAY PERIOD.

(5) ESTABLISH/CORRECT/ADJUST AS INDICATED BELOW:

- [x] ACCOUNTS RECEIVABLE
- [ ] REDEPOSIT WITH A/R
- [ ] TRANSFER OF FUNDS WITH A/R

DATES/HOURS ON DOCK:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

(6)

	POSITION	ISSUE DATE MO.	ISSUE DATE DAY	ISSUE DATE YR.	PAY PERIOD T	PAY PERIOD MO.	PAY PERIOD YR.	SALARY TYPE	SALARY FULL	TIME WORKED STD.	TIME WORKED DAYS	TIME WORKED HOURS	APPT. FRAC.	GROSS TYPE	PMT. TYPE	PAY SUFFIX	ADJ. CODE	EARNINGS I.D.	SHIFT CODE	GROSS	NET PAY	ACCT. REC. OR WARRANT NO.	RELEASED	RETURNED	HELD BY CONTROLLER
A PMT. PER SCO WRNT. REG.		05	01	98	0	04	98	1	3500.00	1				1	0	0	0			3500.00	2850.00	01-998444	X		
B PMT. S/B					0	04	98	1	3200.00	1				1	0	0	0			3200.00					
C OVER-PMT.					0	04	98	1	300.00											300.00					

OVERPAYMENT TO BE RECOVERED BY:

- [ ] AGENCY COLLECTION
- [x] PAYROLL DEDUCTION *(Specify type)*
  - [ ] 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD
  - [x] 1 (NO.) DEDUCTIONS BEGINNING WITH PAY PERIOD 09/98
  - [ ] 2% OF SALARY RATE OR 1/12 OF ACCOUNTS RECEIVABLE NET

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674 A/R, THE EMPLOYEE WAS GIVEN AREASONABLE TIME TO RESPOND.

Payroll information correct in accordance with B/C Rule 660.

(7) COMPLETED BY: COMPLETE

TELEPHONE NUMBER AND EXTENSION ( ) COMPLETE

FROM (Agency Name) COMPLETE

AUTHORIZED SIGNATURE COMPLETE

DATE SIGNED

ATTACHMENT (Revised 03/02)

ATTACHMENT I-1 SAMPLE 8B

PAYROLL ADJUSTMENT NOTICE—ACCOUNTS RECEIVABLE (A/R)

STD. 674 A/R (REV. 5-99)

DOCUMENT NUMBER 3 OF 3

(1) TO STATE CONTROLLER'S OFFICE:

- [ ] ADMIN. & DISBURSEMENTS
- [x] PPSD/PAYROLL SERVICES

PPSD UNIT DESTINATION:

- [x] PAYROLL
- [ ] BENEFITS
- [ ] DISABILITY
- [ ] W-2/Non USPS
- [ ] RETIREMENT
- [ ] DEDUCTIONS

(2) SOCIAL SECURITY NUMBER: COMPLETE

(3) NAME: COMPLETE

(4) POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1		COMPLETE		
2				

CHANGE METHOD OF COLLECTION

- [ ] FROM AGENCY COLLECTION TO PAYROLL DEDUCTION - ***BALANCE TO BE COLLECTED*** $ _____ NET
- [ ] FROM PAYROLL DEDUCTION TO AGENCY COLLECTION - ***BALANCE TO BE COLLECTED*** $ _____ NET
- [ ] REVERSE PAYROLL DEDUCTION A/R
  PLEASE REFUND AMOUNT COLLECTED $ _____ NET
- [ ] OVER-COLLECTION OF PAYROLL DEDUCTION A/R - PAY PERIODS OF DEDUCTION _____
  PLEASE REFUND AMOUNT COLLECTED $ _____ NET
- [ ] REVERSE AGENCY COLLECTION A/R

REMARKS:

EMPLOYEE IS OVERPAID IN PAY PERIODS 3/98 - 5/98. PLEASE RECOVER THESE A/R'S IN PAY PERIOD ORDER, BEGINNING WITH 3/98. RECOVER ONE TOTAL OVERPAYMENT PER PAY PERIOD.

(5) **ESTABLISH/CORRECT/ADJUST AS INDICATED BELOW:**

- [x] ACCOUNTS RECEIVABLE
- [ ] REDEPOSIT WITH A/R
- [ ] TRANSFER OF FUNDS WITH A/R

DATES/HOURS ON DOCK:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

(6)

	POSITION	ISSUE DATE MO.	ISSUE DATE DAY	ISSUE DATE YR.	PAY PERIOD T	PAY PERIOD MO.	PAY PERIOD YR.	SALARY TYPE	SALARY FULL	TIME WORKED STD.	TIME WORKED DAYS	TIME WORKED HOURS	APPT. FRAC.	GROSS TYPE	PMT. TYPE	PAY SUFFIX	ADJ. CODE	EARNINGS I.D.	SHIFT CODE	GROSS	NET PAY	ACCT. REC. OR WARRANT NO.	RELEASED	RETURNED	HELD BY CONTROLLER
A PMT. PER SCO WRNT. REG.		06	01	98	0	05	98	1	3500.00	1				1	0	0	0			3500.00	2850.00	01-234543	X		
B PMT. S/B					0	05	98	1	3200.00	1				1	0	0	0			3200.00					
C OVER-PMT.					0	05	98	1	300.00											300.00					

OVERPAYMENT TO BE RECOVERED BY:

- [ ] AGENCY COLLECTION
- [x] PAYROLL DEDUCTION *(Specify type)*
  - [ ] 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD
  - [x] 1 (NO.) DEDUCTIONS BEGINNING WITH PAY PERIOD 10/98
  - [ ] 2% OF SALARY RATE OR 1/12 OF ACCOUNTS RECEIVABLE NET

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674 A/R, THE EMPLOYEE WAS GIVEN AREASONABLE TIME TO RESPOND.

Payroll information correct in accordance with B/C Rule 660.

(7) COMPLETED BY: COMPLETE

TELEPHONE NUMBER AND EXTENSION: ( ) COMPLETE

FROM (Agency Name): COMPLETE

AUTHORIZED SIGNATURE: COMPLETE

DATE SIGNED:

ATTACHMENT (Revised 03/02)

ATTACHMENT I-1 SAMPLE 9

PAYROLL ADJUSTMENT NOTICE—ACCOUNTS RECEIVABLE (A/R)

STD. 674 A/R (REV. 5-99)

DOCUMENT NUMBER 1 OF 3

(1) TO STATE CONTROLLER'S OFFICE:

- [ ] ADMIN. & DISBURSEMENTS
- [x] PPSD/PAYROLL SERVICES

PPSD UNIT DESTINATION:

- [x] PAYROLL
- [ ] BENEFITS
- [ ] DISABILITY
- [ ] W-2/Non USPS
- [ ] RETIREMENT
- [ ] DEDUCTIONS

(2) SOCIAL SECURITY NUMBER	(3) NAME
COMPLETE	COMPLETE

	(4) POSITION NUMBER			
	AGENCY	UNIT	CLASS	SERIAL
1		COMPLETE		
2				

CHANGE METHOD OF COLLECTION

- [ ] FROM AGENCY COLLECTION TO PAYROLL DEDUCTION - ***BALANCE TO BE COLLECTED*** $ _____ NET
- [ ] FROM PAYROLL DEDUCTION TO AGENCY COLLECTION - ***BALANCE TO BE COLLECTED*** $ _____ NET
- [ ] REVERSE PAYROLL DEDUCTION A/R
  PLEASE REFUND AMOUNT COLLECTED $ _____ NET
- [ ] OVER-COLLECTION OF PAYROLL DEDUCTION A/R - PAY PERIODS OF DEDUCTION _____
  PLEASE REFUND AMOUNT COLLECTED $ _____ NET
- [ ] REVERSE AGENCY COLLECTION A/R

REMARKS:

EMPLOYEE IS OVERPAID IN PAY PERIODS 3/98 - 5/98.
PLEASE RECOVER EACH A/R OVER TWO PAY PERIODS.

(5) **ESTABLISH/CORRECT/ADJUST AS INDICATED BELOW:**

- [ ] ACCOUNTS RECEIVABLE
- [ ] REDEPOSIT WITH A/R
- [ ] TRANSFER OF FUNDS WITH A/R

DATES/HOURS ON DOCK:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

(6)

	POSITION	ISSUE DATE MO.	ISSUE DATE DAY	ISSUE DATE YR.	PAY PERIOD T	PAY PERIOD MO.	PAY PERIOD YR.	SALARY TYPE	SALARY FULL	TIME WORKED STD.	TIME WORKED DAYS	TIME WORKED HOURS	APPT. FRAC.	GROSS TYPE	PMT. TYPE	PAY SUFFIX	ADJ. CODE	EARNINGS I.D.	SHIFT CODE	GROSS	NET PAY	ACCT. REC. OR WARRANT NO.	RELEASED	RETURNED	HELD BY CONTROLLER
A PMT. PER SCO WRNT. REG.		04	01	98	0	03	98	1	3500.00	1				1	0	0	0			3500.00	2850.00	02-987345	X		
B PMT. S/B					0	03	98	1	3200.00	1										3200.00					
C OVER-PMT.					0	03	98		300.00											300.00					

OVERPAYMENT TO BE RECOVERED BY:

- [ ] AGENCY COLLECTION
- [x] PAYROLL DEDUCTION *(Specify type)*
  - [ ] 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD
  - [x] 2 (NO.) DEDUCTIONS BEGINNING WITH PAY PERIOD 08/98
  - [ ] 2% OF SALARY RATE OR 1/12 OF ACCOUNTS RECEIVABLE NET

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674 A/R, THE EMPLOYEE WAS GIVEN AREASONABLE TIME TO RESPOND.

Payroll information correct in accordance with B/C Rule 660.

(7) COMPLETED BY COMPLETE

TELEPHONE NUMBER AND EXTENSION ( ) COMPLETE

FROM (Agency Name) COMPLETE

AUTHORIZED SIGNATURE COMPLETE

DATE SIGNED

ATTACHMENT (Revised 03/02) **ATTACHMENT I-1 SAMPLE 9A**

PAYROLL ADJUSTMENT NOTICE—ACCOUNTS RECEIVABLE (A/R)

STD. 674 A/R (REV. 5-99)

DOCUMENT NUMBER 2 OF 3

(1) TO STATE CONTROLLER'S OFFICE:

- [ ] ADMIN. & DISBURSEMENTS
- [x] PPSD/PAYROLL SERVICES

PPSD UNIT DESTINATION:

- [x] PAYROLL
- [ ] BENEFITS
- [ ] DISABILITY
- [ ] W-2/Non USPS
- [ ] RETIREMENT
- [ ] DEDUCTIONS

(2) SOCIAL SECURITY NUMBER: COMPLETE

(3) NAME: COMPLETE

(4) POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1		COMPLETE		
2				

CHANGE METHOD OF COLLECTION

- [ ] FROM AGENCY COLLECTION TO PAYROLL DEDUCTION - ***BALANCE TO BE COLLECTED*** $ _____ NET
- [ ] FROM PAYROLL DEDUCTION TO AGENCY COLLECTION - ***BALANCE TO BE COLLECTED*** $ _____ NET
- [ ] REVERSE PAYROLL DEDUCTION A/R
  PLEASE REFUND AMOUNT COLLECTED $ _____ NET
- [ ] OVER-COLLECTION OF PAYROLL DEDUCTION A/R - PAY PERIODS OF DEDUCTION _____
  PLEASE REFUND AMOUNT COLLECTED $ _____ NET
- [ ] REVERSE AGENCY COLLECTION A/R

REMARKS:

EMPLOYEE IS OVERPAID IN PAY PERIODS 3/98 - 5/98.
PLEASE RECOVER EACH A/R OVER TWO PAY PERIODS.

(5) ESTABLISH/CORRECT/ADJUST AS INDICATED BELOW:

- [x] ACCOUNTS RECEIVABLE
- [ ] REDEPOSIT WITH A/R
- [ ] TRANSFER OF FUNDS WITH A/R

DATES/HOURS ON DOCK:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

(6)

	POSITION	ISSUE DATE MO.	ISSUE DATE DAY	ISSUE DATE YR.	PAY PERIOD T	PAY PERIOD MO.	PAY PERIOD YR.	SALARY TYPE	SALARY FULL	TIME WORKED STD.	TIME WORKED DAYS	TIME WORKED HOURS	APPT. FRAC.	GROSS TYPE	PMT. TYPE	PAY SUFFIX	ADJ. CODE	EARNINGS I.D.	SHIFT CODE	GROSS	NET PAY	ACCT. REC. OR WARRANT NO.	RELEASED	RETURNED	HELD BY CONTROLLER
A PMT. PER SCO WRNT. REG.		05	01	98	0	04	98	1	3500.00	1				1	0	0	0			3500.00	2850.00	02-345098	X		
B PMT. S/B					0	04	98	1	3200.00	1				1	0	0	0			3200.00					
C OVER-PMT.					0	04	98	1	300.00											300.00					

OVERPAYMENT TO BE RECOVERED BY:

- [ ] AGENCY COLLECTION
- [x] PAYROLL DEDUCTION *(Specify type)*
  - [ ] 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD
  - [x] 2 (NO.) DEDUCTIONS BEGINNING WITH PAY PERIOD 10/98
  - [ ] 2% OF SALARY RATE OR 1/12 OF ACCOUNTS RECEIVABLE NET

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674 A/R, THE EMPLOYEE WAS GIVEN AREASONABLE TIME TO RESPOND.

Payroll information correct in accordance with B/C Rule 660.

(7) COMPLETED BY: COMPLETE

TELEPHONE NUMBER AND EXTENSION: ( ) COMPLETE

FROM (Agency Name): COMPLETE

AUTHORIZED SIGNATURE: COMPLETE

DATE SIGNED:

ATTACHMENT (Revised 03/02) **ATTACHMENT I-1 SAMPLE 9B**

PAYROLL ADJUSTMENT NOTICE—ACCOUNTS RECEIVABLE (A/R)

STD. 674 A/R (REV. 5-99)

DOCUMENT NUMBER 3 OF 3

(1) TO STATE CONTROLLER'S OFFICE:

- [ ] ADMIN. & DISBURSEMENTS
- [x] PPSD/PAYROLL SERVICES

PPSD UNIT DESTINATION:

- [x] PAYROLL
- [ ] BENEFITS
- [ ] DISABILITY
- [ ] W-2/Non USPS
- [ ] RETIREMENT
- [ ] DEDUCTIONS

(2) SOCIAL SECURITY NUMBER: COMPLETE

(3) NAME: COMPLETE

(4) POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1		COMPLETE		
2				

CHANGE METHOD OF COLLECTION

- [ ] FROM AGENCY COLLECTION TO PAYROLL DEDUCTION - ***BALANCE TO BE COLLECTED*** $ _____ NET
- [ ] FROM PAYROLL DEDUCTION TO AGENCY COLLECTION - ***BALANCE TO BE COLLECTED*** $ _____ NET
- [ ] REVERSE PAYROLL DEDUCTION A/R
  PLEASE REFUND AMOUNT COLLECTED $ _____ NET
- [ ] OVER-COLLECTION OF PAYROLL DEDUCTION A/R - PAY PERIODS OF DEDUCTION _____
  PLEASE REFUND AMOUNT COLLECTED $ _____ NET
- [ ] REVERSE AGENCY COLLECTION A/R

REMARKS:

EMPLOYEE IS OVERPAID IN PAY PERIODS 3/98 - 5/98.
PLEASE RECOVER EACH A/R OVER TWO PAY PERIODS.

(5) ESTABLISH/CORRECT/ADJUST AS INDICATED BELOW:

- [x] ACCOUNTS RECEIVABLE
- [ ] REDEPOSIT WITH A/R
- [ ] TRANSFER OF FUNDS WITH A/R

DATES/HOURS ON DOCK:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

(6)

	POSITION	ISSUE DATE MO.	ISSUE DATE DAY	ISSUE DATE YR.	PAY PERIOD T	PAY PERIOD MO.	PAY PERIOD YR.	SALARY TYPE	SALARY FULL	TIME WORKED STD.	TIME WORKED DAYS	TIME WORKED HOURS	APPT. FRAC.	GROSS TYPE	PMT. TYPE	PAY SUFFIX	ADJ. CODE	EARNINGS I.D.	SHIFT CODE	GROSS	NET PAY	ACCT. REC. OR WARRANT NO.	RELEASED	RETURNED	HELD BY CONTROLLER
A PMT. PER SCO WRNT. REG.		06	01	98	0	05	98	1	3500.00	1				1	0	0	0			3500.00	2850.00	02-789987	X		
B PMT. S/B					0	05	98	1	3200.00	1				1	0	0	0			3200.00					
C OVER-PMT.					0	05	98	1	300.00											300.00					

OVERPAYMENT TO BE RECOVERED BY:

- [ ] AGENCY COLLECTION
- [x] PAYROLL DEDUCTION *(Specify type)*
  - [ ] 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD
  - [x] 2 (NO.) DEDUCTIONS BEGINNING WITH PAY PERIOD 12/98
  - [ ] 2% OF SALARY RATE OR 1/12 OF ACCOUNTS RECEIVABLE NET

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674 A/R, THE EMPLOYEE WAS GIVEN AREASONABLE TIME TO RESPOND.

Payroll information correct in accordance with B/C Rule 660.

(7) COMPLETED BY: COMPLETE

TELEPHONE NUMBER AND EXTENSION ( ) COMPLETE

FROM (Agency Name) COMPLETE

AUTHORIZED SIGNATURE COMPLETE

DATE SIGNED

STEVE WESTLY
California State Controller

Date: Agency/Unit

Dear: SSN:

The repayment by an employee to the State of California for an overpayment of wages (account receivable) is normally reflected as a wage decrease on the Form W-2, Wage or Tax Statement issued by the State Controller's Office. However, your Form W-2 does not reflect this information since the total account(s) receivable gross amount you repaid exceeds the reportable wages you were issued in 20__.

Therefore, we are providing the following information, which represents the account(s) receivable you repaid during the 20__ tax year:

1. Account Receivable #(s) _____, for the _____, pay period(s) were repaid by you during the 20__ tax year.
2. Total gross amount repaid: $_____.

NOTE: Gross amount repaid is the amount that would normally have been reflected in your Form W-2.

Please contact your local Internal Revenue Service or Franchise Tax Board Office for information on how to reflect this information on your tax returns.

If you have any questions regarding this letter, please contact Payroll Operations W-2 Unit at (916) 322-8100.

Sincerely,

Don Ward, Manager
Personnel/Payroll Operations

DW:W-2

Enclosure

ATTACHMENT **ATTACHMENT I-4**
(Revised 01/03

STEVE WESTLY
California State Controller

Date: Agency/Unit

Dear: SSN:

The repayment by an employee to the State of California for an overpayment of wages (account receivable) is normally reflected as a wage decrease on the Form W-2, Wage or Tax Statement issued by the State Controller's Office. However, since you had no reportable wages for the 20__ tax year, no Form W-2 will be issued:

Therefore, we are providing the following information, which represents the account(s) receivable you repaid during the 20__ tax year.

1. Account Receivable #(s) _____, for the _____, Pay Period(s) were repaid by you during the 20__ tax year.
2. Total Gross Amount Repaid: $_____.

NOTE: Gross amount repaid is the amount that would normally have been reflected in your Form W-2.

Please contact your local Internal Revenue Service or Franchise Tax Board Office for information on how to reflect this information on your tax returns.

If you have any questions regarding this letter, please contact Payroll Operations W-2 Unit at (916) 322-8100.

Sincerely,

Don Ward, Manager
Personnel/Payroll Operations

DW:W-2

Enclosure

STEVE WESTLY, STATE CONTROLLER

STATE OF CALIFORNIA

DIRECT DEPOSIT ADVICE

DIRECT DEPOSIT NUMBER
07-999999

CD39A REV. 8/00

AMOUNT DEPOSITED	DOLLARS	CENTS
	$ *2661	.24

TO M B HUNT

999 - 999
AGENCY UNIT

NOT NEGOTIABLE

STEVE WESTLY
STATE CONTROLLER

When changing accounts or financial institutions, notify your personnel office immediately.
Do not close your old account until you have received your first payment in your new account.

STATE OF CALIFORNIA — STATEMENT OF EARNINGS AND DEDUCTIONS — OFFICE OF STATE CONTROLLER

M B HUNT
AGY/UNIT 999-999
TAX YEAR 01
TAX STATUS FED M-02 STATE M-02

PAY PERIOD 10/01
ISSUE DATE 10/31/01

SOC SEC NO -9999
DIRECT DEP# 99-999999
BANK TRANSIT 999999999

	GROSS PAY	TAXABLE GROSS	DEDUCTIONS	NET PAY
CURRENT [1]	5480.00	4748.46	1456.07	2661.24
YEAR-TO-DATE	60280.00			

EARNINGS	DAYS	HOURS	GROSS	DEDUCTIONS	AMOUNT
REGULAR			5480.00	FEDERAL TAX	568.46
				STATE TAX	136.85
				*RETIREMENT	248.35
				SOC SEC	331.50
				MEDICARE	77.53
				* F BLUESHLD	87.32
				* PARKING	37.00
				* 457 PLAN	200.00
				* 401K PLAN	150.00
				PT MUGO CU	634.00
				SVGS BOND	100.00
				CHTBL CNTRB	5.00
				FED TAX ADJ	150.00
				ST TAX ADJ	50.00
				FS-CSEA	42.75

EMPLOYER CONTRIBUTIONS (current and adjustments)

RETIREMENT	SOC SEC	HLTH/FLEX
228.30	331.50	346.00
MEDICARE		
77.53		

9/01	BEG BAL	CREDIT	USED	MISC	10/01 BEGIN
ANNUAL	607.00	20.00	0.00	0.00	587.00
SICK LV	450.00	0.00	0.00	0.00	450.00
PH	1.00	0.00	0.00	0.00	1.00 UNITS
HOL CR	8.00	0.00	0.00	0.00	8.00

*THE STATE CONTROLLER REMINDS EVERYONE THAT "YOUTH AND AIDS IN THE 21ST CENTURY" IS THE THEME FOR WORLD AIDS DAY, WHICH WILL BE OBSERVED ON 12/1/01. VISIT THE OFFICE OF AIDS WEBSITE AT HTTP://WWW.DHS.CA.GOV/AIDS/ FOR INFO.

CD 39A (rev 8/00) [1] Year-to-date gross on final earnings statement may not agree with W-2.
* Amounts which affect taxable gross.

ATTACHMENT
(Revised 03/02)

ATTACHMENT I-7

TO: STATE CONTROLLER'S OFFICE

FROM: AGENCY/CAMPUS

TAX AND WAGE REPORTING FOR INDEPENDENT CONTRACTORS RECLASSIFIED AS EMPLOYEES

NAME/SSN	POSITION NUMBER	TIME PAID	GROSS	FIT	SS/MED	(EE/ER)
PT CRUISER 000-00-0000	051-000-0000-000	1/1/01-12/31/01	78,152.98	21,882.83	5,978.70	5,978.70
SD WORKER 000-00-0000	051-000-0000-000	6/1/00-12/21/00	35,014.25	9,803.99	2,678.59	2,678.59
		1/1/01-06/30/01	36,123.01	10,114.44	2,763.41	2,763.41
		TOTAL TAXES		41,801.26	11,420.70	11,420.70
		TOTAL AGENCY REMITTANCE			64,642.66	

TO: EMPLOYMENT DEVELOPMENT DEPARTMENT
EMPLOYMENT STATUS UNIT

FROM: AGENCY/CAMPUS

WAGE REPORTING FOR UNEMPLOYMENT INSURANCE PURPOSES

2001	1ST QUARTER	2ND QUARTER	3RD QUARTER	4TH QUARTER
PT CRUISER 000-00-0000	19,538.24	19,538.24	19,538.25	19, 538.25
SD WORKER 000-00-0000	18,061.50	18,061.51		

cc: TSS, SCO

TO: Recipient of Warrants for
Deceased Employee
_____

FROM: Agency/Campus Name

The attached warrant(s) represent payments (e.g. remaining salary amounts, lump sum vacation, etc.) due the above named employee. While this office cannot provide tax advice, these payments may be taxable, but are not subject to Federal or State Income Tax withholding. If taxes were withheld, a refund will be issued. Payments issued in the year of death are subject to applicable Social Security and/or Medicare withholding. Payments issued in years following death are not subject to Social Security and/or Medicare withholding. If Social Security/Medicare were withheld, a refund will be issued.

You will receive a Form 1099-MISC stating these payments were released to you, in your Social Security Number (or Taxpayer Identification Number).

PLEASE DIRECT ANY TAX QUESTIONS TO YOUR TAX CONSULTANT.

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
HOLTSVILLE NY 00501

DATE OF THIS NOTICE: 09

NUMBER OF THIS NOTICE:
EMPLOYER IDENTIFICATION NUMBER: 22-6670158
FORM: SS-4
1916726678 B

FOR ASSISTANCE CALL US AT: 1-800-829-1040

OR WRITE TO THE ADDRESS SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 22-6670158. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following forms(s) by the date we show.

Form 1041 04/15/96

If the due date has passed please complete the form and send it to us by 10-13-95. If we don't receive the form by that date additional penalties and interest will be charged. If you weren't in business or didn't hire employees for the tax period shown, please file the form showing that you have no liability.

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have any questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.

Thank you for your cooperation.

ATTACHMENTS
(Revised 03/02)

ATTACHMENT I-10

State Controller's Office

DECEASED EMPLOYEE DATA

SUBMIT COMPLETED FORM TO:

State Controller's Office
W-2 Unit

PLEASE TYPE OR PRINT CLEARLY
COMPLETION INSTRUCTIONS ARE ON THE REVERSE.
Submit only original.

SECTION I DECEASED EMPLOYEE DATA

Name	Date of Death	Social Security Number	Agency/Unit

SECTION II BENEFICIARY/DESIGNEE DATA

Social Security Number (or Taxpayer Identification Number)
Name
Street Address
City, State, Zip Code

SECTION III WARRANT DATA

Issue Date	Warrant Taxable Gross Amount	Warrant Number
Total taxable Gross Amount		**State code**

SECTION IV AUTHORIZED SIGNATURE

I certify that I am duly authorized by the herein named state agency to make this report and certification; that data stated herein is correct, complete and in accordance with all laws and regulations.

Agency/Campus Name	
Reporting Officer's Signature	Date Signed
Name and telephone number of individual completing this request.	(Include Area Code or use CALNET)

FOR SCO USE ONLY

Key Entry Data	Keyed by	Verified by

ATTACHMENT (Revised 03/02) **ATTACHMENT I-11**

State Controller's Office

DECEASED EMPLOYEE DATA

State Controller's Office
W-2 Unit

INSTRUCTIONS

Please type or print clearly. Complete all required information for each line.
Do not enter ditto marks to indicate duplicate line information.

SECTION I DECEASED EMPLOYEE DATA

Enter the deceased employee's first and middle initials followed by surname.
Enter the deceased employee's date of death.
Enter the deceased employee' social Security Number.
Enter the deceased employee's agency and unit numbers.

SECTION II BENEFICIARY/DESIGNEE DATA

Enter the beneficiary/designee's Social Security Number. If the beneficiary/designee is an estate rather than an individual, report (from Federal Form W-9, Request for Taxpayer Identification Number and Certification or Form SS-4, Application for Employer Identification Number) the Taxpayer Identification Number.

Enter the beneficiary/designee's first and middle initials followed by surname from Form STD. 243, Designation of Person Authorized to Receive Warrants, or directly from the beneficiary/designee. If the beneficiary/designee is an estate rather than an individual, enter the name as indicated on Federal Form W-9 or Form SS-4.
Enter the beneficiary/designee's street address, city, state, and zip code.

SECTION III WARRANT DATA

Enter the issue date. DO NOT include payments issued before the date of death (S95 transaction) but released to the beneficiary/designee. All reported payments must be issued after the date of death. DO NOT include tax (Federal, State, Social Security, or Medicare) refund warrants issued by the State Controller's Office.
Enter the warrant taxable gross amount for each payment released to the beneficiary/designee. Taxable gross is displayed on the Payment Detail Screen. Taxable gross is identified as "Gross Amount" found next to the Federal/State Income Tax amounts. (To manually compute the taxable gross amount, subtract retirement, deferred compensation, flex benefits and/or code 035 deductions from the gross amount of the payment. All amounts which affect taxable gross have an asterisk (*) after them.)
Enter the warrant number for each payment.
Enter the total taxable gross amount of all warrants released to the beneficiary/designee.
Enter the State Code (CA, NY, IL, or leave blank).

SECTION IV AUTHORIZED SIGNATURE

Enter the agency/campus name.
Signature of the reporting officer is required.
Enter the current date.
Enter the name and telephone number of the person completing the form.

FORM W-2 REPORTING **CHART I**

EFFECTIVE 2001 & FUTURE
(Note: 2000 & prior refer to Charts III & IV)

Reimbursements are included in the following Form W-2 boxes:

Box	Title	Reported
1	Wages, tips other compensation	YES
2	Federal income tax withheld	YES
3	Social Security wages	YES
4	Social Security tax withheld	YES
5	Medicare Wages and tips	YES
6	Medicare tax withheld	YES
16	State wages, tips, etc.	YES
17	State income tax	YES
Special Reporting:		
14	Benefits included in box 1	YES

FORM W-2 REPORTING **CHART II**

EFFECTIVE 2001 & FUTURE
(Note: 2000 & prior refer to Charts III & IV)

Reimbursements are included in the following Form W-2 boxes:

Box	Title	Reported
1	Wages, tips other compensation	YES
2	Federal income tax withheld	YES
3	Social Security wages	YES
4	Social Security tax withheld	YES
5	Medicare Wages and tips	YES
6	Medicare tax withheld	YES
16	State wages, tips, etc. (California/New York Only)	NO
17	State income tax (California/New York Only)	NO
Special Reporting:		
14	Benefits included in box 1	YES

FORM W-2 REPORTING **CHART III**

Refers to 2000 & prior years

Reimbursements are included in the following Form W-2 boxes:

Box	Title	Reported
1	Wages, tips other compensation	YES
2	Federal income tax withheld	YES
3	Social Security wages	YES
4	Social Security tax withheld	YES
5	Medicare Wages and tips	YES
6	Medicare tax withheld	YES
17	State wages, tips, etc.	YES
18	State income tax	YES
Special Reporting:		
12	Benefits included in box 1	YES

FORM W-2 REPORTING **CHART IV**

Refers 2000 & prior years

Reimbursements are included in the following Form W-2 boxes:

Box	Title	Reported
1	Wages, tips other compensation	YES
2	Federal income tax withheld	YES
3	Social Security wages	YES
4	Social Security tax withheld	YES
5	Medicare Wages and tips	YES
6	Medicare tax withheld	YES
17	State wages, tips, etc.	NO
18	State income tax	NO
Special Reporting:		
12	Benefits included in box 1	YES

Fringe Benefit Processing and Special Accounting Period

Received Benefit	Submitted Form 676V	Withheld FIT/SIT	Reported on Form W=2	Comments
December 1998	January 1 – 10 1999	Yes	Yes	Issue Date must be 1/1/99
January	February 1 – 10	Yes	Yes	
February	March 1 – 10	Yes	Yes	
March	April 1 – 10	Yes	Yes	
April	May 1 – 10	Yes	Yes	
May	June 1 – 10	Yes	Yes	
June	July 1 – 10	Yes	Yes	
July	August 1 – 10	Yes	Yes	
August	September 1 - 10	Yes	Yes	
September	October 1 – 10	Yes	Yes	
October	November 1 – 10	Yes	Yes	
November	December 1 - 4	No	Yes	Only SS/Med Withheld.
November	December 11 - 22	No	Yes	A/R established for SS/Med.
November	January 1, 2000 or later	No	No	Corrected W-2 generated.