STATE CONTROLLER'S OFFICE
PERSONNEL/PAYROLL SERVICES DIVISION
PAYROLL OPERATIONS
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PAYROLL PROCEDURES MANUAL

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AUTOMATED LIST MANAGEMENT SYSTEM - MAJORDOMO
How to: (www.sco.ca.gov/ppsd/scoltrs/listserv.pdf)
To subscribe/unsubscribe: (Majordomo@srv1.sco.ca.gov)

MAY 2004 VERSION

NAVIGATING / DOWNLOADING THE PPM

NAVIGATING THE PPM

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NAVIGATING / DOWNLOADING THE PPM

(Rev. 01/03)

DOWNLOADING THE PPM

(Per Payroll Letter 01-024, dated December 2001)

The manual may be downloaded to your personal computer, as navigation through the manual and the "find" feature will be faster. There are two ways to download the PPM to your personal computer depending upon the browser you are using.

From the Web site (http://www.sco.ca.gov/ppsd/ppm), place your cursor on the version you want to download. If you are using Netscape, users should right click for the drop down menu to "save link as"; Internet Explorer users should right click for the drop down menu to "save target as". Save to your Desktop or a file of your choice. Once downloaded to your personal computer, navigation is easy. You can click on the front Title page of the document to go to a specific section, or go to the Table of Contents. Within the Table of Contents, you can click a section and that specific section of the manual will be displayed. In addition, the "find" feature will locate all references to a particular word or phrase. To initiate a find command, click on Edit, click on Find, complete the required information, and click on Find. The section containing the find word or phrase will be displayed. To access the next reference, click on Find Next.

There are no further paper revisions to the PPM, only the Internet versions.

The Internet version is updated monthly and users subscribed to the Automated List Management system (Majordomo), will be notified when the revision is available on the Internet. The e-mail will identify those sections of the PPM that were revised. You then have the option to download the updated PPM to your personal computer.

We hope you find this new process beneficial. If you have any suggestions or comments, please email them to tyarbrough@sco.ca.gov .

PPM Questions and Answers: **(New 09/02)**

FYI: The Controller's Office no longer provides hard copies of the revisions or hard copies of the complete PPM manual. The only versions available are out on the State Controller's Office web site (www.sco.ca.gov/ppsd/ppm).

Q: # 1

- Is there a way I can just print the revision to the PPM to update my manual instead of having to go to the Internet to check?

Q: # 2
- Would it be possible to include the actual pages that are being revised?

A: #1 & 2
No.
Each monthly revision is incorporated into an automated version. The manual is formatted in a continuous PDF document file. Each time the manual is revised the page numbers in the PDF document file change, which in turn changes where the information falls. Hence the manual is different each time it is revised.

A monthly PPM Memo is sent out separate from the new monthly Internet revision. The Memo defines the sections and subject matter being revised for that particular month. By subscribing to the Majordomo distribution list (csescodc), on the Internet via e-mail, the monthly PPM Memo will notify the department when the revision is available.

Q: #3
- When I try to go into the file with attachments only, I just get a blank screen:

A: # 3
The Internet Attachments Only version of the PPM has various forms and tables with complex formatting. You may get a blank page because it takes some time for it to open or download. Give it ample time for this function.

Q: # 4
- Is there a specific date the PPM will be updated monthly?

A: # 4
Yes, the new version is available the first week of each month.

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Warrants, Distribution of . . . . . A 001
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- Y -

Year End Settlement . . . . . F 001

GLOSSARY/ACRONYM

(Revised 10/02)

- A -

ACADEMIC CALENDAR — Lists actual work days/holidays by month, quarter, semester, and year for academic employees in CSU and Department of Education, Special Schools. Used

	in lieu of "Nearly Equal Pay Period."
ACADEMIC EMPLOYEE	Employees who teach for an academic year but receive payments for 12 months each year. Work days are based on the academic year calendar for each campus. May be employed in CSU or Department of Education, Special Schools. Use 1/210 or 1/1680 dock formula.
ACTIVE BATCH	A Batch that is Empty, Saved or Closed.
ADDITIONAL POSITION	A position in addition to employee's primary employment. Additional position may be with the same or different appointing power. May be appointed to the same or different tenure or time base.
AGENCY CODE	A three-digit numeric code assigned to a agency/department that identifies that agency for personnel/payroll use.
ALTERNATE FUNDING	Position number other than the employee's regular position number where pay is to be issued from; (e.g. the blanket serial number for overtime pay).
ALTERNATE FUNDING CODE	An operator assigned code (alpha or numeric) which identifies the alternate funding position number entered on the BATCH ENTRY screen.
APPOINTING POWER	A person or group (such as an agency/department) defined by statute that has the authority to make appointments.
AUDIT (Payroll Use)	1. A manual examination/review of documents by Payroll Operations for compliance with legal/system requirements. 2. An electronic data process with programmed audit conditions.
AUTHORIZED SIGNATURE (Reporting Officer)	Signature of person authorized by each Appointing Power (or deputy) to sign various types of payroll documents, certifying that the information is complete, correct, and in accordance with all laws and regulations.

- B -

BATCH BALANCE STATUS	Identifies if a batch is in balance (IN) or out of balance (OUT) on the BATCH ENTRY/BATCH INQUIRY screen.
BATCH CREATION METHOD	Identifies whether a batch is scratch (S) or preloaded

(BCH CREATE MTHD)	(P) from the BATCH DIRECTORY or BATCH SELECTION screens.
BATCH DIRECTORY (DIR)	Provides a list of closed, saved, empty, deleted and processed batches that may be selected for detail inquiry.
BATCH ENTRY	The screen used to enter the batch totals and any Alternate Funding information if applicable on this screen.
BATCH ENTRY (ENT)	Selection on the T/A Menu screen which allows the operator to enter or re-enter a batch.
BATCH IDENTIFIER (BATCH ID)	Assigned number to identify a batch.
BATCH INQUIRY (BCH)	Is the Inquiry screen containing the same information as the BATCH ENTRY screen.
BATCH SELECTION (SEL)	Provides a list of closed, saved and empty batches that may be selected for detail update, will only display deleted and processed batches when requested in Batch Status field.
BATCH STATUS	Identifies the status of a batch as closed (CLS), saved (SAV), empty (EMP), deleted (DEL), or processed (PRC).
BIWEEKLY	Biweekly refers to a pay plan of two-week increments paid on positive pay. Currently only for Department of Water Resources hydroelectric plant employees.
BONA FIDE ASSOCIATION	Groups of state employees or former state employees whose primary purpose is not to represent employees in employer/employee relations with the state.
BUDGET FUNCTION CODE	Three-digit code in lieu of reporting unit code. Identifies a group of employees reporting under a single budgetary control.
BUSINESS MONTH	Accounting period used by SCO. It includes all payroll warrants and adjustments issued from the second of one month through the first of the following month.

- C -

CASUAL EMPLOYMENT	Employees in the trades and crafts paid at prevailing trade rates.
CBID	Collective Bargaining Identification Designation - identifies group representing each employee for

	employee/employer relations with the state.
CC	Civil Code (State of California)
CCP	Civil Code of Procedures (State of California)
CIVIL SERVICE	A system of employment used in state service by which appointments are usually determined through competitive examinations.
CLEAR KEY	Used to cancel the request and return the operator to the Time and Attendance Menu screen. Also used to signoff the Time and Attendance System.
CLOSE COMMAND (CLS)	A data entry command; used to close a batch for processing.
COMPUTER-GENERATED	Information produced automatically by the computer from the Employment History or Payroll files.
CONTROL AGENCY	Term used to refer to those state agencies that by law, regulation, or policy exercise control over other agencies; e.g., DOF, DPA, SPB, SCO.
CONTROL KEYS	Pre-programmed keys which perform specific functions.
COPY COMMAND (CPY)	A data entry command; used to create a duplicate copy of any existing batch.
CREATE DATE	The date the batch was created.
CRT	Cathode Ray Tube is a device equipped with a keyboard and display screen used to update and request information from computers. Also referred to as a "terminal".
CSU	California State University
CUTOFF DATE	Final day each pay period for submitting/processing documents affecting payroll for monthly/semimonthly employees.

- D -

DATA BASE	Collection of data organized for rapid search and retrieval by computer.
DECENTRALIZED	Process whereby agency/campus may enter personnel/payroll information on-line.
DELETE COMMAND (DEL)	A data entry command; used to delete a batch from

	processing.
DELETED BATCH (DEL)	A batch that is deleted/inactive. Inactive batches cannot be updated. Information can be accessed from the PIP Inquiry System.
DETAIL TRANSACTIONS	Refers to the Time and Attendance, Dock or Miscellaneous screens.
DGS	Department of General Services
DIRECT DEPOSIT	Method by which the State Controller's Office automatically deposits employee's payments into their designated bank accounts.
DOCK UPDATE (DCK)	Used to access a detail screen within a batch to key dock requests.
DOE	Department of Education
DOF	Department of Finance - a control agency responsible for funding state positions.
DPA	Department of Personnel Administration - a control agency that interprets and administers the statutes, rules, and procedures pertaining to salaries and benefits for civil service, Finance exempt, and statutory employees.
DUP KEY	Duplication of data. Duplicates information that is the same from the corresponding line on the previous record.

- E -

EAR	Employee Action Request (Std. 686) - a form used by all state employees to report employee information such as name, address, tax allowances, etc.
EARNINGS ID	A unique number or letter or set on numbers(s) and/or letter(s) up to 4 characters that identifies a specific type of pay.
EHDB	Employee History Data Base (see Employment History).
Enhanced NDI Calculator	The calculator computes the NDI pay and leave supplementation requirements based solely on the data. entered by the user. The calculator does not use employment history and payment history information. See Web site: http://www.sco.ca.gov/ppsd/endi/endi_calc.xls

EMPLOYEE INQUIRY (EI)	Used to inquire pay requests for a specific employee.
EMPLOYEE TIME CERTIFICATION (ETC)	Used to access a detail screen within a PIP batch to key employee time certifications (RETROACTIVE).
EMPLOYMENT HISTORY	Personnel records of employees maintained by PPSD, Personnel Operations, on a centralized computer data base.
EMPTY BATCH (EMP)	The status of a batch when no detail transactions were keyed or selected.
ERASE EOF KEY	Used to erase information within a field.
EXEMPT	Employees appointed or elected to state government positions without competing in the civil service examination process.
EXEMPT AUTHORITY	Salary setting bodies and/or appointing powers for exempt positions. Includes: DPA Exempts, Judicial Council, CSU, Conservation (CCC).
EXISTING BATCH	A Batch that is created and maintained on the PIP system. The Batch Status can be Empty (EMP), Saved (SAV), Closed (CLS), Deleted (DEL) or Processed (PRC).
EXTRACT	The method of pulling batches off of the system to process the data.

- F -

FC	Family Code (State of California)
FORMAT TYPE	Refers to the Time and Attendance, Dock and Miscellaneous Payroll formats.
FRACTIONAL TIME BASE	Six digits identifying the employee's time base if other than full-time, intermittent, or indeterminate. First three digits are the numerator; the last three digits the denominator; e.g., one half time = 001/002.

- G -

GC	Government Code (State of California)

- H -

HARD COPY	A printed paper copy of computer output in readable form.
HEADER (Payroll)	Indicates the name of the agency/campus, reporting

	unit, name of fund, identification of appropriation, (chapter, item number, etc.) and fiscal year. Always printed on warrant registers and attendance reports.
HEALTH BENEFITS	Health insurance available to state employees who qualify under PERS restrictions.

- I -

IDL	Industrial Disability Leave - a benefit paid in lieu of TD for members of PERS/STRS.
INACTIVE BATCH	A batch that has been processed (PRC) or deleted (DEL). Inactive batches cannot be updated. Information can be accessed from the PIP Inquiry System.
INTERCHANGEABLE CLASS	Used for specific classes to promote the policy of recruiting employees at entry level and promoting later to a journeyman level without additional budgetary action.
INTERFACE	The transfer of data/information between computer systems such as between Employment History and the Uniform State Payroll System

- J -

JRS	Judge's Retirement System
JUSTIFICATION (right/left)	Information placed in proper spaces; i.e., all information entered starting at left margin (left justification) or ending all information at same field on right margin (right justification).

- L -

LC	Labor Code (State of California)
LAST PAGE (LP)	Used only in the Update mode, this command will access the last page of a specific format.
LEAVE ACCOUNTING SYSTEM (LAS)	California Leave Accounting System.
LIAISON UNIT	A unit whose primary function is to receive and respond to telephone inquiries from agencies/campuses concerning documentation, interpretation of the PPM, etc.
LRS	Legislative Retirement System

- M -

MARS	Management Audit and Review Section - a section for internal auditing within SCO, Division of Audits.
MASS UPDATES	Actions affecting many or all records such as GSI, deduction changes, etc. may be processed automatically by SCO.
MASTER PAYROLL	Regular monthly payroll that is prepared as of cutoff date for monthly rate employees in roll codes 1 and 2.
MASTER PAYROLL CERTIFICATION (MPC) SYSTEM	The on-line system used to update the Certification Status on the Attendance Certification File.
MEDICARE	The hospital insurance tax portion of the Federal Insurance Contributions Act (FICA).
MICROFILM	A reel of film bearing a photographic record on a reduced scale of printed material.
MICROFICHE	A sheet of microfilm that contains micro images of records on employees/agencies.
MISCELLANEOUS UPDATE (MIS)	Used to access a detail screen within a batch to key all pay requests except regular pay and dock transactions.
MOU	Memorandum of Understanding - contracts by Collective Bargaining organizations with the State of California.

- N -

NDI	Nonindustrial Disability Insurance - a wage continuation program for state employees who are unable to work due to non-work related illness or injury.
NEGATIVE ATTENDANCE	Payroll is prepared in advance of payday and attendance certification based on the premise the employee will receive a full month warrant unless reported otherwise.
NEXT ACTION COMMAND (ACTN)	A field used to request a command.
NONACADEMIC EMPLOYEE	CSU term for employees who provide services that are non-instructional.
NONRESIDENT ALIEN	Any individual who is not a citizen or resident of the

	United States is a nonresident Alien. An alien individual meeting either the “green card test” or the “substantial presence test” for the calendar year is a resident alien. Any person not meeting either test is a nonresident alien individual.
	- O -
OK INDICATOR	For preloaded batches an "X" must be entered in this field to process the employee pay request. For scratch batches an "X" will automatically display when pay is requested and the page has been updated.
OUT-OF-SEQUENCE	Any personnel/payroll action that has an effective date prior to the most recent transaction.
OUT-PLACEMENT SERVICES, CSU	Job placement services provided to certain Management Pay Plan (MPP) employees within the CSU system.
OVERTIME MEAL COMPENSATION	Overtime meal allowance payments, the value of overtime meal tickets and the value of actual overtime meals provided by the employer.
	- P -
PAM	Personnel Action Manual - provides instructions for completion and processing of PAR, EAR, NOPA for all employees by departmental offices (except CSU). The Special Projects Bureau of PPSD maintains the PAM.
PAR	Personnel Action Request (Std. 680) - the turnaround form used by departmental personnel offices and Personnel Operations to update employment history for civil service and exempt employees (non-CSU).
PAY ADJUSTMENT REQUEST (ADJ)	Used to access a detail screen within a PIP batch to key adjustments to pay previously issued.
PAY PERIOD	Designation of the period of time for which payment is made. There are 12 periods in a calendar year containing 21 or 22 work days in each pay period.
PAYROLL INPUT PROCESS (PIP)	The on-line system used to key PIP documents.
PAYROLL OPERATIONS	A part of the Personnel/Payroll Operations Branch (PPOB) within the Personnel/Payroll Services Division (PPSD) of the State Controller's Office. The primary function is maintaining the Uniform State

	Payroll System (USPS) and issuing payments under that system.
PAYROLL PROCESSING CENTER ID (PPC ID)	A two character code identifying a specific department/campus.
PC	Probate Code (State of California)
PERS	Public Employees Retirement System - a control agency responsible for retirement contributions and benefits; also operates the Health Benefit Program.
PERSONNEL OPERATIONS	A part of the Personnel/Payroll Operations Branch (PPOB) within the Personnel/Payroll Services Division (PPSD) of the State Controller's Office. The primary function is the operation and maintenance of the Employment History Data Base.
PIMS	Personnel Information Management System - a manual that provides instruction for completion and processing PPT and EAR for CSU campus personnel offices. The Faculty of Staff Affairs (FSA) maintains the PIMS of the Chancellor's Office.
POSITION NUMBER	A 13-digit code identified as follows: First 3 digits are agency/campus Next 3 digits are reporting unit/budget function Next 4 digits are class codes Last 3 digits are serial identifiers of an individual position within each class.
POSITIVE ATTENDANCE	Payroll is issued from the attendance report.
PPM	Payroll Procedures Manual - provides information, instructions for completing, and submitting payroll documents for all departmental/campus payroll offices. The PPM is maintained in the Special Projects Bureau of PPSD. Contact: (tyarbrough@sco.ca.gov)
PPOB	Personnel/Payroll Operations Branch - the operational system of PPSD which includes: Payroll Operations Personnel Operations Data Management Tax Support Section Training Unit Process and Control System Analysis and Coordination Support Video On - Line

PPSD	Personnel/Payroll Services Division - a division of the State Controller's Office that provides personnel and payroll related services to personnel and accounting offices as well as control agencies.
PPT	Personnel/Payroll Transaction, (Std. 456) - the turnaround form used by CSU personnel/payroll offices to update Employment History.
PRELOADED BATCH	A system generated batch which lists employee data from the Employment History and Payroll Data Base.
PROCESS AND GO	A process which simultaneously updates the displayed page and displays the next requested action. Process and Go commands are identified in the MISCELLANEOUS section.
PROCESS DATE	The date in which closed batches were extracted for processing.
PROCESSED BATCH (PRC)	A Batch which has processed through the system and is inactive. Inactive batches cannot be updated. Information can be accessed from the PIP Inquiry System.
PROTECT COMMAND (PRO)	A data entry command; used to unprotect fields so data can be keyed or protect fields that do not require entries.
PTM	Personnel Transaction Manual - maintained by SPB that contains their policy and procedures.

- Q -

QUICK FIND (QF)	Used in conjunction with a SSN, this command will locate a specific employee and list subsequent employees on the remaining lines/page.

- R -

REFRESH	A data entry command; used to cancel selection(s) on the BATCH SELECTION, BATCH DIRECTORY or EMPLOYEE INQUIRY screens. Also updates the above mentioned screens if new batches or employee records were added at the time of viewing.
REPORT TYPE	A Search Key Field on the BATCH SELECTION and BATCH DIRECTORY to request preloaded batches.
RETIREMENT	May refer to retirement in PERS, JRS, STRS or LRS.
ROSTER	File of employees and/or established positions.

- S -

SACS	System Activities Coordination and Support is a unit within PPSD.
SAM	State Administrative Manual - maintained by DOF and DGS. It is a reference source of statewide policies, procedures, and regulations.
SAVE COMMAND (SAV)	A data entry command; used to save a batch (suspend from processing).
SCIF	State Compensation Insurance Fund - the state agency that administers TD and IDL programs.
SCO	State Controller's Office - the control agency responsible for employment history, payroll, and payment of state claims.
SCRATCH BATCH	An operator created batch which can be used to request all format types (i.e., TA, DCK, MIS) for positive and/or negative employees.
SEARCH KEY FIELD	Used to access specific information. These fields are located on the last line(s) of the screen.
SELECT	A term used when an employee record is to be processed (OK INDICATOR field must indicate "X").
SHIFT AGENCY	An agency that has employees whose regular days off are other than Saturday/Sunday. Not related to shift differential pay.
SHIFT DIFFERENTIAL	A higher rate of pay for employees assigned to work evenings or nights.
SPB	State Personnel Board - a control agency.
STANDARD TIME	Time certified as a full month (21 or 22 days) within a pay period.
STATEMENT OF EARNINGS AND DEDUCTIONS	Direct Deposit Advices and attachments to SCO payroll warrants that show employee's name, agency/unit, SSN, pay period gross, deductions, net, warrant number, and tax year.
STRS	State Teacher's Retirement System
SUAM	State University Administrative Manual - provides basic policy and procedures for the CSU system; it is maintained by the Office of the Chancellor.

SUMMER SESSION FACULTY	CSU - employees who teach in the summer session on an academic unit basis. Department of Education, Special Schools – employees who teach in the summer session on a work day basis.
SUPPLEMENTAL PAYROLL	All payrolls except the master payroll and semimonthly master payroll.

- T -

T/A MENU	The Time and Attendance Menu allows access to Inquiry screens, to specific update screens, and the Help screens. Only one selection at a time can be made on the T/A MENU screen.
TAD	Turnaround document - PAR, PPT, or EAR documents submitted to PPSD for processing generate an updated document that is returned to the agency/campus. They will "turnaround" the document for the next change to the employee record.
TD	Temporary Disability - benefit paid to state employees injured or ill due to work related action.
TEN MONTH ACADEMIC	CSU term - employees appointed on a ten-month basis. May not be paid for two summer months. Employee is separated or placed on non-pay status if expected to return in the fall.
10/12 PAY PLAN	Employees who work 10 months each year may receive 10 month's salary in 12 payments.
TIME AND ATTENDANCE UPDATE (TA)	Used to access a detail screen within a batch to key Time and Attendance (Form 672) requests.
TURNAROUND TIME	The time elapsed between receipt of documents at Payroll Operations and issue date of warrants.

- U -

UI	Unemployment Insurance Code (State of California)
UNSELECT	A term used when an employee record is not to be processed (OK INDICATOR field must be blank).
USPS	Uniform State Payroll System

- W -

WARRANT	Authorization for payment from State of California Treasury (pay check).
WWG	Work Week Group - defines work week/overtime by classification.

LISTED BY SUFFIX: FORMS REFERENCED IN THE PPM

(Revised 01/02)

Form Suffix	Source
CA	SCO - Division of Accounting
CD	SCO - Division of Disbursements
DE	Employment Development Department
DPA	Department of Personnel Administration
HBD	Public Employees Retirement System – Health Benefits Division
PERS-MEM	Public Employees Retirement System
PPSD	SCO - PPSD
PR	SCO - PPSD - Payroll Operations
SCIF	State Compensation Insurance Fund
SM	SCO - Systems Management
TC	SCO - Division of Accounting
STD	Standard Forms - DGS - Central Stores
VA	Veterans Administration
W	Internal Revenue Services

LISTED BY NUMBER: FORMS REFERENCED IN THE PPM

(Revised 01/02)

Form Number	Title
W-2	Wage and Tax Statement
W-2C	Statement of Corrected Income and Tax Amounts
PPSD 8A	Signature Authorization Personnel/Payroll
HBD-12	Health Benefit Plan Enrollment Form
PPSD 21	Deceased Employee Data
CA 21	Remittance Advice
TC 38	Notice of Transfer
CD 38	Payroll Warrant Register
CD 39	Payroll Warrant/Statement of Earnings and Deductions
CD 39A	Direct Deposit Advice/Statement of Earnings and Deductions
CD 048	Student Assistant Attendance Report
SM 62	Payroll Revolving Fund Transfer Notice

PSD 66	Report of Warrants/Payments Held by Controller
CD 88	Payroll Deduction Authorization
CD 88A	Fair Share Payroll Deduction Authorization
CD 102	Notice of Claim Paid
CD 113	Proof of Lost or Destroyed Payroll Warrant and Request for Issuance of Duplicate Warrant A – Block of Warrants
	B – Single Warrant
CD 155	Transmittal Form (garnishment)
PERS-MEM 155	Notice of Change
STD 242	United States Savings Bonds Purchase/Payroll Deduction
PR 250	Payroll Irregularity Notice
SCIF 290	Temporary Disability Verification of State Employee
PR 345	Outstanding U.S. Savings Bond Memo
PR 352	Notice of Incomplete Deduction Action Request
PPSD 360	Parking Adjustment Notice
PR 370a	OASDI/Retirement Arrears
PR 371	A/R Notice
PR 373a	W-2 Transmittal Form
STD 407	Changes in Payroll Header
CD 413	Garnishment Warrant Action Notice
PR 421	Payroll Header Report (407)
STD 422	Report of Salary Advances Paid/Offset
STD 435	Request For Duplicate Controller's Warrant
STD 436	Request for Duplicate Wage and Tax Statement
CD 446	Payroll Deduction Report
STD 456	Personnel/Payroll Transaction (PPT)
STD 457	Student Payroll Action Request (SPAR)
STD 458	Voluntary Child Support Deduction/Authorization
STD 459	Voluntary Spousal Support Deduction/Authorization
STD 603	Report of Absences Without Pay
STD 607	Change in Established Positions
STD 614	Signature Card
STD 625	Request for Certification
STD 639	Salary Garnishment
STD 650	Miscellaneous Deduction Change Report
STD 666	Report of Exceptions to Payroll

STD 671	Miscellaneous Payroll/Leave Actions
672 (CD)	Time and Attendance Report
STD 674	Payroll Adjustment Notice
STD 674 A/R	Payroll Adjustment Notice, Accounts Receivable (A/R)
STD 674D	Industrial/Non-Industrial Disability Pay/Adjustment Request
STD 675	Supplementary Wage Deductions
STD 676P	Non-USPS Adjustment Request-Payments (Fringe Benefit/Employee Business Expense)
STD 676V	Non-USPS Adjustment Request-Values (Fringe Benefit/Employee Business Expense)
STD 680	Personnel Action Request (PAR)
DPA 682	Pre-tax Parking/Third Party Administrator/Reimbursable Account Enrollment
STD 683	Pay Adjustment Request (ADJ)
STD 686	Employee Action Request (EAR)
STD 692	Dental Plan Enrollment Authorization
STD 698	Life Insurance Enrollment Authorization
STD 699	Direct Deposit Enrollment Authorization
STD 700	Vision Plan Enrollment Authorization
STD 701C	Cash Option Enrollment Authorization
STD 701R	Reimbursement Account Enrollment Authorization
STD 702	Consolidated Benefits (CoBen) Cash Enrollment Election
PERS-MEM 823	Authorization for Contribution and/or Rate Adjustment
STD 966	Employee Time Certification (ETC)
STD 995A	Non-USPS -- Agency Collection Accounts Receivable
STD 995R	Non-USPS -- Refund of Over collections
PR 1740A	Notice of Deduction Deletion or Temporary Discontinuance
DE 8500A	Authorization to Pay Nonindustrial Disability Insurance
DE 8501	Nonindustrial Disability Insurance
DE 8517c	Notice of Determination
DE 8545	Information Collection and Access
VA 29-483	Certificate of Renewal
HCRAENR	Pre-tax Parking Deduction Election Authorization (CSU)

PAYROLL PROCEDURES MANUAL

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(Revised 12/03)

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SUBJECT: INTRODUCTION

REFERENCES
(Revised 12/85)

G.C.	12470-12479, 16390-16395, 18003
SAM	8500-8599
Board of Control Rules	652, 660
Constitution of California	Article XIII, Section 21

UNIFORM STATE PAYROLL SYSTEM **A 001**
(Revised 03/02)

The Uniform State Payroll System (USPS) was started in the early 1950's. Departments entered on a flow basis and by 1954 all of the current state agencies and CSU campuses were combined in the SCO, Division of Disbursements payroll process.

There are other state entities that are not a part of the USPS--University of California, Legislative staff, Auditor General, etc.

In 1976, the payroll section of Division of Disbursements was combined with the new Personnel Services of Personnel Information Management System (PIMS) to form the current Personnel/Payroll Services Division (PPSD) of SCO. PPSD, in conjunction with the Division of Disbursements and Division of Accounting, are responsible for preparing and releasing all payroll warrants and related reports (see Organization Chart in PPM Section Z, Attachment A-1).

SAM prescribes pay periods and sets forth the statewide policies, procedures, regulations and information on payrolls. The PAM/PIMS instruct agencies/campuses in the preparation of employment history change forms. This Payroll Procedures Manual (PPM) prescribes detailed payroll procedures not provided elsewhere and coordinates instructions of various authorities on specific payroll subjects.

CLAIMS AND ADJUSTMENTS **A 002**
(Revised 12/85)

State Board of Control prescribes the manner in which claims shall be filed with SCO under the USPS and prescribes the certifications to be used on payroll and position changes and attendance reports.

Payroll changes may be made automatically by SCO when such changes are by law or contract, without the need for payroll change documents. Most notices of miscellaneous deductions are received directly from the deduction companies but notices of retirement savings bond, etc. deductions are received from the agencies. With some exceptions, deduction forms are processed as minor payroll changes and do not involve the payroll change certifications prescribed for the legally more significant information such as personnel change transactions, salary rate changes, etc.

No payment is made by SCO unless it is supported by an original payroll claim. Also, no payment is made without first ascertaining, as required by the Constitution, that an unexhausted appropriation exists and that funds are available in the State Treasury.

Payments of compensation to persons rendering service to the state as independent contractors from the "Salaries and Wages" category of expenditures are expressly prohibited and, therefore, may NOT be treated as payroll items under the USPS. Instead, such compensation should be obtained by filing a general claim with Division of Audits, for payment as an operating expense.

TYPICAL CYCLE OF MONTHLY OPERATIONS **A 003**
(Revised 03/02)

On a day-to-day basis, each agency is expected to prepare documents and route them to Payroll Operations and Personnel Services.

SCO processes changes to Employment History based on personnel transaction documents and input from Decentralized Payroll received during the period as well as establishes correct payments for employment of less than the full pay period.

The agency/campus maintains daily attendance reports reflecting personnel and attendance transactions. On a prescribed cutoff date in each payroll period the agency/campus report docks for employees absent on noncompensable status.

SCO makes all computations and prepares the payrolls. These are referred to as "negative" payrolls because attendance reports have not been submitted and no working payrolls have been cleared with agencies/campuses when the payrolls are prepared. This payroll writing operation is performed for the majority of state employees during the period from the cutoff day in each pay period to the 27th and 28th of the month.

The warrants (paychecks), Direct Deposit Advices, and warrant registers are sent to the

agencies/campuses in time to permit a reconciliation of the payrolls and attendance reports and to ensure the delivery of warrants and Direct Deposit Advices to employees on the first work day following the close of the pay period.

Near the close of the pay period after receiving the master payroll, an agency/campus reconciles the time to be paid. Time for each employee is reported by position. The differences between payrolls and attendance reports are recorded on the Report of Exception to Payroll.

Having completed the reconciliation, the agency/campus releases the warrants which are drawn either in payment of the time actually worked or for less than the amount due employees. The warrants drawn in excess of the amounts due the employees are returned to SCO. The improper warrants are redeposited and corrected warrants are issued on the basis of corrected attendance information and Employment History change documentation. SAM provides for salary advances if legally payable salary warrants are delayed.

If an overpayment occurs under these procedures, provisions exist for recovery of the overpayment.

Some employees of the state are paid on a "positive attendance" reporting basis. This means that attendance reports must be processed by the employing agencies before SCO prepares the payroll. Some employing agencies release these payrolls immediately, but others hold the payrolls for distribution on fixed dates.

In addition to the regular monthly, semimonthly, and positive payrolls, there are payrolls written daily for payment of overtime, special premium pay, immediate payments to separating employees, corrected salary payments, and payroll accounting adjustments, etc.

Payroll packages are released each day and normally contain warrants and related earnings statements, Direct Deposit Advices, warrant registers of disbursements and adjustments, notices of payroll revolving fund transfers, reports of exception to payroll, notices of claims paid, and listings of suspended payments.

BUSINESS MONTH **A 004**
(Revised 06/95)

For accounting control of the payroll disbursements, SCO has established the period from the second of one month through the first of the next month as a "business month." This permits a current, strict accounting control of the state payroll disbursements from the State Payroll Revolving Fund. This fund is a clearing account only and is not funded.

Reports of deductions and taxes are prepared from the first through the tenth of each month. This includes the accounting and reporting of all transactions for the business month which ended on the first of the month.

If requested, voluntary deductions withheld from warrants with issue dates of the 2nd through the 16th are disbursed to the companies/associations on the 16th. Social Security and Medicare are disbursed daily.

INTERNAL PAYROLL AUDITS **A 005**
(Revised 06/95)

SCO, Management Audit and Review Section (MARS), periodically conducts an internal payroll audit which is independent of any control by PPSD. The purpose of the audit is to ascertain that USPS procedures are being followed and disbursements are being accounted for and correctly made. As part of this audit program, the auditors also determine that: 1) payments are made within the prescribed period following receipt of the legal basis for payment, 2) payments are made on regular payroll date for employees, and 3) on the prescribed dates, settlements are made with agencies or companies for whom payroll deductions are made.

DISTRIBUTION OF PAYROLL WARRANTS TO EMPLOYEES **A 006**
(Revised 06/95)

Payrolls are released to agencies/campuses that distribute warrants to their employees. Payrolls are released to agency messengers or other personnel authorized to pick up warrants or are mailed by the Division of Disbursements to addresses furnished by the agencies/campuses.

Arrangements must be made by letter to the Chief, Division of Disbursements, if changes are required. Agencies/campuses are responsible for prompt notification of address changes, etc.

Payrolls for monthly salary rate employees paid on negative attendance bear an issue date of the day following the close of the pay period (or the first of the month if the pay period ends that day). Payrolls for employees paid on positive attendance bear varying issue dates. Agencies/campuses should adopt schedules and practices in the release of salary warrants to conform with the state objective of each employee having a fixed or determinable pay date.

It is imperative that the distribution of payroll warrants to employees be so timed as to absolutely preclude the warrants being presented to the State Treasurer prior to the date of issue either through bank clearing or by presentation at a cashiering window.

Payroll warrants may be released to employees on the date preceding the date of issue. Agencies/campuses may release payroll warrants on the last preceding normal workday (Monday through Friday) when the pay period ends on a Saturday, Sunday, or holiday. Warrants may NOT be given to employees until it is known that they are entitled to payment for the last day of the pay period.

Pay checks must not be cashed until just before bank closing time on the day preceding the issue date on the face of the pay check, or 4:00 PM on those days when the banks are open until 6:00 PM. Those which reach the State Treasurer prior to the issue date, must be charged back to the bank and agencies are notified of names of employees who cashed their pay checks early.

There shall be uniform pay dates for all permanent monthly salaried employees of each agency employed in the same geographic area and such pay dates shall not be more than ten calendar days following the closed of the pay period.

REPORTS **A 007**
(Revised 06/86)

SCO records provide the basis for the preparation of: 1) withholding tax settlement and reports, 2) retirement reports, 3) statements and settlements for insurance carriers, employee organizations, etc., 4) analyses of certain payrolls and payroll costs, 5) accounts for U.S. Savings Bond purchases, 6) budgetary salary and wage expenditure audit reports, and 7) annual budgetary schedules of actual and anticipated salary and wage data.

TRAINING AND AGENCY PERSONNEL **A 008**
(Revised 12/98)

An agency/campus may arrange with PPSD to have new accounting clerks, personnel assistants, and managers instructed in the procedures and methods of payroll duties.

PPSD personnel is trained as to the nature and extent of assistance they may provide. Great emphasis has been placed upon the requirement that there be no interference with the effective functioning of agency/campus internal lines of authority and responsibility.

PAYROLL LETTERS **A 009**
(Revised 11/02)

Payroll Letters are sent via OutLook – electronic Mail or Decentralized OfficeVision (OV) and are numbered sequentially by calendar year. These letters serve the following purpose:

1. An interim procedure until the PPM is updated.
2. A reminder for annual processes--fiscal or calendar year activity.
3. Instructions/notifications of mass updates for reorganization, tax changes, etc.

NOTE: By subscribing to the automated list (CSESCODC) via Majordomo@srv1.sco.ca.gov – the payroll letters will appear in your personal e-mail account.

MAGNETIC TAPE **A 010**
(Revised 12/98)

Various information is available to agencies/campuses, companies, associations via magnetic tape. Inquires regarding information available and tape requirements should be addressed to:

PPSD
Magnetic Tape Coordinator
P.O. Box 942850
Sacramento, CA 94250-5878

Magnetic Tape Questions
Data Management Unit
(916) 324-0057
CALNET 454-0057

RETROACTIVE CHARGES **A 011**
(Revised 04/02)

Retroactivity is defined as the processing of controllable personnel transactions processed more than 20 calendar days after the effective date, or controllable payroll transactions processed more than 15 calendar days after the transaction pay period.

NOTE: Changes related to disability, SPB decisions (e.g., stipulations), court actions and SCO processing errors will be considered non-controllable.

During the first week of each month, agencies/campuses are provided a computer-generated Monthly Retroactivity Report identifying late transactions. With the report is a cover letter which identifies a cutoff date for questioning the charges. It is the responsibility of each agency/campus to review reports to insure accuracy. If there are questions related to the charges, please send a copy of the report to Payroll Operations with items clearly identified and an explanation as to why the charge is inappropriate.

Payroll Operations will research all contested charges and respond in writing to your questions. If you fail to question any of the charges by the cutoff date, you will be billed for the total amount. No late credits will be allowed.

Effective January 1, 1991, retroactive billing rates are as follows:

For each controllable personnel document	- $2.30
For each controllable payroll transactions	- $3.34

FORM COMPLETION **A 012**
(Revised 08/93)

Following are general instructions that apply to the completion of all payroll related forms.

1. All documents must be typed or printed in ink.

2. All documents must have an authorized signature (see Section I 500).

3. Only the ORIGINAL document is submitted to Payroll Operations. Any exception to this (additional copies) will be noted in the specific section.

4. "Employee name" always means initials and surname.

Detailed instructions are given in the special section for each type of transaction.

Incorrect information--wrong SSN, misspelled name, incorrect position, etc.--that does not agree with Employment History for each pay period will usually reject or suspend causing delay in issuing payments.

It is the responsibility of each department to maintain accurate records and process necessary documentation on a flow basis.

TELEPHONE CONTACTS FOR PAYROLL ACTIVITY **A 013**
(Revised 12/03)

Agency/campus personnel/payroll office representatives may call the numbers shown below.

NOTE: The listed phone numbers are for agency/campus personnel/payroll office representatives' use only. These are not for public use. Calls received from employees will be referred to their respective personnel/payroll offices.

1. For questions on completing a document
2. For interpretation of PPM and memos (PR 250's etc.).
3. To report errors made by Payroll Operations
4. To request duplicate preprinted forms (672, etc).

Be prepared to supply the following:

1. Your name, agency/campus name, telephone number
2. Employee name, SSN, position number of payment
3. Type of transaction/form submitted
4. Description of problem

UNIT	LOCAL #
Civil Service Telephone Liaison Unit Accounts Receivable Payroll Decentralization Regular Pay, Adjustments, Overtime, Shift and Premiums	(916) 323-3081
CSU Telephone Liaison Unit Accounts Receivable Payroll Decentralization Regular Pay, Adjustments, Overtime, Shift and Premiums	(916) 322-7980
Garnishment	(916) 323-0553
Voluntary Child Support Deductions	(916) 323-0553
Voluntary Spousal Support Deductions	(916) 323-0553
Retroactivity	(916) 327-0602
Forms W-2/W-2C	(916) 322-8100
Duplicate Forms W-2	(916) 322-8052
Deductions Telephone Liaison Unit (CS Benefits) ➢ Dental ➢ FlexElect ➢ Health ➢ Vision ➢ CoBen	(916) 323-4718
(CSU Benefits) ➢ Dental ➢ FlexCash ➢ Health ➢ Vision ➢ Dependent Care	(916) 323-4718
Miscellaneous Deduction ➢ Union Dues ➢ Fair Share ➢ Credit Union ➢ Insurance ➢ Parking ➢ TSA's/Deferred Comp ➢ Group Legal	(916) 324- 1981

- Long Term Disability
- Charitable Contributions

Non-USPS

➢ Fringe Benefits/Employee Business Expenses	(916) 322-8105
➢ Moving Expenses	(916) 322-8100
➢ Salary Advances	
➢ Agency Collection Accounts Receivable	
➢ Refund of Overcollections	
Retirement/Social Security/Medicare	(916) 324-1471
Direct Deposit	(916) 327-5023
Disability Telephone Liaison Unit	(916) 322-3619
➢ Non-Industrial Disability Leave (NDI)	
➢ Industrial Disability Leave (IDL)	
➢ Temporary Disability Leave (TDL)	
Position Control	(916) 323-4928
US Savings Bonds	(916) 323-9035

PPM Coordinator
Customer Support Section – Terri Yarbrough
(916) 322-1245 - (tyarbrough@sco.ca.gov)

Submit PPM Revisions/Suggestions for clarification – be sure to identify the Section, Sub-Section Number and the Subject.
TO: PPM Coordinator – Terri Yarbrough – (tyarbrough@sco.ca.gov)
State Controller's Office
PPSD, Customer Support Section
P.O. Box 942850,
Sacramento, CA 94250-5878
(916) 322-1245

Payroll Deduction
Mass Update Questions
Systems Activities and Coordination
Support Unit
(916) 322-7968
CALNET 492-7968

TRANSMITTING PAYROLL DOCUMENTS VIA FAX **A 014**
(Revised 07/02)

PPSD allows certain payroll documents to be transmitted via FAX and has equipped several machines with data encryption devices. Confidential information transmitted to PPSD is totally secure if identical encryption devices are used at both the sending and receiving FAX machines. If agencies/campuses decide the risk associated with faxing non-encrypted data is acceptable, PPSD's FAX machines can also receive non-encrypted

transmissions. Agencies/campuses interested in installing encryption devices on their FAX machines should contact PPSD's Administrative Support Unit at (916) 322-8126 or CALNET 492-8126. PPSD uses two different encryption devices, 1) Cylink Secure FX and 2) SAFE 300 Stand Alone Encryptor.

NOTE: the Cylink Secure FX device is no longer manufactured. Agencies/campuses purchasing new encryption devices must purchase the SAFE Stand Alone Encryptor.

The following documents may be securely transmitted to PPSD via FAX using the Cylink Secure FX encryption device at the respective FAX number(s):

FAX number (916) 323-3449 or CALNET 473-3449

- Garnishments received by noon on payroll master cutoff
- Form STD. 674 requesting regular pay when a garnishment is being taken.

FAX number (916) 322-8137 or CALNET 492-8137

- Disability payments for current month
- Form STD. 674 requesting regular pay for a prior month

The following documents may be securely transmitted to PPSD via FAX using the SAFE Stand Alone Encryptor device at the respective FAX number:

FAX number (916) 322-6512 or CALNET 492-6512

- Disability payments for current month
- Form STD. 674 requesting regular pay for a prior month
- Garnishments received by noon on payroll master cutoff
- Form STD. 674 requesting regular pay when a garnishment is being taken

<u>Problems with Faxing Documents</u>
Production Support Section
(916) 322-8141
CALNET 492-8141

PAYROLL PROCEDURES MANUAL

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(Revised 11/03)

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Code 027 - Tax Sheltered Annuity Organization codes (CSU)..... 021
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SUBJECT: PAYROLL CODES

PAYROLL CODES **B 001**

(Revised 10/97)

Payroll codes are shown on Payroll Warrant Registers, Payment History (HIST) On-line System, Statement of Earnings and Deductions, and numerous reports. Listed below is the index of payroll codes and the paragraph number for each code.

Account Receivable Code	014.2
Adjustment Code	005
Clearance Type Code	010
Gross Type Code	006
Marital Status Code	012
Organization Code	017-035
Overtime Code	014.1
Payment Type Code	002
Payment Type Suffix Code	003
Pay Period Type Code	007

Position Type Code	011
Retirement Code	015
Roll Code	004
Salary Type Code	009
Shift Differential Code	008
State Code	013
Suspended Payment Code	014

PAYMENT TYPE CODE **B 002**
(Revised 06/97)

PAYMENT TYPE CODE	EARNINGS STATEMENT ABBREVIATION	DESCRIPTION
0	**REGULAR**	**Regular**
1	**OVERTIME**	**Overtime**
2	**SHIFT**	**Shift Differential**
3	**LUMP SUM OT**	**Lump Sum Overtime, CTO, Holiday Credit, Personal Holiday, Saturday Holiday and/or Excess Hours**
4	**LMP SUM VAC**	**Lump Sum Vacation**
5	**LUMP SUM SL**	**Lump Sum Sick Leave**
6	**IDL-FULL**	**Industrial Disability Leave - Full Pay**
7	**MILITARY LV**	**Military Leave**
8		**Premium pay (see B 036 for various types)**
9		**Award (see B 003 for various types)**
A		**Miscellaneous Payment (see B 003 for various types)**
C	**FOLIO**	**Folio**
D	**SETTLEMENT**	**Final Settlement**
E	**TRADE RATE**	**Trade Rate Benefit**
F		**Fringe Benefit (see B 003 for various types)**
G		**Award (see B 003 for various types)**
H		**Award (see B 003 for various types)**
I	**LC4800 REF**	**LC 4800 Tax Refund**
J	**MATERNTY LV**	**Maternity Leave (CSU)**
K	**DED ADJ**	**Deduction A/R Collection**
L	**STU ASST/TR**	**Student Assistant/Trainee, Youth Summer Aid (CSU)**
N	**IDL-2/3**	**Industrial Disability Leave - 2/3 Pay**
P	**DED ADJ**	**Deduction Refund (Credit Issue)**
Q	**EMERGENCY**	**Emergency**

R		Non-USPS Transaction (see B 003 for various types)
S		Miscellaneous Payment (see B 003 for various types)
T	NDI	Non-Industrial Disability Indemnity
U	DSBLTY SUPP	Supplemental Temporary Disability, CSU IDL Sick Leave Supplement Program, Civil Service IDL with supplementation (see B 003 for various types)
X	FIRE PAY	Fire Mission
Y	OUT-OF-ST	Out-of-State Pay (Dept. of Insurance)
Blank	OTHER	All Others
	MISC (default)	

PAYMENT TYPE SUFFIX CODES **B 003**
(Revised 11/03)

PAY TYPE	SUFFIX	EARNINGS STATEMENT ABBREVIATION	DESCRIPTION
1	C	ON-CALL OT	WWG 4D22 (on call/standby pay)
	F	FLSA OT	Special FLSA Salary Rate
	P	PL CASH-OUT	Personal Leave Buy Back/Cash-Out
	S	SHIFT OT	Shift Differential Overtime
3	S	LS OT/SHIFT	Lump Sum Overtime Shift Differential
4	S	LS VAC/SHIFT	Lump Sum Vacation Shift Differential
5	S	LS SL/SHIFT	Lump Sum Sick Leave Shift Differential
6	S	IDL-FUL SD	IDL Full Pay Shift Differential
9	1	UNIFORM ALL	Uniform Allowance
	2	RECRUITMENT	Recruitment and Retention - California Medical Facility
	3	CCC BONUS	CCC Bonus Pay (Corps Member)
	4	RECRUITMENT	Recruitment and Retention Bonus (BU 16)
	5	OT MEAL MON	Overtime Meal Money
	6	RECRUITMENT	Recruitment and Retention Differential (R07)
	7	RECRUITMENT	Recruitment and Retention Pay - Pelican Bay State Prison
	8	RECOGNITION	Employee Recognition and Moral Program - FTB (R01, R04, R07)
	A	MPAS BONUS	Managerial Performance Appraisal System (MPAS) Bonus
	B	FELLOWSHIP	Summer Fellowship Stipend (CSU-BU 03)
	C	COACH	Coaching Differential Pay (Dept. of Education)

D	SN CT CANC	Short Notice Court Cancellation Pay ($38) and Special Services Compensation (CHP)
E	PRO DEVLMT	Professional Certification Pay
E	PRO DEVLMT	Professional Developmental Incentive Pay
F	FLSA ADJ	FLSA Salary Rate Adjustment 84/85 & 85/86 FY
G	LSI BONUS	Business Building Incentive Program
G	LSI BONUS	Lottery Sales Incentive Bonus (BU 01)
H	HOLIDAY	Holiday Credit Buy Back
I	IP AWARD	Incentive Program Awards (BU 04)
J	JC BONUS	Judicial Branch Bonus
K	RECRUITMENT	Recruitment & Retention for Avenal, Chuckawalla Valley, and Ironwood
K	RECRUITMENT	Recruitment & Retention for Calipatria and Centinela
K	RECRUITMENT	Recruitment & Retention - Pharmacist Classes
K	RECRUITMENT	Recruitment & Retention – Personnel Services Specialist/Supervisor and Payroll Services Specialist/Supervisor
L	ADM LV TERM	Administrative Leave Termination Pay (CSU)
M	AWARD	Incentive Compensation Adjustment
M	AWARD	Merit Award, SCIF Employee Suggestion Award, Sustained Superior Accomplishment Award
M	AWARD	Personnel Management Technician/Analyst Bonus
M	AWARD	Professional Development Incentive
N	ED DIFF	Educational Differential Pay - RN
O	MRTG INS	Mortgage Insurance Marketing Bonus (BU 01); Mortgage Insurance Profit Bonus (BU 01)
P	PERSONL HOL	Personal Holiday Buy Back/Cash Out
Q	INCID MGMT	Incident Management Assignment Differential
R	RELOCATION	Relocation Allowance Differential (BU 06)
S	SUPVR AWARD	Supervisory Performance Awards (all BU's)
T	DOT SAFETY	CalTrans Safety Bonus
U	LANDSCAPE	Landscape Maintenance Leadworker License Bonus (abolished 6/30/93)
V	VAC PAY OUT	Permanent Intermittent Vacation Pay Out
W	INCENTIVE	Incentive Awards Program (R13)
X	OT EXAM BON	Exam Bonus (BU 11)

	Y	SN CT CANC	Short Notice Court Cancellation Pay ($50)
	Z	RECRUITMENT	Recruitment and Retention Annual Differential Pay for Licensed Vocational Nurses
A	A	MED BONUS	Medical Consultant Bonus Plan
	B	SCIF EQUITY	EQUITY – SCIF (Excluded employees)
	C	PASSENGERS	Passenger Endorsement Equity Pay
	D	CONUS COLA	Continental United States Cost of Living Allowance (CONUS COLA) for Military Department
	F	PUC REPORTR	Hearing Reporter, Public Utilities Commission
F	1	RMHTDQTRMIL	Remote Headquarter Mileage
	2	AIRCFTREIMB	Aircraft Reimbursement Plan
	3	EERECOG&MOR	Employee Recognition and Morale Program
	4	HLTHSFTYAWD	Health and Safety Award
	5	SFTYINCENTI	Safety Incentive Award Program
	6	COMMUTERMIL	Commuter Mileage
	7	BICYCLEMILE	Bicycle Mileage
	8	CALLBACKMIL	Call Back Mileage
	A	EDUCASSIST	Education Assistance
	B	LONGTERMMTVL	Long Term Travel
	C	TIPS	Tips
	D	GRATUITIES	Gratuities
	E	ELECTRONDEV	Electric Devices
	F	ENTERTAINEX	Entertainment Expense
	G	MISINCENTPR	Miscellaneous Incentive Program
G	A	MED CONS I	Medical Consultant I Bonus (Unit 16)
	B	BONUS	Career Supervisory Assignment/Career Management Assignment Bonus
	B	BONUS	Information Technology - Bureau of State Audits
	B	BONUS	Non-Commercial Subsistence - Unit 09
	B	BONUS	Psychiatric Technician Education Reimbursement
	C	RECRUITMENT	Recruitment and Retention Annual Differential - Atascadero State Hospital
	E	HLTH STIP	CSU Rural Health Care Stipend
	F	AUTOMOBILE	Automobile Allowance (CSU) (Judicial Council)
	G	RECRUITMENT	Recruitment and Retention Annual Diff. - Water Resources (terminated 6/30/99)

	H	RECRUITMENT	Recruitment and Retention Annual Differential - R19
	H	MOD	Medical Officer of the Day
	I	MED TECH	Medical Technical Assistant License Bonus
	J	NON-LIC DIF	Non-Licensed Classification Bonus
	K	PERF BONUS	Performance-Based Lump Sum Bonus (CSU-FLSA Exempt Employees)
	L	PERF BONUS	Performance-Based Lump Sum Bonus (CSU-Non Exempt Employees)
	M	INCIDENT	Incident Command Assignment Differential
	M	INCIDENT	Incident Command Team Differential
	N	PUC REPORTR	Hearing Reporter – PUC (Termed 01/01/02)
	O	WELD/SHIFT	Short Shift/Temporary Shift Change
	O	WELD/SHIFT	Welding Certification Bonus
	Q	RN AWARD	State Registered Nurses Scholarship Award
	R	BONUS PAY	Long Term Satisfactory Service Bonus (CSU)
	S	A/R OFFSET	Accounts Receivable Offset – Leave Credit
H	A	FOREIGN T O	Foreign Trade Office Differential
	1	FOREIGN T O	Foreign Trade Office Differential
	B	HOME LEAVE	Annual Home Leave
	2	HOME LEAVE	Annual Home Leave
N	S	IDL-2/3 SD	IDL 2/3 Pay Shift Differential
R	A		Salary Advance Paid (Non-USPS)
	B		Salary Advance Offset (Non-USPS)
	L		LC 4800 Time
	M		Taxable Non-USPS
	N		Non-Taxable Non-USPS
	P		Agency Collection of an Account Receivable
	Q		Go Transaction (Non-USPS)
	R		Social Security Number Change
	U		Non-USPS (Fringe Benefits)
S	1	UNIFORM ALL	Uniform Allowance
	2	OVERTIME	Immediate Response Assignment Pay Differential (Forestry) (Deleted 9/1/95)
	3	CMA PAY DIF	Commanding Officer, Training Ship, CMA Cruise Pay Differential
	4	CERT ALLOW	Refrigeration Certification Allowance (CSU) R06

	5	STIPEND	Salary Stipend (CSU)
	6	PERF BONUS	Performance-Based Lump Sum Bonus (CSU) (Exempt Employees)
	7	BAS	Basic Allowance Subsistence
	8	BAH	Basic Allowance Housing
	9	BONUS	Performance Based Compensation/Superior Performance Bonus (BU 09)
	A	AWARD	Distinguished Teaching Award (CSU)
	B	CSU LMP SUM	CSU Lump Sum Payments
	C	HAZ MAT PAY	Asbestos/Hazardous Material Training Allowance or Certificate Allowance (CSU) Backflow Testing License/Water Treatment Operator Certificate or Renewal Allowance (CSU)
	D	CERTIFICATION	Welding Certification (CSU)
	E	AWARD	Exceptional Merit Service Award (CSU)
	G	HOLIDAY	Holiday Pay (Special Calculation)
	G	PLANNED OT	Planned Overtime Pay (BU 07, 08)
	H	HOLIDAY	Holiday Pay (Special Calculation)
	I	OUT-OF-CLAS	Out-of-Class Assignment Pay Excluded Employees - (Various Bargaining Units)
	J	RECRUITMENT	Recruitment and Retention Annual Diff - Water Resources Paramedic Recruitment & Retention (BU 08)
	P	AWARD	Meritorious Service and Professional Promise Award (CSU)
	S	SCIF INCNTV	SCIF Incentive Pay
	T	COM DRV LIC	Commercial Drivers License Class A and B
	U	W/W OP DIFF	Water and/or Wastewater Operator Certificate
	V	PILOT PROJ	Pilot Project Certificate
T	W	NDI	NDI Pay While on Active Status
U	C	DSBLTY SUPP	Supplemental Temporary Disability CSU IDL
	N	DSBLTY SUPP	Civil Service IDL with Supplementation
	T	DSBLTY SUPP	Sick Leave Supplement Program
	Blank	OTHER	All others

ROLL CODE **B 004**
(Revised 12/85)

CODE	PAY RATE	PAY FREQUENCY	ATTENDANCE REPORTING	SPECIAL GROUPS

0	**Miscellaneous**	**Monthly**	**Positive**	
1	**Monthly**	**Monthly**	**Negative**	
2	**Monthly**	**Semimonthly**	**Negative**	**Caltrans Highway Labor Force**
3	**Hourly**	**Monthly**	**Positive Full-Time/Intermittent**	
4	**Hourly**	**Semimonthly**	**Positive Full-Time/Intermittent**	**Trade Rate, BU18, Selected Agencies**
5	**Daily**	**Monthly**	**Positive Intermittent**	
6	**Hourly**	**Semimonthly**	**Positive**	**Office of State Printing**
7	**Hourly**	**Biweekly**	**Positive**	**Dept. of Water Resources**
8	**Monthly**	**Semimonthly**	**Positive**	**Office of State Printing, BU18**

ADJUSTMENT CODES **B 005**
(Revised 12/85)

0	**Original**	
1	**Adjustment**	**Time worked**
2	**Adjustment**	**Salary rate**
3	**Adjustment**	**Both time worked and salary rate**
4	**Adjustment**	**Time base fraction**
5	**Adjustment**	**Both time base fraction and salary rate**
6	**Adjustment**	**Gross**

GROSS TYPE CODE **B 006**
(Revised 01/92)

1	**Civil Service/Exempt**	**Regular pay plan**
2	**Statutory**	**Statutory pay plan**
3	**Exempt**	**Academic pay plan**
4	**Civil Service**	**10/12 pay plan**
5	**CSU**	**Regular pay plan**
6	**CSU**	**Academic pay plan**
7	**CSU**	**10-month academic pay plan**

PAY PERIOD TYPE CODES **B 007**
(Revised 09/94)

PAY PERIOD TYPE CODE	EARNINGS STATEMENT CODE	DESCRIPTION	CONDITION
0	BLANK	Monthly	
1	1ST	Semimonthly	First half
2	2ND	Semimonthly	Second half
A	1ST	Biweekly	First of pay period month
B	2ND	Biweekly	Second of pay period month
C	3RD	Biweekly	Third of pay period month
D	D	Biweekly	June segment of period spanning two fiscal years
E	E	Biweekly	July segment of period spanning two fiscal years
	VARIOUS	When more than one pay period/type is included.	

SHIFT DIFFERENTIAL CODE **B 008**
(Revised 09/94)

PAY PERIODS EFFECTIVE 08/89 AND AFTER

E	Evening Shift	All CSU and Civil Service (CS) employees (except
N	Night Shift	as follows)
H	Night Shift	Civil Service - E06, EO7, E14, E15, E48, E58, E59
K	Evening Shift	Civil Service - E17, E48, E58, E59
L	Night Shift	
R	Evening Shift	Civil Service - E14, E48, S14 (class 7222)
S	Night Shift	

PAY PERIODS EFFECTIVE 7/82 THROUGH 07/89

E	Evening Shift	All CSU and Civil Service employees - CBID R09
N	Night Shift	
G	Evening Shift	Civil Service employees
H	Night Shift	CBID - R01, 03, 04, 10-15, 17, 19, 20
K	Evening Shift	Civil Service employees
L	Night Shift	CBID - C, E, M, S

R	**Evening Shift**	**Civil Service employees**
S	**Night Shift**	**CBID - R06, 07, 18, S14 (class 7222 only)**

PAY PERIODS EFFECTIVE PRIOR TO 7/82

E	**Evening Shift**	**All CSU and Civil Service employees**
N	**Night Shift**	

SALARY TYPE CODE **B 009**
(Revised 12/85)

1	**Monthly Rate**	
2	**Yearly Rate**	
4	**Hourly Rate**	**Based on monthly rate for class**
5	**Hourly Rate**	**Established (flat) hourly rate**
6	**Hourly Rate**	**Trade rate and printing rate**
8	**Daily Rate**	**Established daily rate**
9	**Other Miscellaneous Rate**	**Unit or piece work**

CLEARANCE TYPE CODE **B 010**
(Revised 12/85)

1	**Issue Payment**	**Debit**
2	**Direct Disbursement**	**Debit**
4	**Redeposit**	**Credit**
5	**Account Receivable**	**Credit**
6	**Transfer of Funds**	**Credit**
7	**Transfer of Funds**	**Debit**
8	**Non-USPS Transaction**	**Debit/Credit**
9	**Reverse Account Receivable**	**Debit**

POSITION TYPE CODE **B 011**
(Revised 12/85)

1	**Civil Service**

4	**Exempt**
7	**Statutory**

MARITAL STATUS CODE **B 012**
(revised 12/85)

M	**Married**
S	**Single**
H	**Head of Household**

STATE CODE **B 013**
(Revised 12/85)

CA	**California**
NY	**New York**
IL	**Illinois**
Space	**No state withholding tax**

SUSPENDED PAYMENT CODE **B 014**
(Revised 12/85)

R	**No reporting unit**
U	**Unfunded agency**
N	**Not sufficient funds**
A	**Need attendance certification**
D	**Lump sum deferred**
O	**Out-of-service**
T	**Expired termination system**
S	**Invalid retirement system**
V	**Vacant position**
F	**Future fiscal year**

OVERTIME CODE **B 014.1**
(Revised 08/93)

Blank	**Straight Time**

1	**Time and one-half**
2	**Half time**
3	**Double time**
4	**Double time and one-quarter**
5	**Double time and one-half**
6	**Triple time**
7	**Triple time and three-quarters**
8	**Quadruple time**
9	**Quadruple time and one-half**
A	**Quintuple time**
B	**Quintuple time and one-half**

ACCOUNT RECEIVABLE CODE **B 014.2**
(Revised 10/97)

1	**Payroll deduction (one-time deduction)**
2	**Agency collection**
3	**Dock, payroll deduction (one-time deduction)**
4	**Dock, agency collection**
5	**Payroll deduction, percentage method**
6	**Dock, payroll deduction percentage method**
7	**Payroll deduction, variable month method**
8	**Dock, payroll deduction variable month method**

RETIREMENT ID AND SOCIAL SECURITY/MEDICARE (SS/MED) STATUS **B 015**
(Revised 10/03)

ID	*RET. SYSTEM	O=SS/MED M=MEDICARE N=NEITHER	TYPE OF MEMBER	DESCRIPTION
00	**PERS**	**N**	**Misc. First Tier**	**Converted to ID 40 effective 01/01/00**

00	**PERS**	**N**	**Misc. First Tier**	**Effective 01/01/00 used for CSU Miscellaneous members only**
01	**PERS**	**N**	**Misc. Second Tier**	**Elected second tier retroactively for all past and future service**
02	**PERS**	**N**	**Misc. Second Tier**	**Elected second tier prospectively for all future service**
03	**PERS**	**O**	**Misc. Second Tier**	**Elected second tier retroactively for all past and future service (not applicable for CSU employees)**
04	**PERS**	**O**	**Misc. Second Tier**	**Elected second tier prospectively for all future service (not applicable for CSU employees)**
05	**PERS**	**N**	**Misc. First Tier**	**CHP or Dept. of Justice in classes 1662-1665, 8467, 8468, 8476-8478**
06	**PERS**	**O**	**Misc. First Tier**	**CHP or Dept. of Justice in classes 1662-1665, 8467, 8468, 8476-8478. Converted to ID 43 effective 01/01/00.**
07	**PERS**	**N**	**Misc. Modified First Tier**	**Election by BU 16 and 19 per AB 528/SB 1501 10/01/98. ID abolished effective 12/31/99**
08	**PERS**	**O**	**Misc. First Tier**	**Converted to ID 45 effective 01/01/00.**
08	**PERS**	**O**	**Misc.**	**Effective 01/01/00 used for CSU Miscellaneous Members only**
09	**PERS**	**M**	**Misc. Modified First Tier**	**Election by BU 16 and 19 per AB 528/SB 1501 10/01/98. ID abolished effective 12/31/99.**
10	**PERS**	**N**	**Safety**	**PERS Safety Members Elected to retain Miscellaneous or Industrial First Tier Formula**

11	PERS	N	Safety	PERS Safety Members, Fish and Game Wardens retaining 1961 formula (Not used for new appointments after 1961)
12	PERS	M	Safety, First Tier	PERS Safety Members Elected to retain Miscellaneous or Industrial First Tier Formula
13	PERS	M	Safety, Second Tier	PERS Safety Members Elected to retain Miscellaneous or Industrial Second Tier Formula
14	PERS	N	Safety, Second Tier	PERS Safety Members Elected to retain Miscellaneous or Industrial Second Tier Formula
15	PERS	N	Peace Officer/Fire Fighter	Dept. of Forestry (R08, E08). Converted to ID 34 effective 01/01/00.
16	PERS	M	Peace Officer/Fire Fighter	Dept. of Forestry (R08, E08). Converted to ID 36 effective 01/01/00.
17	PERS	M	Safety	Dept. of Forestry - converted from ID 71. Effective 01/01/00 per SB 400.
18	PERS	N	Safety	Dept. of Forestry - converted from ID 75. Effective 01/01/00 per SB 400.
19	PERS	M	Safety	Depts. of Correction, Youth Authority, Justice, Fish and Game Wardens, Institutional Firemen, Campus Police, Life Guards, State Police - converted from ID 82. Effective 01/01/00 per SB 400.
20	PERS	M	Misc. First Tier	Not employed by CHP or Justice in classes 1662-1665, 8467, 8468,

				8476, 8477, or 8478. Converted to ID 42 effective 01/01/00.
20	PERS	M	Misc. First Tier	Effective 01/01/00. Used for CSU Miscellaneous Members only
21	PERS	M	Misc. Second Tier	Elected second tier prospectively for all future service
22	PERS	M	Misc. Second Tier	Elected second tier retroactively for all past and future service
23	PERS	M	Misc. First Tier	CHP or Dept. of Justice in classes 1662-1665, 8467, 8468, 8476-8478
24	PERS	N	Misc. Modified First Tier	Election by BU 16 and 19 per AB 528/SB 1501 10/01/98. ID abolished effective 12/31/99.
25	PERS	M	Misc. Modified First Tier	Election by BU 16 and 19 per AB 528/SB 1501 10/01/98. ID abolished effective 12/31/99.
26	PERS	O	Misc. Modified First Tier	Election by BU 16 and 19 per AB 528/SB 1501 10/01/98-12/31/99. Converted to ID 45 effective 01/01/00.
27	PERS	O	Misc. Modified First Tier	Election by BU 16 and 19 per AB 528/SB 1501 10/01/98. ID abolished effective 12/31/99.
28	PERS	N	Industrial Modified First Tier	Election by BU 16 and 19 per AB 528/SB 1501 10/01/98. ID abolished effective 12/31/99.
29	PERS	M	Industrial Modified First Tier	Election by BU 16 and 19 per AB 528/SB 1501 10/01/98. ID abolished effective 12/31/99. Converted to ID 48 effective 01/01/00.

30	PERS	N	Safety	Depts. of Correction, Youth Authority, Justice, Fish and Game Wardens, Institutional Firemen, Campus Police, Life Guards, State Police - converted from ID 83. Effective 01/01/00 per SB 400.
31	PERS	N	Peace Officer/Firefighter	Dept. of Forestry - converted from ID 72. Effective 01/01/00 per SB 400.
32	PERS	M	Peace Officer/Firefighter	Dept. of Forestry - converted from ID 74. Effective 01/01/00 per SB 400.
33	PERS	N	Safety	Dept. of Justice, Life Guards
34	PERS	N	Peace Officer/Firefighter	Dept. of Forestry (R08, S08, M08, M01, E99) - converted from ID 15. Effective 01/01/00 per SB 400.
35	PERS	N	Safety	State Police
36	PERS	M	Peace Officer/Firefighter	Dept. of Forestry (R08, S08, M08, M01, E99 designated employees) - converted from ID 16. Effective 01/01/00 per SB 400.
37	PERS	N	Peace Officer/Firefighter	R06 and C06 designated employees for PERS membership. Effective as of 04/01/95 and thereafter. Converted from ID 78. Effective 01/01/00 per SB 400.
38	PERS	M	Peace Officer/Firefighter	R06 and C06 designated employees for PERS membership. Effective as of 04/01/95 and thereafter. Converted from ID 79. Effective 01/01/00 per

				SB 400.
39	PERS	N	Peace Officer/Firefighter	Converted from ID 80. Effective 01/01/00 per SB 400.
40	PERS	N	Misc. First Tier	Converted from ID 00. Effective 01/01/00 per SB 400.
41	PERS	O	Misc. Second Tier	Elected Second Tier per AB 1104 General Election, for past and future or prospective service, or eligible for PERS membership as of 11/01/88 or thereafter.
42	PERS	M	Misc. First Tier	Not employed by CHP or Justice in classes 1662-1665, 8467, 8468, 8476, 8477 or 8478. Converted from ID 20. Effective 01/01/00 per SB 400.
43	PERS	O	Misc. First Tier	CHP or Justice in classes 1662-1665, 8467, 8468, 8476, 8477 or 8478. Converted from ID 06. Effective 01/01/00 per SB 400.
44	PERS	O	Misc. Second Tier	Employed by CHP or Dept. of Justice in class 1662, 1663, 1664, 1665, 8460, 8466, 8467, 8472, 8473, 8477, or 8478. Elected Second Tier per AB 1104 General Election, for past and future or prospective service, or eligible for PERS membership as of 11/1/88 and thereafter.
45	PERS	O	Misc. First Tier	Converted from ID 08. Effective 01/01/00 per SB 400.
46	PERS	N	Industrial	First Tier - Converted from ID 90. Effective 01/01/00 per SB 400.

47	**PERS**	**O**	**Industrial Second Tier**	**Elected Second Tier per AB 1104 General Election, for past and future or prospective service, or eligible for PERS membership as of 11/1/88 or thereafter.**
48	**PERS**	**M**	**Industrial**	**First Tier - Converted from ID 93. Effective 01/01/00 per SB 400.**
49	**PERS**	**O**	**Industrial**	**First Tier - Converted from ID 94. Effective 01/01/00 per SB 400.**
50	**PERS**	**M**	**Peace Officer/Firefighter**	**Converted from ID 84. Effective 01/01/00 per SB 400.**
51	**PERS**	**N**	**CSU Peace Officer**	**Employed by CSU - Converted from ID 86. Effective 01/01/00 per SB 400.**
52	**PERS**	**M**	**CSU Peace Officer**	**Employed by CSU - Converted from ID 88. Effective 01/01/00 per SB 400.**
53	**PERS**	**N**	**CSU Peace Officer**	**Employed by CSU - Converted from ID 87. Effective 01/01/00 per SB 400.**
54	**PERS**	**M**	**CSU Peace Officer**	**Employed by CSU - Converted from ID 89. Effective 01/01/00 per SB 400.**
55	**PERS**	**N**	**Peace Officer/Firefighter**	**Employed by Youth and Adult Correctional Agencies and Boards (S06 employees in class codes 8202, 8215, 8976, 9560, 9569, 9570, 9571, 9574, 9577, 9580, 9613, 9656, 9659, 9695, 9697, 9760, 9763, 9902, 9903, 9908 and 9910. E98 employees in class code 9767). Converted from 39. Effective 05/01/01.**

56	**PERS**	**M**	**Peace Officer/Firefighter**	**Employed by Youth and Adult Correctional Agencies and Boards (S06 employees in class codes 8202, 8215, 8976, 9560, 9569, 9570, 9571, 9574, 9577, 9580, 9613, 9656, 9659, 9695, 9697, 9760, 9763, 9902, 9903, 9908 and 9910. E98 employees in class code 9767). Converted from 50. Effective 05/01/01.**
60	**PERS**	**M**	**Patrol**	**Converted to ID 61 effective 01/01/00.**
61	**PERS**	**M**	**Patrol**	**Converted from ID 60. Effective 01/01/00 per SB 400.**
62	**PERS**	**N**	**Patrol**	**Converted from ID 66. Effective 01/01/00 per SB 400.**
66	**PERS**	**N**	**Patrol**	**Converted to ID 62 effective 01/01/00.**
70	**PERS**	**N**	**Safety**	**Dept. of Forestry**
71	**PERS**	**M**	**Safety**	**Dept. of Forestry. Converted to ID 17 effective 01/01/00.**
72	**PERS**	**N**	**Peace Officer/Fire Fighter**	**Dept. of Forestry. Converted to ID 31 effective 01/01/00.**
73	**PERS**	**N**	**Peace Officer/Fire Fighter**	**Dept. of Forestry - elected to retain prior benefits**
74	**PERS**	**M**	**Peace Officer/Fire Fighter**	**Dept. of Forestry. Converted to ID 32 effective 01/01/00.**
75	**PERS**	**N**	**Safety**	**Dept. of Forestry. Converted to ID 18 effective 01/01/00.**
76	**PERS**	**N**	**Peace Officer/Fire Fighter**	**Dept. of Forestry - elected to retain prior benefits**
77	**PERS**	**N**	**Safety**	**Dept. of Forestry**

78	**PERS**	**N**	**Peace Officer/Fire Fighter**	**R06 and C06 designated employees eligible for PERS membership effective as of 04/01/95 and thereafter. Converted to ID 37 effective 01/01/00.**
79	**PERS**	**M**	**Peace Officer/Fire Fighter**	**R06 and C06 designated employees eligible for PERS membership effective as of 04/01/95 and thereafter. Converted to ID 38 effective 01/01/00.**
80	**PERS**	**N**	**Peace Officer/Fire Fighter**	**Converted to ID 39 effective 01/01/00.**
81	**PERS**	**N**	**Peace Officer/Fire Fighter**	**Not employed at Dept. of Forestry; elected to retain prior benefits**
82	**PERS**	**M**	**Safety**	**Depts. of Correction, Youth Authority, Justice, Fish and Game Wardens, Institutional Fireman, Campus Police, Life Guards, State Police. Converted to ID 19 effective 01/01/00.**
83	**PERS**	**N**	**Safety**	**Depts. of Correction, Youth Authority, Justice, Fish and Game Wardens, Institutional Firemen, Campus Police, Life Guards, State Police. Converted to ID 30 effective 01/01/00.**
84	**PERS**	**M**	**Peace Officer/Fire Fighter**	**Converted to ID 50 effective 01/01/00.**
85	**PERS**	**N**	**Peace Officer/Fire Fighter**	**Not employed at Dept. of Forestry; elected to retain prior benefits**
86	**PERS**	**N**	**CSU Peace Officer**	**Employed by CSU - Converted to ID 51 effective 01/01/00.**
87	**PERS**	**N**	**CSU Peace Officer/Fire Fighter**	**Employed by CSU - Converted to ID 53**

				effective 01/01/00.
88	PERS	M	CSU Peace Officer	Employed by CSU - Converted to ID 52 effective 01/01/00.
89	PERS	M	CSU Peace Officer/Fire Fighter	Employed by CSU - Converted to ID 54 effective 01/01/00.
90	PERS	N	Industrial	Converted to ID 46 effective 01/01/00.
91	PERS	N	Industrial	Elected second tier retroactively for all past and future services
92	PERS	N	Industrial	Elected second tier prospectively for all future services
93	PERS	M	Industrial	First tier. Converted to ID 48 eff 01/01/00.
94	PERS	O	Industrial	First tier. Converted to ID 48 eff 01/01/00.
95	PERS	O	Industrial	Elected second tier retroactively for all past and future services
96	PERS	O	Industrial	Elected second tier prospectively for all future services
97	PERS	M	Industrial	Elected second tier retroactively for all past and future services
98	PERS	M	Industrial	Elected second tier prospectively for all future services
99	PERS	O	Industrial Modified First Tier	Election by BU 16 and 19 per AB 582/SB 1501 10/01/98-12/31/99. Converted to ID 49 effective 01/01/00.
JA	JRS	N	Judicial	
JB	JRS	M	Judicial	

JC	JRS	N	Judicial	
JD	JRS	M	Judicial	
JE	JRS	N	Judicial	
JF	JRS	M	Judicial	
JG	JRS	N	Judicial	
JH	JRS	M	Judicial	
JI	JRS	N	Judicial	
JJ	JRS	M	Judicial	
JK	JRS	N	Judicial	
JL	JRS	M	Judicial	
J	JRS	N	Judicial	
JM	JRS	M	Judicial	
L	LRS	N	Legislative	
LO	LRS	O	Legislative	
T	STRS	N	Teachers	
TD	--	N	Civil Service/Exempt/CSU employees subject to PST Retirement Plan administered by DPA	Part-time, Seasonal & Temporary (PST) Retirement Plan or University of Calif (UC) Deferred Compensation (DC) Retirement Plan. Employees that are not subject are those who are not subject to Social Security withholding or whose employment/position is not presently covered by one of the State's retirement systems (i.e., PERS, LRS, JRS, STRS).
TM	--	M	Civil Service/Exempt/CSU employees subject to PST Retirement Plan administered by DPA	Part-time, Seasonal & Temporary (PST) Retirement Plan or University of Calif (UC) Deferred Compensation (DC) Retirement Plan. Employees that are subject are those who are not subject to Social Security withholding or whose employment/position is not presently covered by one of the State's retirement systems (i.e., PERS, LRS,

				JRS, STRS).
TX	**--**	**N**	**CSU employees subject to UC DC Retirement Plan administered by Chancellor's Office**	**Part-time, Seasonal & Temporary (PST) Retirement Plan or University of Calif (UC) Deferred Compensation (DC) Retirement Plan. Employees that are subject are those who are not subject to Social Security withholding or whose employment/position is not presently covered by one of the State's retirement systems (i.e., PERS, LRS, JRS, STRS).**
TY	**--**	**M**	**CSU employees subject to UC DC Retirement Plan administered by Chancellor's Office**	**Part-time, Seasonal & Temporary (PST) Retirement Plan or University of Calif (UC) Deferred Compensation (DC) Retirement Plan. Employees that are subject are those who are not subject to Social Security withholding or whose employment/position is not presently covered by one of the State's retirement systems (i.e., PERS, LRS, JRS, STRS).**
N	**--**	**N**	**--**	**Retirement , social security and medicare are not deductible**
NM	**--**	**M**	**--**	**Retirement not deductible but Medicare is deductible**
NO	**--**	**O**	**--**	**Retirement not deductible but social security and medicare are deductible**

* JRS Judges Retirement System
LRS Legislative Retirement System
PERS Public Employees Retirement System
STRS State Teachers Retirement System

DEDUCTION CODE	EARNINGS STATEMENT ABBREVIATION	DEDUCTION DESCRIPTION
003	*PERS ADJ	PERS Arrears Normal Contribution or Adjustment (Employer Paid Member Contribution)
003	PERS ADJ	PERS Arrears Normal Contribution or Adjustment (Non-Employer Paid Member Contribution)
004	PERS REDPST	PERS Redeposit of Contribution Refunded Upon Separation after taxation
006	PST/DPA ADJ	Part-Time, Seasonal and Temporary/DPA Retirement Adjustment
007	PST/UC ADJ	Part-Time, Seasonal and Temporary/UC Retirement Adjustment
008	PERS SUPPL	PERS Supplemental Contributions Program
011	FIXED MAINT	Fixed Maintenance
012	VAR MAINT	Variable Maintenance
014		County Miscellaneous (Superior Court Judges) (see org. codes B 017)
017	CHTBL CNTRB	Charitable Contribution (see org. codes B 018)
021		State Agency Program Fees (see org. codes B 019)
024	VCS ADM FEE	Voluntary Child Support Administrative Charge
025	VCS CHD SUP	Voluntary Child Support
026		Tax Sheltered Annuity (CSU) (see org. codes B 020)
027		Tax Sheltered Annuity (CSU) (see org. codes B 021)
028	DC ADM CHG	Administrative Charge for Deferred Compensation
029		Deferred Compensation (see org. codes B 022)
030		(Discontinued effective 02/03)
031	STRS ADJ	Teachers Retirement Adjustment
032	JRS ADJ	Judges Retirement Adjustment
034		(Discontinued effective 09/02)
035	ACCT RCVBL	Account Receivable for Salary Overpayment
036	SVGS BOND	U.S. Savings Bond
037		(Discontinued effective 09/02)

038	SUPPORT	Continuing Support Assignment of Wages
039		Levy on Earnings (Salary Garnishment) (see org. codes B 031)
040		Civil Service Tax Sheltered Annuity (see org. codes B 022.1)
041	TSA ADM FEE	Civil Service TSA Admin Fee
043		(Discontinued effective 11/01)
044		(Discontinued effective 11/01)
047	VOL SPOUSAL	Voluntary Spousal Support
048	VSS ADM FEE	Voluntary Spousal Support Administrative Fee
049	TRUST FUND	Contribution of Union Benefit Trust Fund (Casual Employment)
050	PARKING	Parking (see org. codes B 023)
051		Credit Union (see org. codes B 024)
056	KAISER N	Kaiser North Basic Health Insurance (PERS)
058		(Discontinued effective 11/01)
066	KAISER N SM	Kaiser North Medicare Supplement Insurance (PERS)
068		(Discontinued effective 11/01)
074		Insurance and Employee Benefit G.C. 1152(a) (see org. codes B 025)
075		Insurance and Employee Benefit G.C. 1152(a) (see org. codes B 026)
076	JRS SURV	Judges Retirement - Surviving Children Benefits Contribution
077	PERS SURV	PERS Survivor Benefits Contribution
086		(Discontinued effective 11/02)
087		(Discontinued effective 11/02)
088		Dues in Employee Associations (see org. codes B 027)
089		Dues in Employee Associations (see org. codes B 028)
091	MEDICARE SL	Medicare Sick Leave/Disability Pay Refund (FICA)
092	MEDICR ADJ	Medicare Tax Portion of FICA (Hospital Insurance)
093	ERNED INCM	Earned Income Credit
094	ST TAX ADJ	Illinois State Withholding Tax
095	ST TAX ADJ	California State Withholding Tax
096	ST TAX ADJ	New York State Withholding Tax
097	SS ADJ	Federal Insurance Contributions Act (Social Security)
098	SS SL	Social Security Sick Leave/Disability Pay Refund

099	FED TAX ADJ	Federal Withholding Tax Adjustment
100		Civil Service Dental Plans (see org. codes B 029)
150		CSU Dental Plan (see org. codes B 030)
200		Life Insurance Plan-Civil Service (see org. codes B 031)
201		(Discontinued effective 11/01)
202		(Discontinued effective 11/01)
205	BLUE SHIELD	Blue Shield of California (Basic)
206	B SHIELD SM	Blue Shield of California (Supplemental)
207	PORAC	Peace Officers Research Association of California (Basic)
208	PORAC SM	Peace Officers Research Association of California (Supplemental)
211		(Discontinued effective 11/01)
214	KAISER – HI	Kaiser Foundation HP of Hawaii (PERS)
217		(Discontinued effective 11/02)
218		(Discontinued effective 11/02)
219	KAISER NW	Kaiser Foundation HP OP Northwest (PERS)
222	PERSCHOICE	Pers Choice (Basic)
223	PERSCHOICE	Pers Choice (Supplemental)
228		(Discontinued effective 11/01)
229		(Discontinued effective 11/01)
230	CAHP BC	CAHP Blue Cross Prudent Buyer Plan (Basic)
231	CAHP BS SM	CAHP Blue Cross Prudent Buyer Plan (Supplemental)
232		(Discontinued effective 11/02)
233		(Discontinued effective 11/02)
235		(Discontinued effective 11/02)
236		(Discontinued effective 11/02)
238		(Discontinued effective 11/02)
239		(Discontinued effective 11/02)
245	KAISER – GA	Kaiser foundation HP of Georgia (PERS)
249	KAISER – GA	Kaiser foundation HP of Georgia (PERS)
250		Life Insurance Plan - CSU (see org. codes B 031)
251		(Discontinued effective 11/01)
252	KAISER CO	Kaiser Foundation HP of Colorado (PERS)
253	KAISER CO	Kaiser Foundation HP of Colorado-SM (PERS)
261	KAISER MA	Kaiser Foundation HP Mid-Atlantic-SM

		(PERS)
262	KAISER OH	Kaiser Foundation HP of Ohio (PERS)
263	KAISER OH	Kaiser Foundation HP of Ohio-SM (PERS)
265	KAISER MA	Kaiser Foundation HP Mid-Atlantic (PERS)
269	KAISER NW	Kaiser Foundation HP of Northwest-SM (PERS)
270	KAISER HI	Kaiser Foundation HP of Hawaii (PERS)
274	CCPOA-MEDIC	CCPOA North – Benefit Trust Med Prog
275	CCPOA-MEDIC	CCPOA North – Benefit Trust Med Prog
278	PERS-CARE	PERS-CARE (Basic)
279	PERS-CARE	PERS-CARE (Supplemental)
282	WESTERN HP	Western Health Advantage (PERS)
283	WESTERN SM	Western Health Advantage – SM (PERS)
284	CCPOA MED	CCPOA South-Benefit Trust Med Prog
285	CCPOA MED	CCPOA South-Benefit Trust Med Prog
286	CCPOA MED	CCPOA SLO-Benefit Trust Med Prog
287	CCPOA MED	CCPOA SLO-Benefit Trust Med Prog
288		(Discontinued effective 11/01)
300		(Discontinued effective 6/00)
314	*PERS REDPST	PERS Pre-Tax Redeposit of Contribution Refunded Upon Separation
315	*STRS REDPST	STRS Pre-Tax Redeposit of Contribution Refunded Upon Separation
338	SUP ADM CHG	Support Administrative Charge
339		Levy on Earnings (Salary Garnishment) (see org. codes B 031)
349		Flex Administrative Fee (see org. codes B 031)
350		FlexElect Health Plans (see org. codes B 031)
351		FlexElect Dental Plans (see org. codes B 032)
352		FlexElect Health Care Reimbursement Account (see org. codes B 032)
353		FlexElect Dependent Care Reimbursement Account (see org. codes B 032)
354		Flex/CoBen/Miscellaneous Employer Paid Benefit Dollars (see org. codes B 032)
355		Assembly Flex Life Insurance
356		Flex Employer-Paid Admin Fee (see org. codes B 032)
357		Assembly Flex LTD (see org. codes B 032)
358		Assembly Pre-Tax Benefits (see org. codes B 032)

359		**Workers Comp Medical Plan (see org. codes B 032)**
360	***PARKING**	**Pre-tax Parking (see org. codes B 032)**
361	***F PARK RMB**	**Parking Reimbursement Account**
375		**FlexElect Dependent Care Administrative Fee (CSU) (see org. codes B 032)**
376		**CSU Flex Health Plans (see org. codes B 032)**
378		**CSU Health Care Reimbursement Account (see org. codes B 032)**
380		**CSU Dependent Care Reimbursement Account (see org. codes B 032)**
381		**CSU Flex Cash Option (see org. codes B 032)**
400		**Bank - GC 1151 (h) (see org. codes B 032)**
401		**Savings and Loan Administration**
402		**Industrial Loan Company**
450		**Vision Care Plan (CSU) (see org. codes B 032)**
475		**Vision Care Plans (Civil Service) (see org. codes B 033)**
500		**Fair Share Fee (Civil Service) (see org. codes B 033)**
501		**Fair Share Fee (CSU) (see org. codes B 032)**
550		**Fair Share Fee Alternative (Civil Service) (see org. codes B 033)**
551		**Fair Share Fee Alternative (CSU) (see org. codes B 032)**
	OTHER (default)	

* Amounts which affect taxable gross.

CODE 014 - COUNTY MISCELLANDOUS ORGANIZATION CODES (SUPERIOR COURT JUDGES) **B 017**
(Revised 10/03)

ORGANIZATION CODE	EARNINGS STATEMENT ABBREVIATION	DEDUCTION DESCRIPTION
001		**(Discontinued effective 7/00)**
002		**(Discontinued effective 7/00)**
003		**(Discontinued effective 7/00)**
004	**CO EE CU**	**County Employees Credit Union (San Diego)**
005	**HLT&LIF INS**	**County Health and Life Insurance (San Diego)**
006	**COMPUTER**	**County of San Diego**

012		**(Discontinued effective 7/00)**
013		**(Discontinued effective 7/00)**
014	**RVRSD CO CU**	**Rverside County Employees Federal CU**
032		**(Discontinued effective 7/00)**
035		**(Discontinued effective 7/00)**
043		**(Discontinued effective 7/00)**
051		**(Discontinued effective 7/00)**
052		**(Discontinued effective 7/00)**
053		**(Discontinued effective 7/00)**
054	**1St UNITED**	**1ST United Services Credit Union**
057		**(Discontinued effective 7/00)**
061		**(Discontinued effective 7/00)**
065		**(Discontinued effective 7/00)**
066		**(Discontinued effective 7/00)**
072		**(Discontinued effective 7/00)**
073		**(Discontinued effective 7/00)**
074		**(Discontinued effective 7/00)**
075		**(Discontinued effective 7/00)**

CODE 017 - CHARITABLE CONTRIBUTION ORGANIZATION CODES **B 018**
(Revised 10/03)

001	**United Way of Blythe**
002	**United Way of Imperial County**
004	**United Way, Inc. (Los Angeles)**
005	**United Way of Orange County**
007	**United Way of Madera County**
008	**United Way of Hemet - San Jacinto**
009	**United Way of Del Norte County**
010	**United Way of Ventura County**
012	**United Way of Stanislaus County**
013	**United Way of Nevada County**
014	**Kings United Way**
019	**United Way of the Inland Valleys**
020	**United Way of Santa Barbara County, Inc.**
022	**The United Way of the Bay Area**
023	**United Way of San Joaquin County, Inc.**

024	**United Way Sacramento Area**
025	**(Discontinued effective 6/03)**
028	**The New United Way of Fresno County**
029	**United Way of Santa Clara County**
032	**United Way of San Diego County**
036	**United Way of Monterey Peninsula**
039	**United Way of San Luis Obispo County**
040	**United Way of Northern California**
044	**United Way of Butte/Glenn Counties**
045	**Arrowhead United Way (San Bernardino Area)**
055	**United Way of the Central Coast, Inc.**
056	**Merced Area United Way**
059	**Mt. Baldy United Way**
064	**United Way of the Desert**
065	**United Way of East Valley**
069	**Desert Communities United Way**
071	**United Way of Kern County, Inc.**
073	**United Way of Sonoma-Mendocino-Lake**
074	**United Way of Humboldt**
075	**Yuba-Sutter United Way**
081	**United Way of Tulare County**
083	**United Way of Tuolumne and Calaveras Counties**

CODE 021- STATE AGENCY PROGRAM FEE CODES **B 019**
(Revised 10/03)

ORGANIZATION CODE	EARNINGS STATEMENT ABBREVIATION	DEDUCTION DESCRIPTION
002		**(Discontinued effective 7/00)**
003		**(Discontinued effective 7/00)**
004	**REC CENTER**	**Recreational Sports Rec Center Fee (Cal Poly San Luis Obispo)**
005		**(Discontinued effective 12/01)**
051	**DUP W-2 FEE**	**Duplicate W-2 Processing Fee**
175		**(Discontinued effective 7/00)**
532	**F/PRINT FEE**	**California Conservation Corps Fingerprint**

C0DE 026 - TAX SHELTERED ANNUITY ORGANIZATION CODES (CSU) **B 020**
(Revised 10/03)

ORGANIZATION CODE	EARNINGS STATEMENT ABBREVIATION	DEDUCTION DESCRIPTION
001	*TSA-PACLIF	Industrial-Alliance Pacific Life
002	*TSA-TRANAM	Transamerica Life Insurance Ins and Annuity
003		(Discontinued effective 12/00)
004	*TSA-L, A & CO	Lord, Abbert & Company
005	*TSA-SUN LF	Sunlife Assurance Company of Canada
006		(Discontinued effective 7/00)
007**		(Discontinued effective 12/00)
008	*TSA-UNFUND	United Funds, Inc.
009	*TSA-BL&CAS	Bankers Life and Casualty Company
010		(Discontinued effective 12/00)
011	*TSA-VANKMP	Van Kampen Funds
012		(Discontinued effective 12/00)
013	*TSA-N ENG	New England Mutual Life Insurance Company
014	*TSA-NATNWD	Nationwide Life Insurance Company
015	*TSA-NATL	National Guardian Life Insurance Company
016	*TSA-HARTFD	ITT Hartford Life Insurance Company
017		(Discontinued effective 12/00)
018	*TSA-KANSAS	Kansas City Life Insurance Company
019	*TSA-MWF	Metropolitan West Funds
020	*TSA-OPNHMR	Oppenheimer Investors Services, Inc.
021	*TA – UTA	United Teacher's Associates Ins. Co.
022		(Discontinued effective 12/00)
023	*TSA-FID DS	Fidelity Distributors Corporation
024	*TSA - COLUMB	Colombia Universal Life Ins. Co
025	*TSA-PUTNAM	Putnam Financial Services, Inc.
026	*TSA-INVEST	Investco Funds
028	*TSA-NATL W	National Western Life Insurance Company
029	*TSA-METRO	Metropolitan Life Insurance Company

030	*TSA – INDEX	Index Mutual Funds
031	*TSA-FRNKLN	Franklin Templeton Trust Company
032	*TSA – MDLAND	Midland National Life Ins. Co
033	*TSA-RELSTR	Reliastar United Services Life
036	*TSA-HERITA	United Heritage Mutual Life Insurance Co.
037		(Discontinued effective 01/01)
040	*TSA-GEN AM	General American Life Insurance Company
045	*TSA-EVRGRN	Evergreen Funds
047	*TSA-INT LF	Integrity Life Insurance Company
048	*TSA-MLYNCH	Merrill Lynch Insurance Group
050	*TSA-NW MUT	Northwestern Mutual Life Insurance Company
051		(Discontinued effective 12/00)
054	*TSA-AM FND	American Fund Distributors, Inc.
055	*TSA-CALVRT	Calvert Asset Management Company, Inc.
056	*TSA-SUN AM	Sun America Life Insurance Co.
059	*TSA-LFCOSW	Life Insurance Company of the Southwest
060	*TSA-PIONEER	Pioneer Group
061		(Discontinued effective 12/00)
062	*TSA-CAL AM	Calamerica Life Insurance Company
063	*TSA-MFS	Massachusetts Financial Services, Inc.
065		(Discontinued effective 12/00)
066		(Discontinued effective 12/00)
067	*TSA-USAAIM	USAA Investment Management Company - Mutual Fund Company
071		(Discontinued effective 12/00)
072	*TSA-NYLIFE	NY Life Securities Incorporated
074	*TSA-LIFUSA	LifeUSA Insurance Company
075	*TSA-DELTA	Delta Life Securities, Inc.
076	*TSA-FRTIS 1	Fortis Investors, Inc.
077	*TSA-FRTIS B	Fortis Benefits Insurance Co.
078	*TSA-CUNA	CUNA Mutual Life Insurance Company
079	*TSA-NATL H	National Health Insurance Company
080		(Discontinued effective 12/00)
082	*TSA-STRONG	Strong Funds
084	*TSA-MERRIL	Merrill Lynch Funds Dist., Inc.
085	*TSA-RIGHT	The Rightime Fund, Inc.

086	***TSA-ALLIAN**	**Alliance Fund Distributors, Inc.**
087	***TSA-BENLIF**	**Beneficial Life Insurance Company**
089	***TSA-PFS**	**PFS Investments, Inc.**
090	***TSA-PAX**	**Pax World Fund, Inc.**
091	***TSA-LEGEND**	**Legend Capital Corp.**
092		**(Discontinued effective 01/01**
093	***TSA-FRM NW**	**Farmers New World Life Ins. Co.**
094	***TSA-GUARDN**	**Guardian Insurance & Annuity Co., Inc.**
096	***TSA-GOLDEN**	**Golden State Mutual Life Insurance Co.**
097		**(Discontinued effective 03/00)**
098		**(Discontinued effective 12/00)**
099	***TSA-USG**	**USG Annuity and Life Company**
100	***TSA-F&GUAR**	**Fidelity and Guaranty Life Insurance Co.**
101	***TSA- AMRICO**	**American Retirement Services**
102	***TSA-CLICA**	**College Life Insurance Company of America**
103	***TSA-GA RSV**	**Great American Reserve Insurance Co.**
104	***TSA-W OHIO**	**Western Reserve Life Assurance Company of Ohio**
105		**(Discontinued effective 12/00)**
106		**(Discontinued effective 12/00)**
107	***TSA-COMM**	**AVIVA Life Insurance Company**
108		**(Discontinued effective 12/00)**
109		**(Discontinued effective 12/00)**
110	***TSA-HANCOK**	**John Hancock Fund Services, Inc.**
111		**(Discontinued effective 12/00)**
112	***TSA-MACKEN**	**Mackenzie Ivy Investor Series Corp.**
114	***TSA-CITIZEN**	**Citizens Trust**
115		**(Discontinued effective 12/00)**

* Amounts which affect taxable gross.
** The Corporate Company is codes 027-034

CODE 027 – TAX SHELTERED ANNUITY ORGANIZATION CODES (CSU) **B 021**
(Revised 10/03)

ORGANIZATION CODE	EARNINGS STATEMENT ABBREVIATION	DEDUCTION DESCRIPTION

003	*TSA-AETNA	Aetna Life Insurance and Annuity Company
006		(Discontinued effective 12/00)
007	*TSA-PRMULI	Principal Mutual Life Insurance Company
009	*TSA-BAUNLF	Bankers United Life Assurance Company
011	*TSA-CAL W	California - Western States Life Insurance Company
015		(Discontinued effective 12/00)
016	*TSA-EQLFAS	Equitable Life Assurance Society of the U.S.
017		(Discontinued effective 04/03)
019**		(Discontinued effective 12/00)
021	*TSA-FRNKLF	Franklin Life Insurance Company
022	*TSA-JACKSN	Jackson National Life Insurance Company
023	*TSA-GRWEST	Great-West Life Assurance Company
027		(Discontinued effective 12/00)
028	*TSA-AMEX	American Express Financial Advisors
031	*TSA-SUNSET	Sunset Life Insurance Company of America
034**		(Discontinued effective 12/00)
036	*TSA-LINCLN	Lincoln National Pension Insurance Company
037	*TSA-KEMPER	Kemper Investors Life Insurance Company
041	*TSA-MASSMU	Massachusetts Mutual Life Insurance Company
043	*TSA-MINNMU	Minnesota Mutual Life Insurance Company
045		(Discontinued effective 12/00)
050	*TSA-NORTHN	Northern Life Insurance Company
051	*TSA-NWLINS	Northwestern National Life Insurance Company
055	*TSA-PROV	Provident Annuity Company
056	*TSA-PENNMU	Penn Mutual Life Insurance Company
059	*TSA-SCURTY	Security Benefit Life Insurance Company
062	*TSA-STFARM	State Farm Life Insurance Company
066	*TSA-TIAA/C	Teachers Insurance & Annuity Association/College Retirement Equities Fund (TIAA/CREF)
067	*TSA-TRVLRS	Travelers Insurance Company
068		(Discontinued effective 12/00)
069	*TSA-OMAHA	United of Omaha Life Insurance Company
071	*TSA-VARIBL	Variable Annuity Life Insurance Company
072		(Discontinued effective 12/00)

075	***TSA-AGAIC**	**American General Annuity Insurance Company**
079	***TSA-AMNATL**	**American National Insurance Company**
081		**(Discontinued effective 01/01)**
084	***TSA-AAL**	**Aid Association for Lutherans**
085	***TSA-METLF**	**Metlife Investors**
087	***TSA-SAFECO**	**SAFECO Life Insurance Company**
091		**(Discontinued effective 12/00)**
093	***TSA-STDINS**	**Standard Insurance Company**
094	***TSA-GRAMLF**	**Great American Life Insurance Company**
096		**(Discontinued effective 02/02)**

* Amounts which affect taxable gross

CODE 029 – DEFERRED COMPENSATION ORGANIZATION CODES **B 022**
(Revised 10/03)

ORGANIZATION CODE	EARNINGS STATEMENT ABBREVIATION	DEDUCTION DESCRIPTION
001		**(Discontinued effective 12/00)**
004		**(Discontinued effective 12/00)**
052		**(Discontinued effective 6/96)**
053		**(Discontinued effective 6/96)**
054		**(Discontinued effective 6/96)**
401	***401K PLAN**	**Savings Plus 401K Plans**
457	***457 PLAN**	**Savings Plus 457 Plans**

*** Amounts which affect taxable gross**

CODE 040 – CIVIL SERVICE TAX SHELTERED ANNUITY **B 022.1**
(Revised 10/03)

ORGANIZATION CODE	EARNINGS STATEMENT ABBREVIATION	DEDUCTION DESCRIPTION

002	*403B-AETNA	AETNA Life Insurance and Annuity Co
003	*403B-AAL	Aid Association for Lutherans
005	*403B-AMCAP	American Capital Companies Shareholder Services
006	*403B-AMFND	American Funds Service Company
007	*403B-AMGEN	American General Life Insurance Company
009	*403B-AMLIF	American Life & Casualty Company
011		(Discontinued effective 11/00)
012	*403B-BU	Bankers United Life Assurance Company
013	*403B-CCP	Beneficial Standard Life Insurance Company
014	*403B-CAL A	Calamerica Life Insurance Company
017	*403B-COMM	AVIVA Life Insurance Company
018	*403B-PFS	PFS Investments Inc.
019	*403B-DEL	Delaware Service Company
020	*403B-DELTA	Delta Life and Annuity
022	*403B-EQLIF	The Equitable
024	*403B-F&G	Fidelity & Guaranty Life Insurance Company
025	*403B-FITSCO	Fidelity Investments Tax-Exempt Service Company
026	*403B-F STD	Metlife Investors
030	*403B-FRANK	Franklin Trust Company
032	*403B-GENAM	General American Life Insurance Company
033	*403B-GR AM	Great American Life Insurance Company
035	*403B-HRTFD	Hartford Life Insurance Company
036	*403B-IDS	IDS Financial Services, Inc.
038	*403B-IDEX	IDEX Mutual Funds
040	*403B-VANK	Van Kampen Trust Company
041	*403B-JACKS	Jackson National Life Insurance Company
042		(Discontinued effective 11/00)
043	*403B-ALDEN	John Alden Insurance Company
044	*403B-KEMPR	Kemper Investors Life Insurance Company
047	*403B-LEGND	The Legend Group
049	*403B-LSW	Life Insurance Company of the Southwest
050	*403B-LNCLN	Lincoln National Life Insurance Company
051	*403B-LB	Lutheran Brotherhood
054	*403B-CNSCO	Conseco Life Insurance Company
057	*403B-LYNCH	Merrill Lynch

058	***403B-MET**	**Metropolitan Life Insurance Company**
060	***403B-MINN**	**Minnesota Mutual Life Insurance Company**
062	***403B-NTL H**	**National Health Insurance Company**
063	***403B-NTL W**	**National Western Life Insurance Company**
064	***403B-NWIDE**	**Nationwide Life Insurance Company**
065	***403B-N ENG**	**The New England**
066	***403B-NY**	**New York Life Insurance and Annuity Corp.**
068	***403B-NWLIF**	**North West Life Assurance Company of Canada**
069	***403B-NTHRN**	**Northern Life Insurance Company**
071	***403B-OPPEN**	**Oppenheimer Funds**
072	***403B-P REV**	**The Paul Revere Variable Annuity Insurance**
073	***403B-PSC**	**Pioneering Services Corporation - PSC**
074	***403B-PRINC**	**Principal Mutual Life Insurance Company**
075	***403B-PRUD**	**Prudential Ins. Co. of America**
076	***403B-PUTNM**	**Putnam Investments**
078	***403B-SAFCO**	**SAFECO Life Insurance Company**
079	***403B-SBM**	**SBM Life Insurance Company**
080	***403B-SEC B**	**Security Benefit Life Insurance Company**
081	***403B-METLF**	**Metlife Investors**
085	***403B-TXDEF**	**Tax Deferred Services, Inc.**
087	***403B-TRAVL**	**The Travelers Insurance Company**
088	***403B-AMCEN**	**American Century Investments**
089	***403B-USG**	**USG Annuity & Life Company**
090	***403B-OMAHA**	**United of Omaha Life Insurance Co.**
091	***403B-USAA**	**USAA Life Insurance Company**
092	***403B-VALIC**	**Variable Annuity Life Insurance Company**
093	***403B-W & R**	**Waddell & Reed, Inc.**
094	***403B-AGAIC**	**American General Annuity Insurance Company**
095	***403B-WRL**	**Western Reserve Life Assurance Company of Ohio**
096	***403B-SFLIC**	**State Farm Life Insurance Company**

***** **Amounts which affect taxable gross**

001-055	Department of General Services
056	(Discontinued effective 07/00)
057	Humboldt State University
058	State Polytechnic University, Pomona
059	(Discontinued effective 07/00)
060	(Discontinued effective 07/00)
062	Department of Parks & Recreation
063	California Highway Patrol
064	San Jose State University
065	State Air Resources Board
066	(Discontinued effective 07/00)
067	California State University, Northridge
068	State Controller's Office
069	Department of Motor Vehicles
070	Department of Personnel Administration
071	Department of Justice
072	Department of Social Services
073	Department of Health Services (Sacramento)
074	(Discontinued effective 07/00)
075	Sonoma, State University
076	Fresno, State University
077	San Diego, State University
078	San Francisco, State University
079	Bakersfield, State University
080	Department of Justice - Los Angeles
081	Long Beach, State University
082	Stanislaus, State University
083	Department of Health Services (Berkeley)
084	Department of Transportation (San Francisco)
085	(Discontinued effective 07/00)
086	Hayward, State University
087	Los Angeles, State University
088	Sacramento, State University
089	Employment Development Department
090	(Discontinued effective 07/00)
091	San Bernardino, State University

093	Dominguez Hills, State University
094	Department of Transportation (Los Angeles)
095	CSU Chancellor's Office
096	(Discontinued effective 07/00)
097	(Discontinued effective 07/00)
098	Department of Transportation (Sacramento)
099	San Luis Obispo, State Polytechnic University
100	California State University, Fullerton
101	(Discontinued effective 07/00)
102	(Discontinued effective 07/00)
103	California State Legislature - Senate
104	Public Employment Relations Board
105	(Discontinued effective 07/00)
106	(Discontinued effective 07/00)
107	(Discontinued effective 07/00)
108	California State University, Chico
109	Department of Forestry
110	California Public Utilities Commission
111	(Discontinued effective 07/00)
112	(Discontinued effective 07/00)
113	State Controller's Office
114	Department of Transportation
115	(Discontinued effective 6/00)
116	(Discontinued effective 07/00)
117	Air Resources Board
118	California State University, San Marcos
119	Air Resources Board
120	Department of Pesticide Regulation
121	Secretary of State
122	California State University, Monterey Bay
123	California Maritime Academy
124	Department of Justice - Attorney General's Office
125	DGS - Office of Small and Minority Businesses
126	Department of Justice
127	California Conservation Corps
128	Department of Transportation District 8

129	Department of Insurance
130	Public Employees Retirement System
131	Department of Toxic Substances Control
132	Integrated Waste Management Board
133	State Water Resources Control Board
134	Office of Environmental Health Hazard Assessment
135	Department of Consumer Affairs
136	Department of Consumer Affairs
137	Department of Consumer Affairs
138	Priority Parking Services CA, LLC
139	State Personnel Board
140	Republic Parking NW INC
141	Bureau of State Audits
142	Department of Corrections
143	Board of Governor's, California Community College
144	Department of Finance
145	State Board of Equalization
146	Ca. State Department of Real Estate
147	Dept. of Transportation
148	Dept. of Justice – Sacramento
149	Ca. Dept. of Aging
150	Ca Technology Trade and Commerce
151	Office of Statewide Health Plan and Dev.
152	Managed Risk Medical Insurance Board
153	Department of Corporations
301	Standard Parking
302	Standard Parking
303	Standard Parking
304	Standard Parking
305	Standard Parking
307	Standard Parking
365	Standard Parking
427	Standard Parking
438	Standard Parking
713	Standard Parking

ORGANIZATION CODES	EARNINGS STATEMENT ABBREVIATION	DEDUCTION DESCRIPTION
001	GOLDEN 1 CU	The Golden 1 Credit Union
002		(Discontinued effective 07/00)
003	CA BEAR CU	California Bear Credit Union
004	CSE CU #4	Greater Valley Credit Union
005	1ST FED CU	First Federal Credit Union
006	CNTRL ST CU	Central State Credit Union
007	PACIFIC BAY	Pacific Bay Federal Credit Union
008	REDWOOD CU	Redwood Credit Union
009	CSE CU #9	C.S.E. Credit Union #9
010	CHRCH MB CU	Church Members Credit Union
011	COAST-TEL	Coast-Tel Federal Credit Union
012	SISKIYOU CU	Siskiyou Central Credit Union
013	MEMBRS 1ST CU	Members 1ST Credit Union
014	CAL ST CU	Cal State Central Credit Union of the North Bay
015	SAFEAMER CU	Safeamerica Federal Credit Union
016		(Discontinued effective 07/00)
017	SUE CU SD	University and State Employees Credit Union of San Diego
018	WESCOM CU	Wescom Credit Union
019	CENTRAL CU	MOCSE Central Valley FCU
020	CSE CU #20	C.S.E. Credit Union #20
021		(Discontinued effective 06/00)
022		(Discontinued effective 07/00)
023		(Discontinued effective 07/00)
024	ARROWHEADCU	Arrowhead Credit Union
025		(Discontinued effective 07/00)
027		(Discontinued effective 05/00)
028		(Discontinued effective 07/00)
029	CFT CU	California Federation of Teachers Credit Union
030	AM RIVER CU	American River Federal Credit Union
031	TUCOEMAS CU	TUCOEMAS Federal Credit Union

032	SNTA CRZ CU	Santa Cruz County Employees Credit Union
033	SAFE FED CU	S.A.F.E Federal Credit Union
034	1ST FIN CU	First Financial Federal Credit Union
035		(Discontinued effective 07/00)
036	ST EMP84 CU	State Employees No. 84 Credit Union
037	MAR CORP CU	Marine Corps West Federal Credit Union
038	LASSEN CU	Lassen County Federal Credit Union
039		(Discontinued effective 07/00)
040	SUN COMM CU	Sun Community Federal Credit Union
041	SIERRA CU	Sierra Central Credit Union
042	DESERT CM CU	Desert Communities Federal Credit Union
043	RIV SCH CU	Riverside Schools Credit Union
044	KERN SCH CU	Kern Schools Federal Credit Union
045	CAHP CU	California Association of Highway Patrolmen Credit Union
046		(Discontinued effective 07/00)
047	SCH FIN CU	Schools Financial Credit Union
048	BAY FED CU	Bay Federal Credit Union
049	TRIPLE S CU	Triple S Credit Union
051	AM BAPT CU	American Baptist Credit Union
052	SAC PSTL CU	Sacramento District Postal Employees Credit Union
053	GOLDEN BAY	Golden Bay Federal Credit Union
054	MID-CIT CU	Mid Cities Schools Credit Union
055	PROVIDNT CU	Provident Central Credit Union
056	YOLO FED CU	Yolo Federal Credit Union
057	CNTR CST CU	Central Coast Credit Union
058	VLY OAK CU	Valley Oak Credit Union
059	HERITAGE CU	Heritage Community Credit Union
060	SANTA FE CU	Santa Fe First Federal Credit Union
061	GROSMONT CU	Grossmont Schools Fed Cr Union
062	COAST CU	Coast Central Credit Union
063		(Discontinued effective 07/00)
064	MERCO EE CU	Merco Employees Federal Credit Union
065	PT MUGU CU	Point Mugu Federal Credit Union
072	LBS FIN CU	LBS Financial Credit Union
073	CRC FED CU	CRC - Federal Credit Union

074		**(Discontinued effective 07/00)**
075	**SAFE 1 CU**	**Safe 1 Credit Union**
077	**MATADORS CU**	**Matadors Federal Credit Union**
079	**STAR CR UN**	**S.T.A.R. Community Credit Union**
080	**CAL POLY CU**	**Cal Poly Pomona Federal Credit Union**
082	**CSU LA CU**	**CSU, L.A. Federal Credit Union**
083	**PACIFIC CU**	**Pacific Federal Credit Union**
086	**HI SIERA CU**	**High Sierra Credit Union**
087	**1ST CITY CU**	**1st City Savings Federal Credit Union**
088	**FAIRVIEW CU**	**Fairview Employees Federal Credit Union**
092	**LB ST EE CU**	**Long Beach State Employees Credit Union**
093	**EDUC EE CU**	**Education Employees Credit Union, Inc.**
094		**(Discontinued effective 10/00)**
095	**CTF CU**	**C.T.F. Federal Credit Union**
096	**ORNG TCH CU**	**Orange County Teachers Federal Credit Union**
097	**BAYTECH CU**	**Baytech Federal Credit Union**
098	**SESLOC CU**	**SESLOC Federal Credit Union**
099	**ST CENTR CU**	**State Center Credit Union**
100	**PLACER CU**	**Placer Credit Union**
101	**CHETCO CU**	**Chetco Federal Credit Union**
102	**TRAVIS CU**	**Travis Federal Credit Union**
103	**OP ENG CU**	**Operating Engineers Local Union #3 Federal Credit Union**
104	**49ER FED CU**	**49er Federal Credit Union**
105		**(Discontinued effective 07/00)**
106	**BIG VALLEY**	**Big Valley Federal Credit Union**
107	**NORTON CU**	**The Norton Credit Union**
108	**CAMPBELL CU**	**Campbell Soup Federal Credit Union**
109	**N REDWD CU**	**Northern Redwood Federal Credit Union**
110	**FINANCIALCU**	**Financial Center Credit Union**
111		**(Discontinued effective 07/00)**
112	**LASCHFED CU**	**Los Angeles Schools Fed CR. Union**

ORGANIZATION CODE	EARNINGS STATEMENT ABBREVIATION	DEDUCTION DESCRIPTION
001		(Discontinued effective 5/03)
002		(Discontinued effective 12/01)
003	GOV INS/BT	Governmental Employee Insurance & Benefit Trust (PECG)
004	M-S&CO INC	Meyers-Stevens and Company, Inc. (CCPOA)
005	CCPOA IDT/T	CCPOA Insurance Division Trust/T
006	NYL DIS INS	New York Life Disability Insurance
008	GOV INS/BT	Governmental Employees Insurance & Benefit Trust (CAPS)
009		(Discontinued effective 04/02)
010	ANTHEM LIFE	Anthem Life Insurance (CSEA)
011	MONUMENTAL	Monumental Life Insurance Company (CSEA)
012	PREPDLEGAL	Pre-paid Legal Services, Inc.
014	AUL INS	American United Life (CSEA)
015	UNUM LTD	Unum Life Insurance Company of America (CAUSE)
018	CA CAS INS	California Casualty Insurance Company (CAUSE)
017	NYL AD INS	New York Life Insurance
019	BU12 CBC	IUOE Craft Maint Local 3, 12, 39,,501
020	CDFEA PAGER	CDFEA Region VIII
021	PAYCH PLAN	California Correctional Supervisors Organization, Inc. Paycheck Plan
022	M-S&CO INS	Myers-Stevens & Co., Inc. (CAUSE)
024	3RD PTY ADM	Associated Third Party Admin.
025		(Discontinued effective 07/02)
027	CSMSA BNFT	California State Managers and Supervisors Association
028	SETC-USBP	Union Services Benefit Plan
029	NY LIFE	California Correctional Supervisors Organization - NY Life
030	AFLAC DI/C	California Correctional Supervisors Organization - AFLAC
032	LIUNA FUND	Liuna National Pension Fund
033		(Discontinued effective 01/03)
034	CCSO – BCS	Ca. Lif Correctional Sup Org. - BCS
035		(Discontinued effective 04/01)
037	CAHP W&O	CAHP Widows & Orphans Fund

039		(Discontinued effective 04/00)
043	WILSON & CO	Harry J. Wilson & Company Insurance Corres. Inc.
046		(Discontinued effective 12/01)
048	GOV INS/BT	Governmental Employee Insurance & Benefit Trust (ACSA)
051	AM FAMILY LF	American Family Life Assurance Company (CSEA)
053	AFSCME INS	AFSCME Locals Insurance Program (AFSCME Local 2620)
055	PED INS TR	Public Employees Disability Insurance Trust (CAPT)
056	CSEA-FDN	California State Employees Association Foundation
059	CAUSE-CLEA	California Law Enforcement Association (CAUSE)
060	CAUSE-CLEA	California Law Enforcement Association (CAUSE)
062	CAHP INS BT	CAHP Insurance Benefits Trust (CAHP)
065	CDFEA	California Department of Forestry Employees Association
085	ANTHEM LIFE	Anthem Life Insurance Company of California
087		(Discontinued effective 12/01)
089	PROV LIFE	Provident Life and Accident Insurance Company
098	PED INS TR	Public Employees Disability Insurance Trust Trust
099	ANTHEM LIFE	Anthem Life Insurance (CFA)
101	LIBERTY MUT	Liberty Mutual Insurance Group (CAPS)
102	LIBERTY MUT	Liberty Mutual Insurance Group (PECG)
103	LIBERTY MUT	Liberty Mutual Insurance Group (ACSA)
104	LIBERTY MUT	Liberty Mutual Insurance Group (CSMSA)
105	LIBERTY MUT	Liberty Mutual Insurance Group (CAPT)
106		(Discontinued effective 10/01)
107	LIBRTY MUT	Liberty Mutual Insurance Group (UAPD)
108	LEGCLUBAMER	Legal Club of America Corporation
109	AUTOHOMEINS	Mer Star Insurance Company
110	AFLAC-CAUSE	American Family Life Assurance Co
113		(Discontinued effective 12/01)

ORGANIZATION CODE	EARNINGS STATEMENT ABBREVIATION	DEDUCTION DESCRIPTION
081	ARAG GROUP	Arag Group legal Services
082		(Discontinued effective 07/00)
083		(Discontinued effective 07/00)
084	AUTO LEASE	Legislative Auto Lease (Senate)
086	AUTO LEASE	Legislative Auto Lease (Assembly)
088		(Discontinued effective 10/01)
090	SANDERS INS	Sanders & Associates (CSU)
091	SCHOLARSHAR	Scholarshare Trust
102	CALDWEL LEG	Caldwell Prepaid Legal, LTD
103		(Discontinued effective 12/02)
104	REL STD INS	Reliance Standard Group Insuance
105	CA CASUALTY	California Casualty Management Company
106		(Discontinued effective 07/00)
107	METRO LIFE	Metropolitan Life Insurance Company
108	METRO LIFE	Metropolitan Life Insurance Company
109		(Discontinued effective 07/00)
110		(Discontinued effective 07/00)
111	LTD-METLIFE	Metropolitan Life Insurance Company
112	LTD-METLIFE	Metropolitan Life Insurance Company
113	LNGTRM CARE	PERS Long Term Care Program
114		(Discontinued effective 07/00)
115	LA-TRANSIT	Cal State LA Rideshare Program
116	LA-VANPOOL	Cal State LA Rideshare Program
117	STANDARD	Standard Insurance Company
118	EXP REIMB	Leg. Expense Reimbursement - Assembly
401	401K LOAN	401K Loan Program (Gen)
402	401K LOAN	401K Loan Program (Res)
457	457 LOAN	457 Loan Program
458	457 LOAN	457 Loan Program

ORGANIZATION CODE	EARNINGS STATEMENT ABBREVIATION	DEDUCTION DESCRIPTION
001		(Discontinued effective 07/02)
003	DUES-CSFA	California State Firefighters Association
004	DUES-CBFSA	California Black Faculty and Staff Association, Inc.
007	CFGWSMA	Calif. Fish & Game Warden Supervisor and Managers Association
008	DUES-ACSUP	Association of California State University Professors
009	DUES-CAPT	California Association of Psychiatric Technicians (CAPT)
012	DUES-CASSO	Corrections Ancillary Staff Support Organization
013	DOT SUPVSRS	Department of Transportation Supervisors Organization
016	DUES-CSEA	California State Employees Association (CSEA)
017	DUES-CAPS	California Association of Professional Scientists (CAPS)
018	DUES-APC	Academic Professionals of California (APC)
020	DUES-CPPCA	California Probation, Parole and Correctional Association
021	DUES-ASSI	Association of Supervising Special Investigators
024	DUES-CCPOA	California Correctional Peace Officers Association (CCPOA)
026	DUES-MACA	Mexican-American Correctional Association
027	DUES-CCSO	California Corrections Supervisors Organization
029	DUES-CTFEA	Correctional Training Facility Employees Association
030	DUES-IAPES	International Association of Personnel in Employment Security
031	DUES-CAHP	California Association Highway Patrolman (CAHP)
034	DUES-CSPRA	California State Park Rangers' Association
039	DUES-PECG	Professional Engineers in California Government (PECG)
040	DUES-ACCSS	Associated Chaplains, California State Service
042	DUES-CFA	California Faculty Association
044	DUES-CCWCJ	Conference of California Workers'

		Compensation Judges
045	DUES-BASS	Black Advocates in State Service (B.A.S.S.)
046	DUES-SETC	State Employees Trades Council (SETC)
048	DUES-CASE	California State Attorney's & Administrative Law Judges
050	DUES-CDFEA	California Department of Forestry Employees Association (CDFEA)
052	DUES-CSMSA	California State Managers and Supervisors Association
053	DUES-BECA	Board of Equalization Compliance Association
055	DUES-UNFDN	The Annual Fund - The University Foundation
057	DUES-IUOE	IUOE, Craft Maintenance Division
060	DUES-UAPD	California Federation of the Union of American Physicians and Dentists (UAPD)
062	DUES-SFFSCA	San Francisco State University Faculty Staff Center Association, Inc.
063	DUES-PUPAA	California State Polytechnic University Pomona Advancement Association
065	DUES-IUOE	Stationary Engineers Local 39
067	DUES-DIAC	Driver Improvement Association of California
070	DUES-SJSCFC	San Jose State College, Faculty Club
074	DUES-SDUFSC	San Diego State University Faculty Staff Center Association, Inc.
076	DUES-CSEFA	California State Employed Firefighters Association
078	DUES-CAE	California Association of Educators
080	DUES-CABCW	California Association of Black Correctional Workers
081	SPPOAC	State Park Peace Officers Association of Calif.
084	DUES-CSUNFC	California State University, Northridge, Faculty Center Association, Inc.
085	DUES-CSCA	California State Communications Association
090	DUES-MVMSA	Motor Vehicles Managers and Supervisors Association
096	DUES-CCWA	Chicano Correctional Workers Association
097	DUES-CSSPOA	California State Supervisory Peace Officers Association (CSSPOA)
099	DUES-AFSCME	AFSCME Local 2620

ORGANIZATION CODE	EARNINGS STATEMENT ABBREVIATION	DEDUCTION DESCRIPTION
001	DUES-ETRMSF	Evelyn T. Robinson Memorial Fund
002	DUES-SDSUA	San Diego State University Association
003	CSUN FDN	CSU Northridge Foundation
004	DUES-CALEA	Calipatria Employees Association
006	DUES-CAFE	Cafe De California, Inc.
007	DUES-CSUH	CSUH University Club
008	CSU SM FDN	CSU San Marcos Foundation
009	CAL SCH ADM	Association of California School Administrators
010	DUES-CKOLB	Cindy Kolb Aids Donation Fund
011	DUES-A/PSEA	Asian/Pacific State Employees Association (A/PSEA)
012	DUES – C/USA	CA Employees Chap – Corrections USA (CA/PSEA)
013	DUES-CAUSE	California Union of Safety Employees (CAUSE)
014	DUES-CSUSAF	California State University, Stanislaus Annual Fund
015	DUES-SUPA	Statewide University Police Association
016	DUES-CASHR	California Association of State Hearing Reporters
017	DUES-DISS	Disabled in State Service
018	DUES-CSUSBF	The Foundation for the California State University, San Bernardino
019	CSUH ED FDN	Cal State Hayward Educational Foundation
020	DUES-ALJA	Administrative Law Judges Association
022	GYM FEES-MB	Wellness Recreation & Sport Institute (CSU, Monterey Bay)
023	SFSU FDN	San Francisco State University Foundation, Inc.
024	CSLA	California State Lifeguard Association
025	HORNET FDN	Stinger Foundation, Inc./Hornet Athletic Foundation
026	DUES-IUOE	International Union of Operating Engineers (IOUE)
027	SPARTAN FDN	San Jose State University Spartan Foundation
028	FRESNO FDN	California State University, Fresno Foundation
029	FDN CSUMB	Foundation of CSU Monterey Bay
030	DUES-CSUHF	Humboldt State University Foundation

031	**DUES-BEUFE**	**Black Employees United for Equality**
032	**DUES-CSUBF**	**California State University, Bakersfield Foundation**
033	**SFSU RAZA**	**SFSU Raza Faculty and Staff Association**
034	**CSUCI FDN**	**CSU Channel Islands Foundation**
035	**DUES-CSUSTF**	**California State University, Sacramento Trust Foundation**
036	**DUES-CSUSAF**	**Sonoma State University Academic Foundation, Inc.**
037	**DUES-CSLA**	**California State Los Angeles Foundation**
038	**DUES-IBPO**	**International Brotherhood of Peace Officers**
039	**SJSU FDN AF**	**San Jose State University Foundation Annual Fund**
040	**SJSU FDN**	**San Jose State university Foundation/Gateway**
041	**DUES-CAPOLY**	**Cal Poly Annual Fund**
042	**CSU DH FGN**	**CSU, Dominguez Hills University Foundation**
043	**DUES-LB FDN**	**CSU, Long Beach Foundation**
044	**CPO FND**	**Correctional Peace Officers Foundation**
045	**DUES – CDCEA**	**CA Department of Corrections Edu. Assoc.**
046	**DUES – CEA**	**Correctional Education Association**
047	**CR VICTM CO**	**CA Correctional Crim Victim Coalition**
048	**CSUDH-BFSA**	**CSUPH Black Faculty & Staff Assn.**
049	**CSUF IOU**	**California State University Foundation - Fullerton**
050	**CHICANO/LAT**	**Chicano/Latino Faculty and Staff Association**

CODE 100 – DENTAL PLAN ORGANIZATION CODES (CIVIL SERVICE/ RELATED EMPLOYEES) **B 029**
(Revised 10/03)

ORGANIZATION CODE	EARNINGS STATEMENT ABBREVIATION	DEDUCTION DESCRIPTION
007	**DLTA DENTAL**	**Delta Dental Plan of California (Enhanced)**
009	**DENTAL-PMI**	**Private Medical-Care, Inc.**
013	**CAHP DENTAL**	**CAHP Dental Trust**
014	**HLTHNET – DNT**	**Health Net Dental**
016	**SAFEGUARD**	**Safeguard Health Plans**
017	**GE WELL DNT**	**GE Wellness Plan Dental**

018	**DENTAL-DPO**	**Delta Dental Plan-Delta Preferred Option**
070	**HLTHNET – DEN**	**Health Net Dental**
120	**DLTA DENTAL**	**Delta Dental Plan of California (Basic)**
245	**PRIMRY DNTL**	**CCPOA/Primary Dental Plan**
249	**WESTRN DNTL**	**CCPOA/Western Dental**

CODE 150 – DENTAL PLAN ORGANIZATION CODES **B 030**
(Revised 01/02)

ORGANIZATION CODE	EARNINGS STATEMENT ABBREVIATION	DEDUCTION DESCRIPTION
004	**DLTA DENTAL**	**Delta Dental Plan of California (Basic)**
007	**DELTA II**	**Delta Dental Plan of California(Enhanced Level II)**
010		**(Discontinued effective 1/00)**
011		**(Discontinued effective 1/00)**
012	**PMI DELTA**	**PMI Deltacare (Basic)**
013	**PMI DELTA**	**PMI Deltacare (Enhanced)**
181	**DLTA DENTAL**	**Delta Dental Plan of California (Enhanced Level I)**

ORGANIZATION CODES **B 031**
(Revised 10/03)

ORGANIZATION CODE	EARNINGS STATEMENT ABBREVIATION	DEDUCTION DESCRIPTION
Code 200	**Life Insurance Plan Organization Code**	
003	**LIFE INS**	**Metropolitan Life Insurance Company**
004	**LIFE INS**	**Metropolitan Life Insurance Company**
005	**LIFE INS**	**Metropolitan Life Insurance Company (Judicial Council)**
Code 250	**Life Insurance Plan (CSU)**	
011		**(Discontinued effective 1/00)**
012		**(Discontinued effective 1/00)**
013		**(Discontinued effective 1/00)**

014		(Discontinued effective 1/00)
015		(Discontinued effective 1/00)
016		(Discontinued effective 1/00)
017		(Discontinued effective 1/00)
020	LIFE INS	Standard Insurance Company (M80)
021	LIFE INS	Standard Insurance Company (R03)
022	LIFE INS	Standard Insurance Company (E99)
023	LIFE INS	Standard Insurance Company (R08)
024	LIFE INS	Standard Insurance Company (R04)
025	LIFE INS	Standard Insurance Company (CO1-99)
026	LIFE INS	Standard Insurance Company (M98)
027	LIFE INS	Standard Insurance Company (BU 2, 5, 7, 9)
100	LTD STANDARD	Standard Insurance Company
101	LTD STANDARD	Standard Insurance Company (BU 03)
102	LTD STANDARD	Standard Insurance Company (BU 04)
103	LTD STANDARD	Standard Insurance Company (BU 01)
104	LTD STANDARD	Standard Insurance Company

Code 300 Health and Welfare Trust Fund Organization Codes (BU 13)

001		(Discontinued effective 06/00)
002		(Discontinued effective 08/02)

Code 039, 339 Garnishment Organization Codes

002	SUPPORT	Earnings Withholding Order for Support (CCP 706.030)
003	FED TX LEVY	Federal Tax Levy (G.C. 92638)
004	ST TX LEVY	Earnings Withholding Order for State Taxes (CCP 706.072)
007	ERNGS LEVY	Earnings Withholding Order (CCP 706.125)
008	DEFSTUDLOAN	Defaulted Student Loan (Higher Education Act of 1965: 20 U.S.C. Section 1095a)

Code 349 Flex/Dependent Care Administrative Fee (Non-CSU)

001	FE ADM CHG	FlexElect Benefits Administrative Fee
002	FE ADM CHG	Assembly Flex Benefits Administrative Fee
004	FE ADM CHG	Senate Flex Benefits Administrative Fee

Code 350 Flex/Elect Health Plans

*** **FlexElect Organization Codes are parallel to Health Plan Deduction Codes**

Code 351	**FlexElect Dental Plans (Non-CSU)**	
006	***F PRM DNTL**	**CCPOA-Primary Dental Plan**
007	***F DLTADNTL**	**Delta Dental Plan of California**
008	***F DLTA DNT**	**Delta Dental Plan of California (Enhanced)**
009	***F DNT PMI**	**Private Medical-Care, Inc.**
012	***F HLTHNETD**	**Health Net Dental**
013	***F CAHPDNTL**	**CAHP Dental Trust**
014	***F HLTHNETD**	**Health Net Dental**
016	***F SAFGUARD**	**Safeguard Health Plans**
017	***F GEWELLD**	**GE Wellness Plan Dental**
018	***F DNTL DPO**	**Delta Dental Plan - Delta Preferred Option**
249	***F WESTRNDNT**	**CCPOA/Western Dental**

Code 352	**FlexElect Health Care Reimbursement Account**	
002		**(Discontinued effective 12/00)**
003	***F HLTH RMB**	**DPA Flex Health Care Reimbursement Account (2001)**
005	***F HLTH RMB**	**DPA Flex Health Care Reimbursement Account (2003)**
004	***F HLTH RMB**	**DPA Flex Health Care Reimbursement Account (2002)**
012	***F HLTH RMB**	**Assembly Flex Health Care Reimbursement Account (1990)**
020	***F MED RMB**	**Senate Flex Medical Reimbursement Account**

Code 353	**FlexElect Dependent Care Spending Account**	
002		**(Discontinued effective 12/00)**
003	***F DEP CARE**	**DPA Flex Dependent Care Reimbursement Account (2001)**
004	***F DEP CARE**	**DPA Flex Dependent Care Reimbursement Account (2002)**
005	***F HLTH RMB**	**DPA Flex Health Care Reimbursement Account (2003)**
012	***F DEP CARE**	**Assembly Flex Health Care Reimbursement Account**
020	***FDEPCARE**	**Senate Flex Health Care Reimbursement Account**

Code 354 **Flex/CoBen/Miscellaneous Employer Paid Benefit Dollars**

001		**DPA Flex Benefits Cash Option**
005	***DEN OFFSET**	**CAHP Dental Incentive Offset**
010	***BENEFITAMT**	**Benefit Allowance (Consolidated Benefits)**
015	**IDL-BENAMT**	**Benefit Allowance While on IDL (Consolidated Benefits)**
020		**Consolidated Benefits Cash Option or Consolidated Benefits Cash Excess**
050	***HEALTH ADJ**	**Miscellaneous Health Adjustment**
500	***RHCEP PREM**	**Rural Health Care Equity Program**
750	**RHCEP PREM**	**IDL Rural Health Care Equity Program**

Code 356 **Flex Employer-Paid Administrative Fee**

002	**ST BEN FEE**	**Medical Benefit Employer-Paid Admin Fee**

Code 357 **Assembly Flex LTD**

001		**(Discontinued effective 07/00)**
012	***ASM DENTAL**	**Assembly Dental**
020	***F AFLAC**	**American Family Life Assurance Company Senate Cancer Insurance**

Code 358 **Assembly Pre-Tax Benefits**

012	***ASM VISION**	**Assembly Vision**
020	***SEN VISION**	**Senate - Vision Service Plan**

Code 359 **Workers' Comp Medical Plan**

020	***SEN DENTAL**	**Senate - Delta Dental Plan**

Code 360 **Pre tax Parking**

(Revised 10/03

001 - 055	***PARKING**	**Department of General Services**
056	***PARKING**	**Department of Alcoholic Beverage Control**
057	***PARKING**	**Humboldt State University**
058	***PARKING**	**State Polytechnic University, Pomona**
059	***PARKING**	**Department of Rehabilitation**
060	***PARKING**	**California Student Aid Commission**
062	***PARKING**	**Department of Parks and Recreation**
063	***PARKING**	**California Highway Patrol**

064	*PARKING	San Jose State University
065	*PARKING	State Air Resources Board
066	*PARKING	Board of Equalization
067	*PARKING	California State University, Northridge
068	*PARKING	State Controller's Office
069	*PARKING	Department of Motor Vehicles
070	*PARKING	Department of Personnel Administration
071	*PARKING	Department of Justice
072	*PARKING	Department of Social Services
073		(Discontinued effective 07/00)
074		(Discontinued effective 07/00)
075	*PARKING	Sonoma State University
076	*PARKING	State University, Fresno
077	*PARKING	San Diego State University
078	*PARKING	San Francisco State University
079	*PARKING	State College, Bakersfield
080	*PARKING	Department of Justice (Los Angeles)
081	*PARKING	State University, Long Beach
082	*PARKING	State University, Stanislaus
083	*PARKING	Department of Health Services (Berkeley)
084	*PARKING	Department of Transportation (San Francisco)
085		(Discontinued effective 07/00)
086	*PARKING	State University, Hayward
087	*PARKING	State University, Los angeles
088	*PARKING	State University, Sacramento
089	*PARKING	Employment Development Department
090		(Discontinued effective 07/00)
091	*PARKING	State College, San Bernardino
092	*PARKING	California Conservation Corps
093	*PARKING	State University, Dominguez Hills
094	*PARKING	Department of Transportation (Los Angeles)
095	*PARKING	Chancellor’s Office
097		(Discontinued effective 07/00)
098	*PARKING	Department of Transportation (Sacramento)
099	*PARKING	Polytechnic State University, San Luis Obispo

100	*PARKING	California State University, Fullerton
101		(Discontinued effective 07/00)
102		(Discontinued effective 07/00)
104	*PARKING	Public Employment Relations Board
105		(Discontinued effective 07/00)
106		(Discontinued effective 07/00)
107		(Discontinued effective 07/00)
108	*PARKING	California State University, Chico
109	*PARKING	Department of Forestry
110	*PARKING	California Public Utilities Commission
111		(Discontinued effective 07/00)
112		(Discontinued effective 07/00)
113	*PARKING	State Controller's Office
114	*PARKING	Department of Transportation
116	*PARKING	Department of Rehabilitation
117	*PARKING	Air Resources Board
118	*PARKING	California State University, San Marcos
119	*PARKING	Air Resources Board
120	*PARKING	Department of Pesticide Regulations
121	*PARKING	Secretary of State
122	*PARKING	California State University, Monterey Bay
123	*PARKING	California Maitime Academy
124	*PARKING	Department of Justice - Attorney General
125	*PARKING	DGS - Office of Small and Minority Businesses
126	*PARKING	Department of Justice
127	*PARKING	California Conservation Corps
128	*PARKING	Department of Transportation District 8
129	*PARKING	Department of Insurance
130	*PARKING	CalPERS
131	*PARKING	Department of Toxic Substances Control
132	*PARKING	Integrated Waste Management Board
133	*PARKING	State Water Resources Control Board
134	*PARKING	Office of Environmental Health Hazard Assessment
135	*PARKING	Department of Consumer Affairs
136	*PARKING	Department of Consumer Affairs

137	***PARKING**	**Department of Consumer Affairs**
138	***PARKING**	**Priority Parking Services**
139	***PARKING**	**State Personnel Board**
140	***PARKING**	**Republic Parking**
141	***PARKING**	**Bureau of State Audits**
142	***PARKING**	**Department of Corrections**
143	***PARKING**	**Board of Governor's, California Community College**
144	***PARKING**	**Department of Finance**
145	***PARKING**	**State Board of Equalization**
146	***PARKING**	**Ca State Dept. fo Real Estate**
147	***PARKING**	**Dept. of Transportation – Dist. 12**
148	***PARKING**	**Dept. of Justice – Sacramento**
149	***PARKING**	**Ca Dept. Of Aging**
150	***PARKING**	**Ca. Technology Trade and Commerce**
151	***PARKING**	**Office of Statewide Health Planning and Dev.**
152	***PARKING**	**Managed Risk Medical Insurance Board**
153	***PARKING**	**Dept of Corporations**
301	***PARKING**	**Standard Parking**
302	***PARKING**	**Standard Parking**
303	***PARKING**	**Standard Parking**
304	***PARKING**	**Standard Parking**
305	***PARKING**	**Standard Parking**
307	***PARKING**	**Standard Parking**
365	***PARKING**	**Standard Parking**
427	***PARKING**	**Standard Parking**
438	***PARKING**	**Standard Parking**
713	***PARKING**	**Standard Parking**

Code 361 **DPA Flex Parking Reimbursement Account (CS)**

(New 07/02)

001	***F PARK RMB**	**Parking Reimbursement Account**

Code 375 **FlexElect Administrative Fee (CSU)**

001	**FLEX ADMIN**	**CSU Dependent Care Administrative Fee**
002		**(Discontinued effective 07/00)**

Code 376		**CSU Flex Health Plans**	
	***		**FlexElect Organization Codes are parallel to Health Plan Deduction Codes**
Code 378		**CSU Health Reimbursement Account**	
	014	***F MED RMB**	**CSU Health Care Reimbursement Account (2001)**
	015	***F MED RMB**	**CSU Health Care Reimbursement Account (2002)**
	016	***F MED RMB**	**CSU Health Care Reimbursement Account (2003)**
Code 380		**CSU Dependent Care Reimbursement Account**	
	013		**(Discontinued effective 12/00)**
	014	***F DEP CARE**	**CSU Dependent Care Reimbursement Account (2001)**
	015	***F MED RMB**	**CSU Health Care Reimbursement Account (2002)**
	016	***F MED RMB**	**CSU Health Care Reimbursement Account (2003)**
Code 381		**CSU Flex Cash Option**	
	001		**CSU Flex Cash Option**
Code 400		**Bank Organization Codes**	
	004	**BANK-SNB**	**Bank of the Sierra**
	005		**(Discontinued effective 07/00)**
	007	**PLUMAS BANK**	**Plumas Bank**
Code 450		**Vision Care Plan (CSU)**	
	003	**VISION-CPIC**	**CPIC Life Insurance Company**
	997	**VISION-CPIC**	**CPIC Life Insurance Company (.4 Lecturers)**
Code 475		**Vision Care Plan (Non-CSU)**	
	001	**VISION-VSP**	**Vision Service Plan**
	002	***VISION-VSP**	**Pre-tax Vision Service Plan**
	003	**CCPOA-IDT/V**	**CCPOA Insurance Division Trust**
	004		**(Discontinued effective 08/03)**

Code 500 **Fair Share Fee Organization Codes (Civil Service)**

009	FS-CAPT	California Association of Psychiatric Technicians (CAPT)
013	FS-CAUSE	California Union of Safety Employees (CAUSE)
016	FS-CSEA	California State Employees Association (CSEA)
017	FS-CAPS	California Association of Professional Scientists (CAPS)
024	FS-CCPOA	California Correctional Peace Officers Association (CCPOA)
026	FS-IUOE	International Union of Operating Engineers (IUOE)
039	FS-PECG	Professional Engineers in California Government (PECG)
048	FS-CASE	California Attorneys & Administrative Law Judges (CASE)
050	FS-CDFEA	California Department of Forestry Employees Association (CDFEA)
057	FS-IUOE	International Union of Operating Engineers
060	FS-UAPD	Union of American Physicians and Dentists (UAPD)
099	FS-AFSCME	American Federation of State, County, and Municipal Employees Local 2620 (AFSCME)

Code 501 **Fair Share Fee Organization Codes (CSU)**

015	FS-SUPA	California School Employees Association
016	FS-CSEA	California State Employees Association
018	FS-APC	Academic Professionals of California
042	FS-CFA	California Faculty Association
046	FS-SETC	State Employees Trades Council
057	FS-IUOE	IUOE, Craft Maintenance Division Locals 3, 12, 39, 501, AFL-CIO
060	FS-UAPD	California Federation of the Union of American Physicians & Dentists
065	FS-IUOE	Stationary Engineers Local 39 AFL-CIO

Code 550 **Fair Share Fee Alternative Organization Codes (Civil Service)**

009	FS-CAPT	California Association of Psychiatric Technicians (CAPT)
013	FS-CAUSE	California Union of Safety Employees (CAUSE)
016	FS-CSEA	California State Employees Association (CSEA)
017	FS-CAPS	California Association of Professional

		Scientists (CAPS)
024	**FS-CCPOA**	**California Correctional Peace Officers Association (CCPOA)**
026	**FS-IUOE**	**International Union of Operating Engineers (IUOE)**
048	**FS-CASE**	**California Attorneys & Administrative Law Judges (CASE)**
050	**FS-CDFEA**	**California Department of Forestry Employees Association (CDFEA)**
057	**FS-IUOE**	**International Union of Operating Engineers**
060	**FS-UAPD**	**Union of American Physicians and Dentists (UAPD)**
099	**FS-AFSCME**	**American Federation of State, County, and Municipal Employees Local 2620 (AFSCME)**

Code 551 Fair Share Fee Alternative Organization Codes (CSU)

015	**FSA-SUPA**	**California School Employees Association**
016	**FSA-CSEA**	**California State Employees Association**
018	**FSA-APC**	**Academic Professionals of California**
042	**FSA-CFA**	**California Faculty Association**
046	**FSA-SETC**	**State Employees Trades Council**
057	**FSA-IUOE**	**IUOE, Craft Maintenance Division Locals 3, 12, 39, 501, AFL-CIO**
060	**FSA-UAPD**	**California Federation of the Union of American Physicians & Dentists**
065	**FSA-IUOE**	**Stationary Engineers Local 39 AFL-CIO**

SUBJECT: EARNINGS ID

(Revised 11/03) **B 036**

PAY TYPE	EARNINGS ID	EARNINGS STATEMENT ABBREVIATION	DESCRIPTION
8	8A	ATTY DIFF	Attorney Differential Pay - 5%
	8AB	ASBESTOS	Asbestos Pay Differential (CSU)
	8AC	AVALANCHE	Avalanche Control Pay
	8ACD	ASST CHIEF	Assistant Chief Differential (7%)
	8AD	ASST CHIEF	Assistant Chief Differential (4.53%)
	8AE	ADV ED DIFF	Advanced Education Differential Unit 05 - Excluded (2.5%)

8AED	ADV ED DIFF	Advanced Education Differential Unit 05 - Excluded (5%)
8AGN	RECRUITMENT	Recruitment & Retention - Developmental Centers ($700)
8AM1	CHP PREMIUM	Advanced Education, Eight and One-Half/Nine and One-Half Work Day Pay, and Motorcycle Pay (12.75%)
8AM2	CHP PREMIUM	Advanced Education, Eight and One-Half/Nine and One-Half Work Day Pay, and Motorcycle Pay (15.25%)
8AP	DOJ LICENSE	Aircraft Pilot - Unit 07 Dual License Differential
8AT	ATTY DIFF	Attorney Differential Pay - 10%
8ATS	ASST TECH	Assistive Technology Specialist Pay
8ATT	ATTY DIFF	Attorney Differential Pay – 7.5%
8A1	FLIGHT TIME	Flight Time Differential (BU 06)
8A2	FLIGHT TIME	Flight Time Differential (BU 07)
8A3	RN LEAD DIF	Registered Nurse II Lead Differential
8A4	RD ALRB PAY	Regional Director ALRB Pay
8B	BILINGUAL	Bilingual Pay, monthly rate
8BA	RECRUITMENT	Bay Area Recruitment and Retention Pay - Unit 01
8BEP	CHP PREMIUM	Physical Performance Incentive Pay, Advanced Education Differential and Bilingual Differential Pay (R05) ($350)
8BME	CHP PREMIUM	Physical Performance Incentive Pay, Advanced Education Differential, Motorcycle Differential and Bilingual Pay (R05) ($645)
8BPS	INCENTIVE	Benefit Program Specialist Incentive Pay - Unit 04 and Excluded
8B1	BILINGUAL	Bilingual Pay, monthly rate prorated
8B2	BILINGUAL	Bilingual Pay, hourly rate
8B3	BILINGUAL	Bilingual Pay, daily rate
8CAL	CALENDARING	Calendaring Function
8CAR	AUTOMOBILE	Automobile Allowance (CSU)
8CBT	CERT BKFLOW	Certified Backflow Tester Differential (Unit 12)
8CC	CALL CENTER	Department of Personnel Administration Call Center
8CD	DECKHAND	Cook/Deckhand Differential
8CDL	COM DRV LIC	Commercial Drivers License Differential (BU 07)
8CDR	CDL REL XAM	Commercial Drivers License Relief Examiners Differential (BU 07)
8CE	ASST CHIEF	Attorneys – Various Excluded Classes 4.34% per month

8CEA	CEA PAY DIF	Attorneys – Various Excluded Classes 2.62% per month
8CER	CERS DIFF	California Energy Resources Scheduling
8CH	CEA PAY DIF	Chief, Legislative and Public Affairs, CEA I Differential Pay
8CHP	CHP FLEET	CHP Fleet Administration Lead (Unit 12)
8CM1	CSA/CMA	Career Supervisory Assignment/Career Management Assignment Recognition Pay 6%
8CM2	CSA/CMA	Career Supervisory Assignment/Career Management Assignment Recognition Pay 7%
8CM3	CSA/CMA	Career Supervisory Assignment/Career Management Assignment Recognition Pay 8%
8CM4	SA/CMA	Career Supervisory Assignment/Career Management Assignment Recognition Pay 9%
8CM5	CSA/CMA	Career Supervisory Assignment/Career Management Assignment Recognition Pay 10%
8CNA	CNA/EMT DIFF	Certified Nursing Assistant/EMT Pay
8CPD	CLIMB DIFF	Climbing Pay Differential - Unit 04 and 11
8CPO	PLANT OP	Water and/or Wastewater Treatment Plan Operator Unit 13 + Excluded
8CS	CLNICAL SUP	Clinical Supervision – Psychiatric Social Worker
8CSP	CLNICAL SUP	Clinical Supervision - Psychologist
8CS1	CSA/CMA	Career Supervisory Assignment/Career Management Assignment Recognition Pay 1%
8CS2	CSA/CMA	Career Supervisory Assignment/Career Management Assignment Recognition Pay 2%
8CS3	CSA/CMA	Career Supervisory Assignment/Career Management Assignment Recognition Pay 3%
8CS4	CSA/CMA	Career Supervisory Assignment/Career Management Assignment Recognition Pay 4%
8CS5	CSA/CMA	Career Supervisory Assignment/Career Management Assignment Recognition Pay 5%
8C1	CEO SKILL	CEO Skill Pay (BU 12) (abolished 6/30/92)
8C2	DEPT CHAIR	Department Chair Stipend (CSU)
8C3	PHYS FITNES	Physical Fitness Incentive Pay (BU 07)
8C4	PHYS FITNES	Physical Fitness Incentive Pay (BU 07)
8C5	LD/CEA	Limited Duration CEA Pay (5%)

8C6	LD/CEA	Limited Duration CEA Pay (6%)
8C7	LD/CEA	Limited Duration CEA Pay (7%)
8C8	LD/CEA	Limited Duration CEA Pay (8%)
8C9	LD/CEA	Limited Duration CEA Pay (9%)
8C10	LD/CEA	Limited Duration CEA Pay (10%)
8C11	LD/CEA	Limited Duration CEA Pay (9.9%)
8DAT	DATRRW DIFF	Disaster Assistance Technical Resource Related Work Differential
8DEA	DIS ANALYST	Disability Evaluation Analyst (Pilot)
8DGC	DG COUNSEL	Deputy General Counsel, PERB, C.E.A. Differential Pay - Excluded Employee
8DL	COM DRV LIC	Commercial Drivers License Differential – Class A or B (R12) $167/month
8DLA	COM DRV LIC	Commercial Drivers License Differential - Class A (R12) $129/month (Termed 06/30/99)
8DLB	COM DRV LIC	Commercial Drivers License Differential - Class A or B (R12) $187/month
8DLC	COM DRV LIC	Commercial Drivers License Differential - Class A or B (R12) $205/month
8DLD	COM DRV LIC	Commercial Drivers License Differential - Class B (R12) $129/month
8DLE	COM DRV LIC	Commercial Drivers License Differential - Excluded (S12) $155/month (Termed 9/30/01)
8DLF	COM DRV LIC	Commercial Drivers License Differential - Class A or B (R12) $201/month
8DLG	COM DRV LIC	Commercial Drivers License Differential - Excluded (S12) $220/month
8DLH	COM DRV LIC	Commercial Drivers License Differential - Excluded (S12) $192/month
8DLI	COM DRV LIC	Commercial Drivers License Differential - Excluded (S12) $210/month
8DLJ	COM DRV LIC	Commercial Drivers License Differential - Excluded (S12) $225/month
8DLK	COM DRV LIC	Commercial Drivers License Differential - (R11) $155/month
8DLL	COM DRV LIC	Commercial Drivers License Differential - Class A (R12) $165/month
8DLM	COM DRV LIC	Commercial Drivers License Differential - Class A (R12) $132/month (Termed 9/30/01)
8DLN	COM DRV LIC	Commercial Drivers License Differential - Class A (R12) $158/month (Termed 06/30/99)
8DLQ	COM DRV LIC	Commercial Drivers License Differential - Class A or B (R12) $183/month
8DLP	COM DRV LIC	Commercial Drivers License Differential - Class A or B (R12) $163/month
8DLR	COM DRV LIC	Commercial Drivers License Differential - Class A or B (R12) $170/month

8DLS	COM DRV LIC	Commercial Drivers License Differential - Class A or B (R12) $178/month
8DLT	COM DRV LIC	Commercial Drivers License Differential - Class A or B (R12) $130/month
8DLU	COM DRV LIC	Commercial Drivers License Differential - Class A or B (R12) $175/month
8DNA	DNA PAY DIF	DNA Pay Differential
8D1	DIVING	Diving Pay
8D2	DEPT CHAIR	Department Chair Stipend (CSU)
8D3	DIVING	Diving Pay (E10, E48)
8DT1	DICTAPHONE	Dictaphone Pay Differential (BU 04)
8DT2	DICTAPHONE	Dictaphone Pay Differential (BU 04)
8E	PHYS PERF	Physical Performance Pay - 60 months or more (BU 05, 07) (Abolished 03/31/00)
8ED	EDUCATIONAL	Educational Differential Pay (R20)
8EDP	EXTENDED	Extended Duty Pay
8EM	CHP PREMIUM	Eight and One-Half Hour/Nine and One-Half Hour Work Day - Motorcycle Pay R05 & S05
8EM1	CHP PREMIUM	Advanced Education Differential and Motorcycle Differential (R05) ($295)
8EM2	CHP PREMIUM	Advanced Education Differential and Motorcycle Differential (R05) ($415)
8ENT	ENTERPRISE	Prison Industry Authority - Enterprise Pay (S12)
8EPD	EDUCATIONAL	Educational/Professional Differential Pay (M07) ($250)
8EPE	EDUCATIONAL	Educational/Professional Differential Pay ($350)
8EPF	EDUCATIONAL	Educational Differential - Unit 7 & Excluded ($50)
8EPG	EDUCATIONAL	Educational Differential - Unit 7 & Excluded ($100)
8EP1	CHP PREMIUM	Advanced Education Differential ($305)
8EP2	CHP PREMIUM	Advanced Education Differential and Physical Performance Incentive (R05) ($185)
8EQ	EQUITY PAY	Equity Pay - Excluded Employees
8EQ1	EQUITY PAY	Equity Pay - Excluded Employees
8EQ2	EQUITY PAY	Equity Pay - Excluded Employees
8ERH	EXEC RES	Executive Residence Housekeeping Pay
8ERP	EMRG RESPON	Emergency Response Bonus Pay (S08) (10%)
8ES2	CHP PREMIUM	Advanced Education Differential and Senior Sergeant Pay (S05 & R05) (7%)
8ES3	CHP PREMIUM	Advanced Education Differential and Senior Sergeant Pay (S05 & R05) (8%)

8ES4	CHP PREMIUM	Advanced Education Differential and Senior Sergeant Pay (S05 & R05) (9%)
8ES5	CHP PREMIUM	Advanced Education Differential and Senior Sergeant Pay (S05 & R05) (10%)
8ES6	CHP PREMIUM	Advanced Education Differential and Senior Sergeant Pay (S05 & R05) (11%)
8ES8	CHP PREMIUM	Advanced Education Differential and Senior Sergeant Pay (S05 & R05) (13%)
8E1	PHYS PERF	Physical Maintenance Program Incentive Pay (E01, E07, E48, E58, E59) (Abolished 03/31/00)
8E6	EDUCATIONAL	Educational Incentive Pay (R06 and R08) (Fulltime & Part-time)
8E7	EDUCATIONAL	Educational Incentive Pay (R06 and R08) Intermittent)
8F	PRINTR SCIF	Printer Skill Pay (SCIF) (abolished 1/1/88)
8FA	FIREARMS	Firearms Pay Differential (E25)
8FL	FED LIC DIF	Federal Licensure differential (R17)
8FM1	FIREMISSION	Fire Mission Pay Differential (R09, R11, R12, S09, S12) 1 step
8FM2	FIREMISSION	Fire Mission Pay Differential (R12, S15) 2 steps
8FM3	FIREMISSION	Fire Mission Pay Differential (R15) 3 steps
8FPS	CHP FLEET	CHP Fleet Administration
8FT	FT BIOLOGST	Field Training Biologist Differential
8F1	OIC	Officer-in Charge Pay
8F3	PRINTR SCIF	Printing Assistants (SCIF) Skill Pay
8G	OUT-OF-CLAS	Out-of-Class Pay, percent rate
8G1	OUT-OF-CLAS	Out-of-Class Pay, step rate - (Termed 06/30/99)
8HAZ	RECRUITMENT	Recruitment and Retention (HAZMAT) Pay
8HP1	ADV ED DIFF	Advanced Education Differential (Unit 05) ($120)
8HP2	ADV ED DIFF	Advanced Education Differential (Unit 05) ($240)
8H1	CANINE	Canine Differential (BU 07)
8H2	PHYS/BILNGL	Bilingual and Physical Performance Pay - less than 60 months (BU 05)
8H3	CANINE	Canine Differential (BU 06)
8H4	CANINE	Canine Differential (Unit 05 and Excluded)
8H5	CANINE	Canine Differential (Unit 10)
8H6	CANINE	Canine Differential (Unit 7)
8IWA	SUPERVISION	Institutional Worker Supervision Pay (E48) $360/month
8IWB	SUPERVISION	Institutional Worker Supervision Pay (E48) $210/month

8IWC	SUPERVISION	Institutional Worker Supervision Pay (E48) $385/month
8IWD	SUPERVISION	Institutional Worker Supervision Pay (E48) $400/month
8IWS	SUPERVISION	Institutional Worker Supervision Pay (BU's 01, 04, 15 and 19)
8I1	DENTAL ASST	Dental Assistant Certification Pay ($100)
8I2	TRNG OFFICR	Training Officer Differential, daily rate (General Services - BU 07)
8J1	DENTAL ASST	Dental Assistant Certification Pay ($125)
8J2	RELOCATION	Out-of-State Relocation Pay (non-reps.)
8J3	DENTAL ASST	Dental Assistant Certification Pay ($150)
8K	HOUS STIPND	Housing Stipend (monthly rate)
8K	RECRUITMENT	Recruitment and Retention Differential
8KA	RECRUITMENT	Recruitment and Retention Differential (E12, E48) $200/month
8KB	RECRUITMENT	Recruitment and Retention Differential (E19, E48) $200/month
8KC	RECRUITMENT	Recruitment and Retention Differential (E01, E16, E17, E18, E48, E58, E59) $200/month
8KD	RECRUITMENT	Recruitment and Retention - Housing Stipend - CA Maritime Academy (E01, E48) $350/month (Deleted 9/1/97)
8KE	RECRUITMENT	Recruitment & Retention - Housing Stipend (E06, E48) $175/month
8KI	RECRUITMENT	Recruitment & Retention - Housing Stipend (R06) (Intermittent Employees)
8KR	RECRUITMENT	Recruitment & Retention - Chief Medical Services Correctional Program, CEA
8KS	RECRUITMENT	Recruitment & Retention Training Stipend (R07)
8KSP	CALL CENTER	FTB Call Center
8K1	RECRUITMENT	Housing Stipend (hourly rate)
8K1	RECRUITMENT	Recruitment and Retention Differential (hourly rate)
8K2	RECRUITMENT	Recruitment and Retention Differential, BU 16, R19 ($400 per month)
8K3	RECRUITMENT	Recruitment and Retention Presiding Workers' Compensation Judge (S02)
8K4	RECRUITMENT	Recruitment and Retention (BU 15) ($200 per month)
8K5	RECRUITMENT	Recruitment and Retention ($300 per month - S15)
8K6	RECRUIT ACT	Recruitment & Retention Actuary (R01 and S01)
8K7	RECRUIT ACT	Recruitment & Retention Actuary (M01)
8K8	RECRUITMENT	Recruitment & Retention R16, R19 ($500 per month)

8K9	RECRUITMENT	Recruitment and Retention - California Medical Facility ($700 per month)
8K10	RECRUITMENT	Recruitment & Retention (R07 - $220 per month)
8K11	RECRUITMENT	Recruitment & Retention (R07, S07 - $300 per month)
8K12	RECRUITMENT	Recruitment & Retention (E16, R16, S16, M16, E48, E58, E59 - $1250 per month)
8K13	RECRUITMENT	Recruitment & Retention R19 ($346 per month)
8K14	RECRUITMENT	Recruitment & Retention (M07 - $800 per month)
8K15	RECRUITMENT	Recruitment & Retention R16 ($600 per month)
8K16	RECRUITMENT	Recruitment & Retention R16 ($800 per month)
8K17	RECRUITMENT	Recruitment & Retention M16 ($1,300 per month)
8K18	RECRUITMENT	Recruitment & Retention R19 Excluded ($300 per month)
8K19	RECRUITMENT	Recruitment & Retention ($1000 per month)
8K20	RECRUITMENT	Recruitment & Retention - Medical Record Director
8K21	RECRUITMENT	Recruitment & Retention - BU 04 and Excluded (1 step)
8K22	RECRUITMENT	Recruitment & Retention - BU 04 and Excluded (2 steps)
8K23	RECRUITMENT	Recruitment & Retention (BU 07 and excluded) ($350)
8K24	RECRUITMENT	Recruitment & Retention - Education Special School ($300)
8K25	RECRUITMENT	Recruitment & Retention - Developmental Centers ($300)
8K26	RECRUITMENT	Recruitment & Retention - Developmental Centers ($400)
8K27	RECRUITMENT	Recruitment & Retention - Developmental Centers ($500)
8K28	RECRUITMENT	Recruitment & Retention - Conservation ($250) (Termed 01/01/02)
8K29	RECRUITMENT	Recruitment & Retention - Business Tax Specialist ($261) (Termed 01/01/02)
8K30	RECRUITMENT	Recruitment & Retention - Business Tax Specialist ($287) (Termed 01/01/02)
8K31	RECRUITMENT	Recruitment & Retention - Business Tax Specialist ($317) (Termed 01/01/02)
8K32	RECRUITMENT	Recruitment & Retention - Pharmacist (R19) ($500)
8K33	RECRUITMENT	Recruitment & Retention - Pharmacist (R19) ($1000)
8K34	RECRUITMENT	Recruitment & Retention - Unit 17 $400
8K35	RECRUITMENT	Recruitment & Retention - Unit 16 & Excluded $2700

8K36	RECRUITMENT	Recruitment & Retention - CHP - Unit 07 & Excluded ($300)
8K37	RECRUITMENT	Recruitment & Retention - Unit 16 ($2200)
8K38	RECRUITMENT	Recruitment & Retention - Appraisers - Unit 1 & Excluded (2.5%) (Termed 01/01/02)
8K39	RECRUITMENT	Recruitment & Retention - Excluded Employees ($500)
8K40	RECRUITMENT	Recruitment & Retention - Personnel Specialist (5%)
8K41	RECRUITMENT	Recruitment & Retention - Personnel Services Specialist (10%)
8K42	RECRUITMENT	Recruitment & Retention - Unit 17, 19 ($1000)
8K43	RECRUITMENT	Recruitment & Retention - Pharmacist - Unit 19 ($800)
8K44	RECRUITMENT	Recruitment & Retention - Northern CA Facility - Unit 16 ($1500)
8K45	RECRUITMENT	Temporary Recruitment & Retention - Unit 10 & Excluded
8K46	RECRUITMENT	Recruitment & Retention - Unit 16 & Excluded ($2100)
8K47	RECRUITMENT	Recruitment & Retention - Unit 16 & Excluded ($1700)
8K48	RECRUITMENT	Recruitment & Retention - Unit 19 & Excluded
8K49	RECRUITMENT	Recruitment & Retention - Unit 7
8K50	RECRUITMENT	Recruitment & Retention - Unit 16 ($1900)
8K51	RECRUITMENT	Recruitment & Retention - Unit 16 ($3450)
8K52	RECRUITMENT	Recruitment & Retention - Unit 16 ($3950)
8K53	RECRUITMENT	Recruitment & Retention - Unit 7 & Excluded
8K54	RECRUITMENT	Recruitment & Retention - Excluded ($300)
8K55	RECRUITMENT	Recruitment & Retention - Excluded ($850)
8K56	RECRUITMENT	Recruitment & Retention - Excluded ($650)
8K57	RECRUITMENT	Recruitment & Retention - Unit 18 & 19 ($700)
8K58	RECRUITMENT	Recruitment & Retention - Unit 18 ($100)
8K59	RECRUITMENT	Recruitment & Retention - Unit 18 ($300)
8K60	RECRUITMENT	Recruitment & Retention - Chemist
8K61	RECRUITMENT	Unit Supervisor Pilot Recruitment & Retention ($150)
8K62	RECRUITMENT	Recruitment & Retention – Unit 07 & Excluded
8K63	RECRUITMENT	Recruitment & Retention – Developmental Centers
8K64	RECRUITMENT	Recruitment & Retention – Pharmacist Classes

8K65	RECRUITMENT	Recruitment & Retention – Excluded Employees
8K66	RECRUITMENT	Staff Personnel Program Analyst Recruitment & Retention
8K67	RECRUITMENT	Recruitment & Retention – Special Schools
8K68	RECRUITMENT	Recruitment & Retention – Excluded Employees
8K69	RECRUITMENT	Recruitment & Retention – Medical Record Director
8K70	RECRUITMENT	Recruitment & Retention – Air Resources Engineer
8K71	RECRUITMENT	Recruitment & Retention – Unit 9 ($200)
8K72	RECRUITMENT	Recruitment & Retention – Unit 9 Excluded ($300)
8K73	RECRUITMENT	Recruitment & Retention – Unit 12
8K74	RECRUITMENT	Recruitment & Retention (Excluded)
8K75	RECRUITMENT	Recruitment & Retention – Developmental Centers ($450)
8K76	RECRUITMENT	Recruitment & Retention – Developmental Centers ($100)
8K77	RECRUITMENT	Recruitment & Retention – Excluded Employees ($50)
8K78	RECRUITMENT	Recruitment & Retention – Developmental Centers ($50)
8K79	RECRUITMENT	Recruitment & Retention – Developmental Centers ($100)
8K80	RECRUITMENT	Recruitment & Retention –Pharmacist ($2000)
8LD	LEAD DIFF	Lead Differential - Community Youth Resource Specialist (E97)
8LG1	LONGEVITY	Longevity Pay Differential (BU 7 & 8 & Excluded) 1%
8LG2	LONGEVITY	Longevity Pay Differential (BU 7 & 8 & Excluded) 2%
8LG3	LONGEVITY	Longevity Pay Differential (BU 7 & 8 & Excluded) 3%
8LG4	LONGEVITY	Longevity Pay Differential (BU 7 & 8 & Excluded) 4%
8LG5	LONGEVITY	Longevity Pay Differential (BU 7 & 8 & Excluded) 5%
8LG7	LONGEVITY	Longevity Pay Differential (BU 7 & 8 & Excluded) 7%
8LI	INVESTIGATR	Licensed Investigator (Judicial Council)
8LM	HALF HOUR PAY	Eight and One-Half Hour Work Day
8LN	Recruitment	Recruitment & Retention Unit 20
8LTA	LONG TERM	Long Term Differential
8LEC	EXEC COMP	Loaned Executive Compensation Differential
8LV	RECRUITMENT	Recruitment & Retention - Licensed

		Vocational Nurse ($1000)
8LVN	RECRUITMENT	Recruitment & Retention - Licensed Vocational Nurse ($800)
8L1	PHYS PERF	Physical Performance Pay - less than 60 months (BU 05)
8L2	FIRE-LEAD	Firefighter - lead differential
8M	MOTOTCYCLE	Motorcycle Differential 4%
8MC1	MAINT CHIEF	Park Maintenance Chief III Differential 2.5%
8MC2	MAINT CHIEF	Park Maintenance Chief III Differential 5%
8MC3	MAINT CHIEF	Park Maintenance Chief III Differential 7.5%
8MC4	MAINT CHIEF	Park Maintenance Chief III Differential 10%
8MET	META INSTRC	Meta Instructor Pay (BU 12)
8MP	MNTD PATROL	Mounted Patrol Pay (BU 07)
8MP1	MRGL CONTIN	Managerial Salary Continuance Differential 1%
8MP2	MRGL CONTIN	Managerial Salary Continuance Differential 2%
8MP3	MRGL CONTIN	Managerial Salary Continuance Differential 3%
8MP4	MRGL CONTIN	Managerial Salary Continuance Differential 4%
8MP5	MRGL CONTIN	Managerial Salary Continuance Differential 5%
8M1	MOTORCYCLE	Motorcycle Pay, monthly rate (BU 05)
8M2	MOTORCYCLE	Motorcycle Pay, hourly rate (BU 07)
8N	SPEC OPS	Special Operations Unit (BU 07)
8NJC	NJC DIFF	National Judicial College Differential
8OIC	PUBLIC DISP	Public Safety Dispatcher In-charge Differential
8OSS	OSS 1 DIFF	Office Services Supervisor I (Typing) Differential
8OT1	FLSA EXEMPT	FLSA Exempt Employee Differential ($300/month)(termed 6/30/94)
8OT2	FLSA EXEMPT	FLSA Exempt Employee Differential ($600/month)(termed 6/30/94)
8OT3	FLSA EXEMPT	FLSA Exempt Employee Differential ($900/month)(termed 6/30/94)
8OT4	FLSA EXEMPT	FLSA Exempt Employee Differential ($1,200/month)(termed 6/30/94)
8OT5	FLSA EXEMPT	FLSA Exempt Employee Differential for Extremely Arduous Work & Emergencies ($300/month)
8OT6	FLSA EXEMPT	FLSA Exempt Employee Differential for Extremely Arduous Work & Emergencies ($600/month)
8OT7	FLSA EXEMPT	FLSA Exempt Employee Differential for Extremely Arduous Work & Emergencies

		($900/month)
8OT8	FLSA EXEMPT	FLSA Exempt Employee Differential for Extremely Arduous Work & Emergencies ($1,200/month)
8P	BUS CALLS	Business Calls
8PC	PEST CONTRL	Agricultural Pest Control Licenses Diff. ($75)
8PCP	PHARM PAY	Pharmaceutical Consultant Pay ($2000)
8PC1	PROF COMP	Professional/Competency Pay - Excluded (10%)
8PC2	PROF COMP	Professional/Competency Pay - Excluded (15%)
8PC3	PROF COMP	Professional/Competency Pay - Excluded (20%)
8PD	PER DIEM	Per Diem Pay (Legislators) Daily Rate ($121.00)
8PDG	PER DIEM	Per Diem Pay (Legislators) Daily Rate ($101.00) termed 12/31/94
8PDL	PDLEG COUN	Principal Deputy Legislative Counsed Differential
8PE	PASSENGERS	Passenger Endorsement Pay – (Unit 08)
8PEB	CHP PREMIUM	Physical Performance Incentive Pay, Advanced Education Differential and Bilingual Differential Pay (R05)($470)
8PEC	CHP PREMIUM	Physical Performance Incentive Pay, Advanced Education Differential and Motorcycle Differential Pay (R05)($425)
8PEH	OSP E SHIFT	Shift Differential Pay - Office of State Printing - 8% (hourly rate)
8PEM	CHP PREMIUM	Physical Performance Incentive Pay, Advanced Education Differential and Motorcycle Differential Pay (R05)($545)
8PE1	CHP PREMIUM	Advanced Education Differential and Physical Performance Incentive (R05)($250)
8PE2	CHP PREMIUM	Advanced Education Differential and Physical Performance Incentive (R05)($370)
8PF1	PHYS FITNES	Physical Fitness Incentive - Unit 06 and Excluded (Full Time/Part Time) (60 or more qualifying months)
8PF2	PHYS FITNES	Physical Fitness Incentive - Unit 06 and Excluded (Intermittent)
8PF3	PHYS FITNES	Physical Fitness Incentive – Unit 06 and excluded (Full Time/Part time) (Less than 60 qualifying months)
8PF4	PHYS FITNES	Physical Fitness Incentive – Unit 06 and excluded (Intermittent) (Less than 60 qualifying months)
8PI	PI ADM	Prison Industries Administrator Pay
8PL	PRIN LIB	Principal Librarian Diff. (5%)
8PLD	PRIN LIB	Principal Librarian Diff. (10%)

8PLP	PLP	Personal Leave Program (Unit's 01, 04, 08, 09, 10, 11, 14, 15, 16, 17, 19, 20, 21 & Excluded) (-4.75%)
8PLP	PLP	Unit 05 and Excluded (-4.62%)
8PL6	PLP	Personnel Leave Program (Excluded classes Tied to Unit 6) (-4.67%)
8PLT	PILE LOAD	Pile Load Testing Diff.
8PM	CHP PREMIUM	Physical Performance Incentive Pay and Motorcycle Differential Pay (R05 & S05)
8PMA	DPA MGT	Personnel Management Technician/Analyst Recognition Pay (5%)
8PMT	DPA MGT	Personnel Management Technician/Analyst Recognition Pay (10%)
8PNH	OSP N SHIFT	Shift Differential Pay - Office of State Printing - 10% (hourly rate)
8PP	PARAMEDIC	Paramedic Pay (R05 and Excluded)
8PPR	PENSION PROG	Pension Program Representative - STRS
8PRE	OSP E SHIFT	Shift Differential Pay - Office of State Printing - 8% (monthly rate)
8PRN	OSP N SHIFT	Shift Differential Pay - Office of State Printing - 10% (monthly rate)
8PRT	SURVEYOR	Asst. Land/Asst. Land Surveyor Party Chief Pay Differential
8PS	CEA DR DIFF	C.E.A. Physician, Surgeon and Dentist Diff. - 2.5%
8PSD	CEA DR DIFF	C.E.A. Physician, Surgeon and Dentist Diff. - 7.5%
8PS1	PARK SUPT	State Park Superintendent II Diff. - 5%
8PS2	PARK SUPT	State Park Superintendent II Diff. - 7.5%
8PS3	PARK SUPT	State Park Superintendent II Diff. - 10%
8PS4	PARK SUPT	State Park Superintendent II Diff. - 12.5%
8PS5	PARK SUPT	State Park Superintendent II Diff. - 13.5%
8PS6	PARK SUPT	State Park Superintendent II Diff. - 15.1%
8PT	CALL CENTER	Consumer Affairs Call Center Diff.
8PT	CALL CENTER	State Lottery Call Center Diff.
8PT	CALL CENTER	Employment Development Dept. Call Center Diff.
8P1	PARAMEDIC	Paramedic Pay (abolished 7/1/86)
8P2	ON CALL PAY	On-Call Differential Pay ($50 per month)
8P3	ON CALL PAY	On-Call Differential Pay ($75 per month)
8QA	PEST CONTRL	Agricultural Pest Control Licenses Diff. ($50)
8RC	DOMICILIARY	Residential Care/Independent Living Program
8RS	ROTAT SHIFT	Rotating Shift Premium Pay - Unit 11

8R1	TRNG OFFICR	Training Officer Differential, step rate (Justice and DMV - BU 07)
8R2	TRNG OFFICR	Training Officer Differential, one step differential each hour (Insurance)
8SA	SPEC ASSIGN	Special Assignment Pay (BU 12)
8SB1	SAL ENHANCE	Salary Enhancement (Judicial Council) ($581.41)
8SB2	SAL ENHANCE	Salary Enhancement (Judicial Council) ($519.75)
8SB3	SAL ENHANCE	Salary Enhancement (Judicial Council) ($454.08)
8SB4	SAL ENHANCE	Salary Enhancement (Judicial Council) ($227.00)
8SB5	SAL ENHANCE	Salary Enhancement (Judicial Council) ($581.49)
8SB6	SAL ENHANCE	Salary Enhancement (Judicial Council) ($454.12)
8SC	SPEC COMP	Special Competency Pay Differential
8SD	SURVEIL DIF	Surveillance Duty Pay (Excluded)
8SE2	CHP PREMIUM	Advanced Education Differential and Senior Sergeant Pay (S05 & R05)(4.5%)
8SE3	CHP PREMIUM	Advanced Education Differential and Senior Sergeant Pay (S05 & R05)(5.5%)
8SE4	CHP PREMIUM	Advanced Education Differential and Senior Sergeant Pay (S05 & R05)(6.5%)
8SE5	CHP PREMIUM	Advanced Education Differential and Senior Sergeant Pay (S05 & R05)(7.5%)
8SE6	CHP PREMIUM	Advanced Education Differential and Senior Sergeant Pay (S05 & R05) (8.5%)
8SE8	CHP PREMIUM	Advanced Education Differential and Senior Sergeant Pay (S05 & R05)(10.5%)
8SI	SPEC INV	Special Investigator Recruitment & Retention (R07)
8SK	SKILL PAY	Skill Pay Differential (R14)
8SKL	SKIL TR SUP	Skilled Trades Supervisor, hourly rate (E)
8SK1	SKILL PAY	Skills Retention Pay Differential (10%) (Termed 04/01/02)
8SK2	SKILL PAY	Skills Retention Pay Differential (15%) (Termed 04/01/02)
8SK3	SKILL PAY	Skills Retention Pay Differential (20%) (Termed 04/01/02)
8SM2	CHP PREMIUM	8½/9½ Hour Workday & Senior Officer Pay (8.25%)
8SM3	CHP PREMIUM	8½/9½ Hour Workday & Senior Officer Pay (9.25%)
8SM4	CHP PREMIUM	8½/9½ Hour Workday & Senior Officer Pay (10.25%)
8SM5	CHP PREMIUM	8½/9½ Hour Workday & Senior Officer Pay (11.25%)
8SM6	CHP PREMIUM	8½/9½ Hour Workday & Senior Officer Pay (12.25%)

8SM8	CHP PREMIUM	8½/9½ Hour Workday & Senior Officer Pay (14.25%)
8SOP	OFFSET OPII	Sheet-fed Offset Press Operator II Differential
8SO1	CHP SR OFF	Senior Traffic Officer Pay (1%)
8SO2	CHP SR OFF	Senior Traffic Officer Pay (2%)
8SO3	CHP SR OFF	Senior Traffic Officer Pay (3%)
8SO4	CHP SR OFF	Senior Traffic Officer Pay (4%)
8SO7	CHP SR OFF	Senior Traffic Officer Pay (7%)
8SP1	SR PO PAY	Senior Peace Officer Pay (R06)(1%)
8SP2	SR PO PAY	Senior Peace Officer Pay (R06)(2%)
8SP3	SR PO PAY	Senior Peace Officer Pay (R06)(3%)
8SP4	SR PO PAY	Senior Peace Officer Pay (R06)(4%)
8SP5	SR PO PAY	Senior Peace Officer Pay (R06)(5%)
8SP6	SR PO PAY	Senior Peace Officer Pay (R06)(7%) (Termed 06/30/03)
8SP7	SR PO PAY	Senior Peace Officer Pay (R06)(6%)
8SP8	SR PO PAY	Senior Peace Officer Pay (R06)(8%)
8SR	SP RECOG	Special Recognition Differential
8SR1	SR PO PAY	Senior Peace Officer Pay Differential (S06)(1%)
8SR2	SR PO PAY	Senior Peace Officer Pay Differential (S06)(2%)
8SR3	SR PO PAY	Senior Peace Officer Pay Differential (S06)(3%)
8SR4	SR PO PAY	Senior Peace Officer Pay Differential (S06)(4%)
8SR5	SR PO PAY	Senior Peace Officer Pay Differential (S06)(5%)
8SR7	SR PO PAY	Senior Peace Officer Pay Differential (S06)(7%)
8SSC	STAFF SPECL	Staff Specialist Compensation Pay, step rate
8STO	CHP SR OFF	Senior Traffic Officer Pay - CHP
8ST0	R08 STIPEND	Intermediate P.O.S.T Certification Stipend (CSU) $100/month
8ST2	R08 STIPEND	Advanced P.O.S.T. Certification Stipend (CSU) $150/month
8ST5	CSU STIPEND	Salary Stipend (CSU) R02, R05, R07, R09 $80/month
8ST6	CSU STIPEND	Salary Stipend (CSU) R02, R05, R07, R09 $125/month
8ST8	R08 STIPEND	Intermediate & Advanced P.O.S.T. Certification Stipend (CSU) $250/month
8ST9	R08 STIPEND	Special Assignment Stipend (CSU) $100/month
8SS2	SR SERGEANT	Senior Sergeant Pay (S05) 2%

8SS3	SR SERGEANT	Senior Sergeant Pay (S05) 3%
8SS4	SR SERGEANT	Senior Sergeant Pay (S05) 4%
8SS5	SR SERGEANT	Senior Sergeant Pay (S05) 5%
8SS6	SR SERGEANT	Senior Sergeant Pay (S05) 6%
8SS8	SR SERGEANT	Senior Sergeant Pay (S05) 8%
8SWL	SATELLITE	Satellite Work Location Pay
8S1	TRNG OFFICR	Training Officer Differential, hourly rate (Parks and Recreation - BU 07) ($1.19)
8S2	TRNG OFFICR	Training Officer Differential, daily rate (Highway Patrol and General Services - BU 07)
8S3	TRNG OFFICR	Training Officer Differential, daily rate (Highway Patrol - BU 07)
8S4	TRNG OFFICR	Training Officer Differential - Hourly Rate (Parks and Recreation - BU 07 ($2.45)
8TF	TASK FORCE	Task Force Commander Differential - BU 07
8TED	TRAFFIC	Traffic Engineer Differential (R09, S09)
8TIR	TECHNOLOGY	Technology Investment Review - Excluded
8TS1	TEMP ADJ	Temporary Supplemental Salary Adjustment (R16 & R19) 1% (Termed 07/01/01)
8TS2	TEMP ADJ	Temporary Supplemental Salary Adjustment (R16 & R19) 2% (Termed 07/01/01)
8TS3	TEMP ADJ	Temporary Supplemental Salary Adjustment (R16 & R19) 3% (Termed 07/01/01)
8TT	CALL CENTER	Board of Equalization Call center
8TI	TRNG OFFICR	Training Officer Differential, hours rate (Fish ad Game – BU 07)
8T2	TRNG OFFICR	Training Officer Differential, daily rate (Highway Patrol - BU 07)
8T3	DOT BONUS	Caltrans Maintenance Supervisor/Tree Maintenance Supervisor, Caltrans Bonus (5%)
8T4	DOT BONUS	Caltrans Maintenance Supervisor/Tree Maintenance Supervisor, Caltrans Bonus (10%)
8T6	TRNG OFFICR	Training Officer Differential - R05
8U1	ROTAT SHIFT	Rotating Shift Premium
8U2	SPLIT SHIFT	Split Shift Pay
8U3	INVESTIGATR	Investigator Pay
8VAN	VAN POOL	Van Pool Incentive, Monthly Rate (BU C, M, R, S; 01-21
8W	OUT-OF-ST	Out-of-State Differential Pay
8WC	WCI SUP DIF	Workers' Compensation Insurance Supervisor I
8WK	WEEKEND DIF	Weekend Differential, Hourly Rate (15¢) Unit 06, Corrections and Mental Health

8WKN	WEEKEND DIF	Weekend Differential, Hourly Rate (65¢) Unit 06, Corrections and Mental Health
8WP1	SKILL PAY	M 1000 Skill Pay Differential (10%)
8WP2	SKILL PAY	M 1000 Skill Pay Differential (20%)
8WTP	WTP DIFF	Water Treatment Plant Differential
8W1	OUT-OF-ST	Out-of-State Differential Pay
8W2	OUT-OF-ST	Out-of-State Differential Pay (E48, E58, E59) $364/month
8W3	OUT-OF-ST	Out-of-State Differential Pay (E48) $205/month
8W4	OUT-OF-ST	Out-of-State Differential Pay (E48, E58, E59) $490/month
8X1	PHYS/BILNGL	Bilingual and Physical Performance Pay - 60 months or more (BU 05)
8X2	EXEC ASSIST	Executive Assistant Pay
8Y1	WEEKEND DIF	Weekend Differential, Hourly Rate (98¢) Unit 06, Youth Authority
8Y2	WEEKEND DIF	Weekend Differential, Hourly Rate (23¢) Unit 06, Youth Authority
8Y3	WEEKEND DIF	Weekend Differential, Hourly Rate (65¢) Unit 06, Youth Authority
820	20 YR DIFF	Twenty Year Pay Differential, Monthly, R06

SUBJECT: DEDUCTION LIST

(Revised 10/03) **B 075**

EARNINGS STATEMENT DEDUCTION DESCRIPTIONS ALPHABETICAL LISTING
A B C D E F G H J K L M N O P R S T U V

E.S. DEDUCTION DESCRIPTION	DED CODE	ORG CODE
1ST CITY CU	051	087
1ST FED CU	051	005
1ST FIN CU	051	034
1ST UNITED	014	054
3rd PTY ADM	074	024
401K LOAN	075	401
401K LOAN	075	402
*401K PLAN	029	401
*403B-AAL	040	003
*403B - AETNA	040	002
*403B-AGAIC	040	094
*403B-ALDEN	040	043
*403B-AMCAP	040	005

E.S. DEDUCTION DESCRIPTION	DED CODE	ORG CODE
*403B-AMCEN	040	088
*403B-AMFND	040	006
*403B-AMGEN	040	007
*403B-AMLIF	040	009
*403B-BU	040	012
*403B-CAL A	040	014
*403B-CCP	040	013
*403B-CNSCO	040	054
*403B-COMM	040	017
*403B-DEL	040	019
*403B-DELTA	040	020
*403B-EQLIF	040	022
*403B-F&G	040	024
*403B-F STD	040	026
*403BFITSCO	040	025
*403B-FRANK	040	030
*403B-GENAM	040	032
*403B-GR AM	040	033
*4038-HRTF	040	035
*403B-IDEX	040	038
*403B-IDS	040	036
*403B-JACKS	040	041
*403B-JFRSN	040	042
*403B-KEMPR	040	044
*403B-LB	040	051
*403B-LEGND	040	047
*403B-LNCLN	040	050
*403B-LSW	040	049
*403B-LYNCH	040	057
*403B-MET	040	058
*403B-METLF	040	081
*403B-MINN	040	060
*403B-N ENG	040	065
*403B-NTHRN	040	069
*403B-NTL H	040	062

E.S. DEDUCTION DESCRIPTION	DED CODE	ORG CODE
*403B-NTL W	040	063
*403B-NWIDE	040	064
*403B-NWLIF	040	068
*403B-NY	040	066
*403B-OMAHA	040	090
*403B-OPPEN	040	071
*403B-P REV	040	072
*403B-PFS	040	018
*403B-PRINC	040	074
*403B-PRUD	040	075
*403B-PSC	040	073
*403B-PUTNAM	040	076
*403B-SAFCO	040	078
*403B-SBM	040	079
*403B-SEC B	040	080
*403B-SFLIC	040	096
*403B-TRAVL	040	087
*403B-TXDEF	040	085
*403B-USAA	040	091
*403B-USG	040	089
*403B-VALIC	040	092
*403B-W & R	040	093
*403B-WRL	040	095
*403B-WSTRN	040	094
*457 PLAN	075	457
*457 PLAN	029	457
*457 PLAN	029	458
A		
ACCT RCVBL	035	***
AFLAC - CAUSE	074	110
AFLAC DI/C	074	030
AFSCME INS	074	053
AM BAPT CU	051	051
AM FAMLY LF	074	051
AM RIVER CU	051	030

E.S. DEDUCTION DESCRIPTION	DED CODE	ORG CODE
ANTHEM LIFE	074	010
ANTHEM LIFE	074	085
ANTHEM LIFE	074	099
ARROWHEADCU	051	024
*ASM DENTAL	357	012
AUL INS	074	014
AUTO LEASE	075	084
AUTO LEASE	075	086
AUTO HOMEINS	074	109
B		
BANK-SNB	400	004
BAY FED CU	051	048
BAYTECH CU	051	097
BC PRDNT SM	275	***
BC PRUDENT	274	***
BIG VALLEY	051	106
BLUE SHIELD	205	***
B SHIELD SM	206	***
BU 12 CBC	074	019
C		
CA BEAR CU	051	003
CA CAS INS	074	018
CA CASUALTY	075	105
CAHP BC	230	***
CAHP BC SM	231	***
CAHP CU	051	045
CAHP DENTAL	100	013
CAHP INS BT	074	062
CAHP W&O	074	037
CAL POLY CU	051	080
CAL SCH ADM	089	009
CAL ST CU	051	014
CALDWEL LEG	075	102
CAMPBELL CU	051	108
CAUSE-CLEA	074	059

E.S. DEDUCTION DESCRIPTION	DED CODE	ORG CODE
CAUSE-CLEA	074	060
CCPOA IDT/T	074	005
CCPOA IDT/V	475	003
CCPOA MEDIC	274	
CCPOA MEDIC	275	
CCSO – BCS	074	034
CDFEA	074	065
CDFEA PAGER	074	020
CENTRAL CU	051	019
CFGWSMA	088	007
CFT CU	051	029
CHETCO CU	051	101
CHICANO/LAT	089	050
CHRCH MB CU	051	010
CHTBL CNTRB	017	***
CNTR CST CU	051	057
CNTRL STCU	051	006
COAST CU	051	062
COAST-TEL	051	011
CO EE CU	014	004
COMPUTER	014	006
CPO FDN	089	044
CRC FED CU	051	073
CSE CU #4	051	004
CSE CU #9	051	009
CSE CU #20	051	020
CSEA-FDN	074	056
CSLA	089	024
CSMSA BNFT	074	027
CSUDH – BFSA	089	048
CSU DH FDN	089	042
CSU LA CU	051	082
CSU SM FDN	089	008
CSUF FDN	089	049
CSUH ED FDN	089	019

E.S. DEDUCTION DESCRIPTION	DED CODE	ORG CODE
CSUN FDN	089	003
CTF CU	051	095
D		
DC ADM CHG	028	***
DELTA II	150	007
*DEN OFFSET	354	005
DENTAL-DPO	100	018
DENTAL-PMI	100	009
DENTICARE	100	070
DENTICARE-E	100	014
DESRT CM CU	051	042
DLTA DENTAL	100	007
DLTA DENTAL	100	120
DLTA DENTAL	150	004
DLTA DENTAL	150	181
DOT SUPVSRS	088	013
DUES-ACCSS	088	040
DUES-ACSUP	088	008
DUES-AFSCME	088	099
DUES-ALJA	089	020
DUES-APC	088	018
DUES-A/PSEA	089	011
DUES-ASSI	088	021
DUES-BASS	088	045
DUES-BECA	088	053
DUES-BEUFE	089	031
DUES-CABCW	088	080
DUES-CAE	088	078
DUES-CAFE	089	006
DUES-CAHP	088	031
DUES-CALEA	089	004
DUES-CAPOLY	089	041
DUES-CAPS	088	017
DUES-CAPT	088	009
DUES-CASE	088	048

E.S. DEDUCTION DESCRIPTION	DED CODE	ORG CODE
DUES-CASHR	089	016
DUES-CASSO	088	012
DUES-CAUSE	089	013
DUES-CBFSA	088	004
DUES-CCPOA	088	024
DUES-CCSO	088	027
DUES-CCWA	088	096
DUES-CCWCJ	088	044
DUES-CDFEA	088	050
DUES-CFA	088	042
DUES-CKOLB	089	010
DUES-CPPCA	088	020
DUES-CSCA	088	085
DUES-CSEA	088	016
DUES-CSEFA	088	076
DUES-CSFA	088	003
DUES-CSLA	089	037
DUES-CSMSA	088	052
DUES-CSPRA	088	034
DUES-CSSPOA	088	097
DUES-CSUBF	089	032
DUES-CSUHF	089	030
DUES-CSUNFC	088	084
DUES-CSUSAF	089	014
DUES-CSUSAF	089	036
DUES-CSUSBF	089	018
DUES-CSUSTF	089	035
DUES-CTFEA	088	029
DUES-DIAC	088	067
DUES-DISS	089	017
DUES-ETRMSF	089	001
DUES-FFC	089	007
DUES-IAPES	088	030
DUES-IBPO	089	038
DUES-IUOE	089	026

E.S. DEDUCTION DESCRIPTION	DED CODE	ORG CODE
DUES-IUOE	088	057
DUES-IUOE	088	065
DUES-LB FDN	089	043
DUES-MACA	088	026
DUES-MVMSA	088	090
DUES-PECG	088	039
DUES-PUPAA	088	063
DUES-SDSUA	089	002
DUES-SDUFSC	088	074
DUES-SETC	088	046
DUES-SFFSCA	088	062
DUES-SJSCFC	088	070
DUES-SUPA	089	015
DUES-UAPD	088	060
DUES-UNFDN	088	055
DUP W-2 FEE	021	051
E		
EDUC EE CU	051	093
ERNED INCM	093	***
ERNGS LEVY	039	007
ERNGS LEVY	339	007
EXP REIMB	075	118
F		
*F AFLAC	357	020
*F BC PRUD	350	274
*F BC PRUD	376	274
*F BCPBP	350	275
*F BLUESHLD	350	205
*F BLUESHLD	350	206
*F BLUESHLD	376	205
*F BLUESHLD	376	206
*F CAHP BC	350	230
*F CAHP BC	376	230
*F CAHPDNTL	351	013
*F CCPOA MED	350	274

E.S. DEDUCTION DESCRIPTION	DED CODE	ORG CODE
*F CCPOA MED	350	275
*F DEP CARE	353	012
*F DEP CARE	353	020
*F DLTA DNT	351	008
*F DLTADNTL	351	007
*F DNT PMI	351	009
*F DNTICARE	351	012
*F DNTICARE	351	014
*F DNTL-BC	351	006
*F HLTH RMB	352	004
*F HLTH RMB	352	012
*F KAISER CO	350	252
*F KAISER CO	376	252
*F KAISER CO	350	253
*F KAISER CO	376	253
*F KAISER GA	350	245
*F KAISER GA	376	245
*F KAISER GA	350	249
*F KAISER GA	376	249
*F KAISER HI	350	214
*F KAISER HI	376	214
*F KAISER HI	350	270
*F KAISER HI	376	270
*F KAISER MA	350	261
*F KAISER MA	376	261
*F KAISER MA	350	265
*F KAISER MA	376	265
*F KAISER N	350	056
*F KAISER N	350	066
*F KAISER N	376	056
*F KAISER N	376	066
*F KAISER NW	350	219
*F KAISER NW	376	219
*F KAISER NW	350	269
*F KAISER NW	376	269

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*F KAISER OH	350	262
*F KAISER OH	376	262
*F KAISER OH	350	263
*F KAISER OH	376	263
*F MED RMB	352	020
* F PARK RMB	361	001
*F PERSCARE	350	278
*F PERSCARE	376	278
*F PERSCHSE	350	222
*F PERSCHSE	376	222
*F PORAC	350	207
*F PORAC	376	207
*F SAFGUARD	351	016
FAIRVIEW CU	051	088
FDN CSUMB	089	029
FE ADM CHG	349	001
FE ADM CHG	349	002
FE ADM CHG	349	004
FED TAX ADJ	099	***
FED TX LEVY	039	003
FED TX LEVY	339	003
FINANCIALCU	051	110
FIXED MAINT	011	***
FLEX ADMIN	375	001
FRESNO FDN	089	028
F/PRINT FEE	021	532
FS-AFSCME	500	099
FS-APC	501	018
FS-CAPS	500	017
FS-CAPT	500	009
FS-CASE	500	048
FS-CAUSE	500	013
FS-CCPOA	500	024
FS-CDFEA	500	050
FS-CFA	501	042

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FS-CSEA	500	016
FS-CSEA	501	016
FS-IUOE	500	026
FS-IUOE	500	057
FS-IUOE	501	057
FS-IUOE	501	065
FS-PECG	500	039
FS-SETC	501	046
FS-SUPA	501	015
FS-UAPD	500	060
FS-UAPD	501	060
FSA-AFSCME	550	099
FSA-APC	551	018
FSA-CAPS	550	017
FSA-CAPT	550	009
FSA-CASE	550	048
FSA-CAUSE	550	013
FSA-CCPOA	550	024
FSA-CDFEA	550	050
FSA-CFA	551	042
FSA-CSEA	550	016
FSA-CSEA	551	016
FSA-IUOE	550	026
FSA-IUOE	550	057
FSA-IUOE	551	057
FSA-IUOE	551	065
FSA-SETC	551	046
FSA-SUPA	551	015
FSA-UAPD	550	060
FSA-UAPD	551	060
*FWESTRNDNT	351	249
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GE WELL DNT	100	017
GOLDEN 1 CU	051	001
GOLDEN BAY	051	053

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GOV INS/BT	074	048
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H		
* HEALTH ADJ	354	050
HERITAGE CU	051	059
HI SIERA CU	051	086
HLT&LIF INS	014	005
HORNET FDN	089	025
J		
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JRS SURV	076	***
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KAISER H1	270	
KAISER N	056	***
KAISER N SM	066	***
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LA-VANPOOL	075	116
LASSEN CU	051	038
LBS FIN CU	051	072
LB ST EE CU	051	092
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LIBERTY MUT	074	102
LIBERTY MUT	074	103
LIBERTY MUT	074	104
LIBERTY MUT	074	105
LIBERTY MUT	074	107
LIFE INS	250	020
LIFE INS	250	021

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LIFE INS	250	023
LIFE INS	250	024
LIFE INS	250	025
LIFE INS	250	026
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LTDSTANDARD	250	100
LTDSTANDARD	250	101
LTDSTANDARD	250	102
LTDSTANDARD	250	103
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M-S&CO INS	074	022
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NYL DIS INS	074	006
O		
OP ENG CU	051	103

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PED INS TR	074	037
PED INS TR	074	055
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PERS ADJ	003	****
PERS ADJ	003	***
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PERSCHOICE	223	***
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PERS REDPST	314	***
PERS SURV	077	***
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PMI DELTA	150	013
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PROV LIFE	074	089
PROVIDNT CU	051	055
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R		
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*RHCEP PREM	354	500
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RVRSD CO CU	014	014
S		
SAC PSTL CU	051	052
SAFE 1 CU	051	075
SAFEAMER CU	051	015
SAFE FED CU	051	033
SAFEGUARD	100	016
SANDERS INS	075	090
SANTA FE CU	051	060
SCHOLARSHAR	075	091
SCH FIN CU	051	047
*SEN DENTAL	359	020
*SEN VISION	358	020
SESLOC CU	051	098
SETC-USBP	074	028
SFSU FDN	089	023
SFSU RAZA	089	033
SIERRA CU	051	041
SISKIYOU CU	051	012
SJSU FDN	089	040
SNTA CRZ CU	051	032
SPARTAN FDN	089	027
SPPOAC	088	081
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SS SL	098	***
STAR CR UN	051	079
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ST EMP84 CU	051	036
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*STRS REDST	315	***
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SUPPORT	039	002
SUPPORT	339	002
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*TSA-AGAIC	027	075
*TSA-ALLIAN	026	086
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*TSA-CITZIN	026	114
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*TSA-FRNKLF	027	021
*TSA-FRNKLN	026	031
*TSA-FRTISB	026	077
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*TSA-GOLDEN	026	096
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*TSA-HARTFD	026	016
*TSA-HERITA	026	036
*TSA-IDEX	026	030
*TSA-INT LF	026	047
*TSA-INVEST	026	026
*TSA-JACKSN	027	022
*TSA-KANSAS	026	018
*TSA-KEMPER	027	037
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*TSA-LFCOSW	026	059
*TSA-LIFUSA	026	074
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*TSA-MACKEN	026	112
*TSA-MASSMU	027	041
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*TSA-MFS	026	063
*TSA-MINNMU	027	043
*TSA-MLYNCH	026	048
*TSA-MWF	026	019
*TSA-N ENG	026	013
*TSA-NATL H	026	079
*TSA-NATL W	026	028
*TSA-NATNWD	026	014
*TSA-NORTHN	027	050
*TSA-NWLINS	027	051
*TSA-NW MUT	026	050
*TSA-NYLIFE	026	072
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*TSA-PACL IF	026	001
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018	Department of Food and Agriculture	
019	Department of Food and Agriculture 32nd District Agricultural Association	
020	Commission for Economic Development	
021		
022	Alcoholic Beverage Control Appeals Board	
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024	Department of Alcoholic Beverage Control	
025	Department of Corrections Mule Creek State Prison	
026	Department of Corrections Avenal State Prison	
027	Department of California State Prison, Los Angeles County	
028	Department of Corrections Chuckawalla Valley State Prison	

029	Department of Corrections California State Prison, San Bernardino County
030	Department of Corrections R.J. Donovan Correctional Facility
031	Department of Corrections Northern California Women's Facility
032	Department of Corrections R. J. Donovan Correctional Facility
033	Department of Corrections Avenal State Prison
034	Department of Corrections Chuckawalla Valley State Prison
035	California Urban Waterfront Area Restoration Financing Authority
036	Colorado River Board of California
037	Board of Prison Terms
038	Department of Corrections Mule Creek State Prison
039	Department of Youth Authority El Centro Training Center
040	Victim Compensation and Government Claims Board
041	Board of Corrections
042	Department of Corrections
043	Department of Corrections California Rehabilitation Center - PIA
044	Department of Corrections Northern California Women's Facility
045	Department of Corrections Mule Creek State Prison - PIA
046	Department of Corrections California Institution for Women
047	Department of Corrections Avenal State Prison - PIA
048	Department of Corrections Richard A. McGee Correctional Training Center
049	Department of Corrections Sierra Conservation Center
050	Department of Corrections Sierra Conservation Center
051	State Controller's Office
052	Department of Corrections California Correctional Institution at Tehachapi - PIA
053	Department of Corrections California Correctional Institution at Tehachapi
054	Department of Corrections California Correctional Institution at Tehachapi
055	Department of Corrections California Correctional Institution at Tehachapi
056	Department of Corrections California Men's Colony

057	Department of Corrections California Men's Colony
058	Department of Corrections California Men's Colony - PIA
059	Department of Corrections California Men's Colony
060	Department of Corrections
061	Department of Corrections Paroles and Community Service Division
062	Department of Corrections
063	Department of Corrections Prison Industry Authority
064	Department of Corrections California Institution for Women
065	Department of Corrections
066	Department of Corrections California Correctional Center
067	Department of Corrections California Correctional Center
068	Department of Corrections California Correctional Center
069	Department of Corrections California Rehabilitation Center
070	Department of Corrections California Rehabilitation Center
071	Department of Corrections Folsom State Prison
072	Department of Corrections Folsom State Prison
073	Department of Corrections California State Prison, Corcoran - PIA
074	Department of Corrections California State Prison, Sacramento County - PIA
075	Department of Corrections California State Prison, Solano County - PIA
076	Department of Corrections California Medical Facility
077	Department of Corrections California Medical Facility
078	Department of Corrections California Medical Facility
079	Department of Corrections California Rehabilitation Center
080	Department of Corrections California Institution for Men
081	Department of Corrections California Institution for Men - PIA
082	Department of Corrections California Institution for Men
083	Department of Corrections Northern California Women's Facility - PIA

084	Department of Corrections California State Prison, Corcoran	
085	Department of Corrections California State Prison, Corcoran	
086	Department of Corrections California Institution for Women	
087	Department of Corrections California Institution for Women - PIA	
088	Department of Corrections California Institution for Women	
089	Commission on Correctional Peace Officers' Standards and Training	
090	Department of Youth Authority El Paso de Robles School	
091	Department of Youth Authority Silverlake Pre-Parole Center	ABOLISHED
092	Department of Youth Authority Institutions and Camps Branch, Northern Division	
093	Department of Youth Authority Youth Training School	
094	Department of Youth Authority Oak Glen Youth Conservation Camp	
095	Department of Corrections San Quentin State Prison	
096	Department of Corrections San Quentin State Prison - PIA	
097	Department of Corrections San Quentin State Prison	
098	Department of Corrections San Quentin State Prison	
099	Department of Corrections Sierra Conservation Center	
100	Department of Corrections Sierra Conservation Center	
101	Department of Corrections Correctional Training Facility	
102	Department of Corrections Correctional Training Facility	
103	Department of Corrections Correctional Training Facility	
104	Department of Corrections Correctional Training Facility - PIA	
105	Department of Corrections Deuel Vocational Institution	
106	Department of Corrections Deuel Vocational Institution	
107	Department of Corrections Deuel Vocational Institution - PIA	
108	Department of Corrections Deuel Vocational Institution	
109	Department of Youth Authority Washington Ridge Youth Conservation Camp	

110	Department of Youth Authority
111	Department of Youth Authority Northern Reception Center & Clinic
112	Youthful Offender Parole Board
113	Department of Youth Authority Southern Reception Center & Clinic
114	Department of Youth Authority Southern Reception Center & Clinic
115	Department of Youth Authority Fred C. Nelles School
116	Department of Youth Authority Mount Bullion Youth Conservation Camp
117	Department of Youth Authority Fred C. Nelles School
118	Department of Youth Authority Fred C. Nelles School
119	Department of Youth Authority Northern Reception Center & Clinic
120	Department of Youth Authority Northern Reception Center & Clinic
121	Department of Youth Authority Fenner Canyon Youth Conservation Camp
122	Department of Youth Authority Southern Reception Center-Clinic
123	Youth and Adult Correctional Agency
124	Department of Youth Authority Karl Holton School
125	Department of Youth Authority Karl Holton School
126	Department of Youth Authority El Paso de Robles School
127	Department of Youth Authority El Paso de Robles School
128	Department of Youth Authority DeWitt Nelson Training Center
129	Department of Youth Authority DeWitt Nelson Training Center
130	Department of Youth Authority Preston School of Industry
131	Department of Youth Authority Preston School of Industry
132	Department of Youth Authority Preston School of Industry
133	Department of Youth Authority Pine Grove Youth Conservation Camp
134	Department of Youth Authority Ventura School
135	Department of Youth Authority Ventura School
136	Department of Youth Authority Ventura School

137	Department of Youth Authority Youth Training School
138	Department of Youth Authority Youth Training School
139	Department of Youth Authority Youth Training School
140	Department of Youth Authority Ben Lomand Youth Conservation Camp
141	The Robert Presley Institute of Corrections Research and Training
142	Department of Youth Authority
143	Department of Youth Authority Northern California Youth Center
144	Department of Youth Authority Northern California Youth Center
145	Department of Youth Authority Southern California Youth Center
146	Department of Youth Authority O.H. Close School
147	Department of Youth Authority O. H. Close School
148	Commission on Judicial Performance
149	
150	Supreme Court
151	Court of Appeal, First Appellate District
152	Court of Appeal, Second Appellate District
153	Court of Appeal, Third Appellate District
154	Office of Criminal Justice Planning
155	Judicial Center Library
156	Judicial Council
157	Habeas Corpus Resource Center
158	Court of Appeal, Fourth Appellate District
159	Court of Appeal, Fifth Appellate District
160	Court of Appeal, Sixth Appellate District
161	
162	
163	Office of Emergency Services
164	
165	California Postsecondary Education Commission
166	Chancellor's Office (Board of Trustees) California State University and Colleges
167	Chancellor's Office (Board of Trustees) California State University and Colleges

168	Department of Education School for the Blind	
169	Department of Education School for the Deaf, Fremont	
170	Department of Education School for the Deaf, Riverside	
171		
172	Council for Private Postsecondary and Vocational Education	ABOLISHED
173	State Council on Vocational Education	
174	Department of Education	
175	California State Library	
176	California State Summer School for the Arts	
177	Department of Corrections California State Prison, Calipatria - PIA	
178	Department of Corrections California State Prison, Calipatria	
179	Department of Corrections California State Prison, Wasco - PIA	
180	Department of Corrections California State Prison, Wasco	
181	Department of Corrections California State Prison, Wasco	
182	Department of Corrections California State Prison, Delano	
183	Department of Corrections California State Prison, Delano	
184	Department of Education School for the Blind	
185	Department of Corrections Northern California Women's Facility	
186	Department of Corrections Mule Creek State Prison	
187	Department of Corrections California State Prison - Corcoran	
188	Department of Corrections California Correctional Center - PIA	
189	Department of Corrections California Conservation Center - PIA	
190	Department of Corrections Avenal State Prison	
191	Department of Corrections California State Prison, Calipatria	
192	Commission on Teacher Credentialing	
193	Department of Education Diagnostic Center, Central California	
194	Department of Youth Authority Chaderjian School	
195	Department of Youth Authority Ventura Public Service Camp	ABOLISHED

196 California State Polytechnic University, Pomona

197 California State Polytechnic University,
San Luis Obispo

198

199 Department of Education
Diagnostic Center, Northern California

200 California State Polytechnic University, Pomona

201

202 Department of Education
Diagnostic Center, Southern California

203

204 Department of Education
School for the Deaf, Fremont

205 Department of Education
School for the Deaf, Riverside

206 Chancellor's Office (Board of Trustees)
California State University and Colleges

207 California State University, Maritime Academy

208 California State University, Chico

209 California State University, Maritime Academy

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211

212 California State University, Chico

213 California State University, Fresno

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217 California State University, Fresno

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219 Sonoma State University

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221 California State College, San Bernardino

222 California State College, San Bernardino

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224 Humboldt State University

225 Humboldt State University

226 California State University, Monterey Bay

227 California State University, Monterey Bay

228 California State University, Hayward

229 California State University, Hayward

230	California State University, Hayward	
231	California State University, Dominguez Hills	
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233	California State University, Los Angeles	
234	California State University, Bakersfield	
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236	California State University, Long Beach	
237	California State University, Long Beach	
238	California State University, Long Beach	
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240	California Maritime Academy	ABOLISHED
241	Military Department	
242	California State University, Fullerton	
243		
244	California State University, Monterey Bay	
245	California State University, Sacramento	
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248	California State University, Sacramento	
249	San Diego State University	
250	San Diego State University	
251	California State University, San Marcos	
252	California State University, Northridge	
253	California State University, Northridge	
254	California State University, Monterey Bay	
255	San Francisco State University	
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258	San Francisco State University	
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260	San Jose State University	
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263	San Jose State University	
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265	California State University, Channel Islands	

266	California State University, Channel Islands	
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270	Student Aid Commission	
271	California State University, Stanislaus	
272		
273	California State University, Bakersfield	
274		
275	Public Employees' Retirement System	
276	Public Employees' Retirement System	
277	Hastings College of Law	ABOLISHED
278		
279	Employment Development Department	
	Unemployment Insurance Appeals Board	
280	Employment Development Department	
281	Employment Development Department	
282	Employment Development Department	
283	Employment Development Department	
284	Department of Corrections California State Prison, Sacramento County	
285	Department of Corrections California State Prison. Sacramento County	
286	Department of Corrections California State Prison. Sacramento County	
287	Department of Corrections Folsom State Prison - PIA	
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290	State Board of Equalization	
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293	California Gambling Control Commission	
294	California Consumer Power and conservation Financing Authority	
295	Education Audit Appeals Panel	
296	Office of the Inspector General for Veterans Affairs	
297	Office of the Inspector General	

California School Finance Authority

California Rail Passenger Financing Commission

Department of Finance

Requirements of Governor-Elect and the Outgoing Governor

Scholarshare Investment Board

Commission on the Establishment of Academic Content and Performance Standards

Department of Information Technology

Office of Administrative Law

Department of General

Department of General Svs Off State Publishing

Department of General Services

Santa Monica Mountains Conservancy

California Occupational Information Coordinating Committee

Intercity High Speed Rail Commission

Emergency Medical Services Authority

California Exposition and State Fair

Museum of Science and Industry

Public Employment Relations Board

Commission on Aging

Afro-American Museum

California Debt Advisory Commission

California Children and Families First Commission

California Education Facilities Authority

California Alternative Energy Source Financing Authority

Commission on State Finance

California Student Loan Authority

California Health Facilities Financing Authority

Fair Political Practices Commission

Department of Fair Employment and Housing

Commission on California State Government Organization and Economy

Fair Employment & Housing Commission

Department of General Services

Department of General Svs Office State Publishing

332	California Constitution Revision Commission	
333		
334	California Industrial Development Financing Advisory Commission	
335		
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337	California State World Trade Commission	ABOLISHED
338		
339	Bureau of State Audits	
340	State Lands Commission	
341	California Earthquake Authority	
342	California Mortgage Bond and Tax Credit Allocation Committee	
343	California Debit Limit Allocation Committee	
344	Hazardous Substance Cleanup Financing Authority	
345	California Pollution Control Financing Authority	
346	Seismic Safety Commission	
347	Task Force to Promote Self-Esteem, Personal and Social Responsibility	ABOLISHED
348	California Coastal Commission	
349	State Independent Living Council	
350	California Bicentennial Commission on the United States Constitution	
351	Coachella Valley Mountains Conservancy	
352	California Arts Council	
353	Office of California-Mexico Affairs	
354	Department of Youth Authority Chaderjian School	
355	Baldwin Hills Conservancy	
356	Commission on State Mandates	
357	California Tahoe Conservancy	
358	California State Lottery	
359	Commission for the Review of the Master Plan for Higher Education	
360	Office of the State Fire Marshal	
361	Native American Heritage Commission	
362	California Citizens Compensation Commission	
363	Department of Personnel Administration	
364	Board of Governors of the California Community Colleges	
365	San Joaquin River Conservancy	

366	California Medical Assistance Commission	
367	Governor's Office Summer Youth Employment Program	ABOLISHED
368	Governor's Office of Planning and Research	
369	Commission on Local Governance for the 21st Century	
370		—
371	Governor's Office Public Service Employment Program	ABOLISHED
372	Governor's Office Public Service Employment Program	ABOLISHED
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375	Governor's Office Summer Youth Employment Program	ABOLISHED
376	Governor's Office Public Service Employment Program	ABOLISHED
377	Governor's Office Office of Employee Relations	ABOLISHED
378	Governor's Office Disabled Veterans Outreach Program	ABOLISHED
379	Governor's Office Public Service Employment Program	ABOLISHED
380	Governor's Office Public Service Employment Program	ABOLISHED
381	Department of Corrections Central California Women's Facility	
382	Department of Corrections Central California Women's Facility	
383	Department of Corrections Central California Women's Facility - PIA	
384	Department of Corrections Central California Women's Facility	
385	Department of Corrections California State Prison, Wasco	
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388	Department of California Highway Patrol	
389	Department of California Highway Patrol	
390	Department of Corrections Pelican Bay State Prison	
391	Department of Corrections R.J. Donovan Correctional Facility - PIA	
392	Department of Corrections Chuckawalla Valley State Prison - PIA	
393	Department of Corrections Pelican Bay State Prison - PIA	
394	Department of Corrections Pelican Bay State Prison	

395	California Horse Racing Board	
396		
397	Labor and Workforce Development Agency	
398	Department of Corrections California State Prison. Los Angeles County	
399	Department of Corrections California State Prison, Los Angeles County	
400	Department of Industrial Relations	
401	Department of Housing & Community Development	
402	State Compensation Insurance Fund	
403	Department of Corrections California State Prison, Imperial County (South)	
404	Department of Corrections California State Prison, Imperial County (South)	
405	Department of Corrections California State Prison, Imperial County (South) - PIA	
406	State Banking Department	ABOLISHED
407	Department of Financial Institutions	
408	Department of Savings and Loan	ABOLISHED
409	Department of Managed Care	
410	Department of Corporations	
411		
412	Department of Insurance	
413	Department of Insurance	
414	Department of Real Estate	
415		
416	California Auctioneer Commission	ABOLISHED
417	Office of Real Estate Appraisers	
418		
419	Department of Justice	
420	Department of Justice	
421	Commission on Peace Officer Standards and Training	
422	O. J. Hawkins Data Center	
423	Department of Justice	
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426	State Public Defender	
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Legislative Counsel Bureau

Commission on Uniform State Laws

California Law Revision Commission

Department of Corrections
California State Prison, Fresno County

Department of Corrections
California State Prison, Fresno County

Office of the Lieutenant Governor

Office of Statewide Health Planning & Development

Managed Risk Medical Insurance Board

Department of Corrections
California State Prison, Riverside II

Department of Corrections
California State Prison, Riverside II

Department of Developmental Services
Agnews Developmental Center

Department of Developmental Services
Agnews Developmental Center

Department of Development Services
Atascadero Development Center

Department of Development Services
Atascadero Development Center

Department of Development Services
Camarillo Developmental Center

Department of Developmental Services
Camarillo Developmental Center

Department of Mental Health

Department of Developmental Services

Department of Mental Health
Napa State Hospital

Department of Mental Health
Napa State Hospital

Department of Mental Health
Psychiatric Program, Vacaville

Department of Mental Health
Metropolitan State Hospital

Department of Mental Health
Salinas Valley Psychiatric Program

Department of Developmental Services
Lanterman Developmental Center

Department of Developmental Services
Lanterman Developmental Center

Department of Corrections
Chuckawalla State Prison

Department of Mental Health
Patton State Hospital

Department of Developmental Services
Southern California Facility

Department of Developmental Services
Northern California Facility

Department of Developmental Services
Sonoma Developmental Center

Department of Developmental Services
Sonoma Developmental Center

Department of Developmental Services
Stockton Developmental Center

Department of Developmental Services
Stockton Developmental Center

Department of Developmental Services
Porterville Developmental Center

Department of Developmental Services
Fairview Developmental Center

Department of Developmental Services
Fairview Developmental Center

Department of Developmental Services
Porterville Developmental Center

Department of Motor Vehicles

526	Traffic Adjudication Board	
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532	California Conservation Corps	
533	California Conservation Corps	
534	Secretary for Resources Agency	
535	Energy Resources Conservation and Development Commission	
536	State Coastal Conservancy	
537	Electricity Oversight Board	
538	Department of Conservation	
539	Delta Protection Commission	
540	Department of Conservation	ABOLISHED
541	Department of Forestry & Fire Protection	
542	Department of Forestry & Fire Protection	
543	Department of Forestry & Fire Protection	
544	Department of Forestry & Fire Protection	
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548	Department of Parks and Recreation	
549	Department of Parks and Recreation	
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556	Department of Boating and Waterways	
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564	Franchise Tax Board	
565	Department of Fish and Game	
566	Department of Fish and Game	
567	Wildlife Conservation Board	
568	Department of Fish and Game	ABOLISHED
569	Department of Fish and Game	ABOLISHED
570	Department of Fish and Game	ABOLISHED
571	Department of Fish and Game	ABOLISHED
572	Department of Fish and Game	ABOLISHED
573	Department of Veteran's Affairs Veteran's Home of California	
574	Department of Veteran's Affairs Barstow Veterans Home	
575	Department of Veteran's Affairs Chula Vista Veterans Home	
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587	Department of Corrections California Substance Abuse and Treatment Facility and State Prison at Corcoran	
588	Department of Corrections California Substance Abuse and Treatment Facility and State Prison at Corcoran	
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590	State Personnel Board	
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593	Department of Consumer Affairs Medical Board for Midwifery	
594	Department of Consumer Affairs	

	Arbitration Review Program	
595	Board of Pilot Commissioners for the Bays of San Francisco, San Pablo and Suisun	
596	Department of Consumer Affairs Energy – 5B5X	
597	Department of Consumer Affairs	
598	Department of Consumer Affairs Board of Medical Quality Assurance Respiratory Care Examining Committee	
599	Department of Consumer Affairs Board of Medical Quality Assurance Registered Dispensing Opticians	
600	Department of Consumer Affairs Podiatry Examining Committee	
601	Department of Consumer Affairs Psychology Examining Committee	
602	Department of Consumer Affairs Board of Medical Quality Assurance Physician Assistants Examining Committee	
603	Department of Consumer Affairs Board of Examiners in Veterinary Medicine	
604	Department of Consumer Affairs	
605	Department of Consumer Affairs Consumer Advisory Council	
606	Department of Consumer Affairs Acupuncture Advisory Committee	
607	Department of Consumer Affairs Board of Medical Quality Assurance Hearing Aid Dispensers Examining Committee	
608	Board of Osteopathic Examiners	
609	Department of Consumer Affairs Bureau of Electronic and Appliance Repair	
610	Department of Consumer Affairs	
611	Department of Consumer Affairs Division of Technology	
612	Department of Consumer Affairs Division of Investigation	ABOLISHED
613	Department of Consumer Affairs Tax Preparer Program	
614	Department of Consumer Affairs Board of Guide Dogs for the Blind	
615	Department of Consumer Affairs Board of Accountancy	
616	Department of Consumer Affairs Board of Architectural Examiners	
617	Department of Consumer Affairs Athletic Commission	
618	Department of Consumer Affairs Board of Barber Examiners	
619	Department of Consumer Affairs Cemetery Board	

620	Board of Chiropractic Examiners
621	Department of Consumer Affairs Board of Registration for Professional Engineers
622	Department of Consumer Affairs Contractors State License Board
623	Department of Consumer Affairs Board of Cosmetology
624	Department of Consumer Affairs Board of Dental Examiners
625	Department of Consumer Affairs Bureau of Collection & Investigative Services
626	Department of Consumer Affairs Contract Management – Energy
627	Department of Consumer Affairs Board of Funeral Directors and Embalmers
628	Department of Consumer Affairs Bureau of Home Furnishings
629	Department of Consumer Affairs Medical Board of California
630	Department of Consumer Affairs Board of Registered Nursing
631	Department of Consumer Affairs Board of Optometry
632	Department of Consumer Affairs Board of Pharmacy
633	Department of Consumer Affairs Board of Behavioral Science Examiners
634	Department of Consumer Affairs Structural Pest Control Board
635	Department of Consumer Affairs Board of Examiners in Veterinary Medicine
636	Department of Consumer Affairs Board of Barbering and Cosmetology
637	Department of Consumer Affairs Board of Vocational Nurse & Psychiatric Technician Examiners (Vocational Nurse Program)
638	Department of Consumer Affairs Certified Shorthand Reporters Board
639	Department of Consumer Affairs Board of Landscape Architects
640	Department of Consumer Affairs Physical Therapy Examining Committee
641	Department of Consumer Affairs Dental Auxiliary Program
642	Department of Consumer Affairs Board of Examiners of Nursing Home Administrators
643	Department of Consumer Affairs Speech Pathology & Audiology Examining Committee
644	Department of Consumer Affairs Bureau of Collection & Investigative Service

645	Department of Consumer Affairs Board of Vocational Nurse & Psychiatric Technician Examiners (Psychiatric Technician Program)
646	Department of Consumer Affairs Bureau of Automotive Repair
647	Department of Consumer Affairs California Board of Occupational Therapy
648	Department of Consumer Affairs Board of Registration for Geologists & Geophysicists
649	California State College, Bakersfield
650	Chancellor's Office (Board of Trustees) California State University and Colleges
651	California State College, Fullerton
652	California State College, Hayward
653	California State College, Long Beach
654	California State College, Los Angeles
655	California State College, Dominguez Hills
656	California State College, San Bernardino
657	California State Polytechnic University, San Luis Obispo
658	California State Polytechnic University, Pomona
659	California State University, Chico
660	California State University, Fresno
661	Humboldt State University
662	California State University, Sacramento
663	San Diego State University
664	California State University, Northridge
665	San Francisco State University
666	San Jose State University
667	Sonoma State University
668	California State University, Stanislaus
669	California State University, Los Angeles
670	California State University, San Marcos
671	California State University, Monterey Bay
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673	Air Resources Board
674	Department of Corrections California State Prison, Solano County
675	Department of Corrections California State Prison, Solano County
676	Department of Corrections

	California State Prison, Solano County	
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680	Public Utilities Commission	
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688	Business and Transportation Agency	ABOLISHED
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690	Stephen P. Teale Data Center	
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692	California Housing Insurance Fund	
693	California Housing Finance Agency	
694	Office of Traffic Safety	
695		
696	California Transportation Commission	
697	Trade and Commerce Agency	
698	Department of Commerce	
699	Business, Transportation and Housing Agency	
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701	Department of Transportation	
702	Department of Transportation	
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716 Department of General Services
717 Department of General Services
718 Department of General Services
719 Department of General Services
720 Department of General Services
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722 San Francisco Bay Conservation & Development Commission
723 California State University, Dominguez Hills
724 California State University, Bakersfield
725 California State University, Chico
726 California State University, Dominguez Hills
727 California State University, Fresno
728 California State University, Fullerton
729 California State University, Los Angeles
730 California State University, Bakersfield
731 California State University, Fullerton
732 California State University, Hayward
733 California State University, Dominguez Hills
734 California State University, Los Angeles
735 California State University, Dominquez Hills
736 California State College, San Bernardino
737 California State Polytechnic University, San Luis Obispo
738 California State Polytechnic University, Pomona
739 California State Polytechnic University, San Luis Obispo
740 California State University, Chico
741 Humboldt State University
742 California State University, Fullerton
743 California State University, San Bernardino
744 California State University, Stanislaus
745 San Francisco State University
746 San Jose State University

747	Sonoma State University
748	California State University, Stanislaus
749	Humboldt State University
750	California State University, Long Beach
751	California State University, Los Angeles
752	California State University, Sacramento
753	California State University, San Bernardino
754	San Diego State University
755	California State University, Northridge
756	San Francisco State University
757	San Jose State University
758	Sonoma State University
759	California State University, Stanislaus
760	California State Polytechnic University, San Luis Obispo
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762	California State University, Bakersfield
763	California State Polytechnic University, Pomona
764	California State University, Chico
765	California State University, Fresno
766	Humboldt State University
767	California State University, Long Beach
768	California State University, Sacramento
769	San Diego State University
770	Chancellor's Office (Systemwide Program)
771	Chancellor's Office (Systemwide Program)
772	California State University, Stanislaus
773	California State University, Northridge
774	San Francisco State University
775	San Jose State University
776	California State Polytechnic University, San Luis Obispo
777	California State Polytechnic University, Pomona
778	California State University, San Bernardino
779	Sonoma State University
780	California State University, San Marcos
781	California State University, San Marcos

782	California State University, San Marcos
783	Chancellor's Office
784	California State University, Monterey Bay
785	Secretary of State's Office
786	
787	California State University, Maritime Academy
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790	Health and Human Services Agency Data Center
791	
792	State Council on Developmental Disabilities
793	Area Board on Developmental Disabilities
794	
795	Governor's Advisory Committee on Child Development Programs
796	
797	Department of Aging
798	Department of Alcohol and Drug Programs
799	Secretary of Health & Welfare Agency
800	Department of Social Services
801	
802	Department of Health Services
803	Department of Health Services
804	Department of Health Services
805	Department of Health Services
806	Department of Health Services
807	Department of Health Services
808	Department of Health Services
809	Department of Health Services
810	Department of Toxic Substances Control
811	Office of Environmental Health Hazard Assessment
812	California Environmental Protection Agency
813	Department of Rehabilitation
814	Department of Pesticide Regulation
815	State Teachers' Retirement System
816	
817	Department of Child Support Services

	State Treasurer's Office	
	State Treasurer's Office	
	Department of Veterans Affairs	
	Department of Veterans Affairs	
	Vietnam Veterans Memorial Commission	ABOLISHED
	Veterans Memorial Commission	
	California Integrated Waste Management Board	
	Department of Water Resources	
	Department of Water Resources	
	Department of Water Resources	
	Department of Water Resources	
	Department of Water Resources	
	Department of Water Resources	
	Department of Water Resources	
	Department of Water Resources	
	Department of Water Resources	
	California State University, Fullerton	
	California State University, Hayward	

854	California State University, Los Angeles
856	California State University, Dominguez Hills
857	California Polytechnic State University, San Luis Obispo
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862	California State University, Sacramento
863	San Diego State University
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865	San Francisco State University
866	San Jose State University
867	Sonoma State University
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870	Chancellor's Office (Board of Trustees)
871	California State University, Fresno
872	California State University, Long Beach
873	California State University, Sacramento
874	San Diego State University
875	California State University, Northridge
876	Sonoma State University
877	California State University, San Marcos
878	California State University, Monterey Bay
879	California State University, Maritime Academy
880	State Water Resources Control Board
881	California State University, Fullerton
882	California State University, Hayward
883	California State University, Long Beach
884	California State University, Los Angeles
885	California State University, Dominguez Hills
886	California State University, San Bernardino
887	California State Polytechnic University, San Luis Obispo
888	California State Polytechnic University, Pomona
889	California State University, Chico

890	California State University, Fresno
891	Humboldt State University
892	California State University, Sacramento
893	San Diego State University
894	California State University, Northridge
895	San Francisco State University
896	San Jose State University
897	Sonoma State University
898	California State University, Stanislaus
899	California State University, Bakersfield
900	Department of Transportation
901	Department of Transportation, Dist. 1
902	Department of Transportation, Dist. 2
903	Department of Transportation, Dist. 3
904	Department of Transportation, Dist. 4
905	Department of Transportation, Dist. 5
906	Department of Transportation, Dist. 6
907	Department of Transportation, Dist. 7
908	Department of Transportation, Dist. 8
909	Department of Transportation, Dist. 9
910	Department of Transportation, Dist. 10
911	Department of Transportation, Dist. 11
912	Department of Transportation, Dist. 12
913	Department of Transportation
914	
915	Department of Corrections California State Prison, Kern County of Delano
916	Department of Corrections California State Prison, Kern County of Delano
917	
918	
919	Department of Corrections, California State Prison, Madera County
920	Department of Corrections, California State Prison, Madera County
921	Department of Corrections, California State Prison, Madera County
922	
923	Department of Transportation, Dist. 7 – Los Angeles

924 Department of Transportation, Dist. 8 – San Bernardino
925 Department of Transportation, Dist. 12 – Santa Ana
926 Department of Transportation, Dist. 23 – Diamond Bar
927 Department of Transportation, Dist. 1 - Eureka
928 Department of Transportation, Dist. 2 - Redding
929 Department of Transportation, Dist. 5 – San Luis Obispo
930 Department of Transportation, Dist. 9 - Bishop
931 Department of Transportation, Dist. 10 - Stockton
932 Department of Transportation
933
934 Department of Corrections, California State Prison, Lassen County
935 Department of Corrections, California State Prison, Lassen County
936 Department of Corrections, California State Prison, Monterey County
937 Department of Corrections, California State Prison, Monterey County
938 California State University, Monterey Bay
939 California State University, Monterey Bay
940 California State University, Bakersfield
941 California State University, San Bernardino
942 California State University, Stanislaus
943 California State University, Chico
944 California State University, Dominguez Hills
945 California State University, Fresno
946 California State University, Fullerton
947 California State University, Hayward
948 Humboldt State University
949 California State University, Long Beach
950 California State University, Los Angeles
951 California State University, Northridge
952 California State Polytechnic University, Pomona
953 California State University, Sacramento
954 San Diego State University
955 San Francisco State University
956 San Jose State University

957	California State Polytechnic University, San Luis Obispo
958	Sonoma State University
959	California State University, San Marcos
960	California State University, Maritime Academy
961	California State University, Maritime Academy

PAYROLL PROCECURES MANUAL

SECTION C - POSITION CONTROL INDEX

(Revised 03/02)

Agency Codes 100
Annual Reports 500
Blankets 400
Established Positions 300
Periodic Position Control Report 310
Overview 001
Payroll Headers 200

SUBJECT: OVERVIEW

C 001

REFERENCES
(Revised 03/95)

SAM 6211, 8531, 8533

INTRODUCTION
(Revised 03/95)

Position Control information is maintained within the Payroll System. Position Control Unit maintains a position file recording all approved established positions and a payroll header file recording all changes to payroll headers. The position file is updated on a weekly basis and the header file is updated before each daily payroll cycle.

REPORTS **C 002**
(Revised 03/95)

Based on the above files, numerous monthly and annual reports are prepared for agency/campus use as well as for Department of Finance (DOF) and the Legislature. Other reports related to position expenditures may be prepared as requested by any agency/campus for specific needs.

POSITIONS **C 003**
(Revised 03/95)

All established positions must have DOF approval (or delegated approval) before appointment of an employee to a position. Agencies/campuses SHOULD NOT submit a PAR/PPT that authorizes SCO to make an employee salary payment from an unapproved position.

PPSD does not verify that an approved established position is available prior to processing personnel documents. This is the responsibility of each agency/campus.

CHANGE IN ESTABLISHED POSITIONS **C 004**
(Revised 03/02)

Change in Established Positions, form STD. 607, (available on DGS web site or from DGS Stores), is used to establish positions. See PPM C 300 for completing a form STD. 607.

Route all copies directly to DOF, Budget Division, if their approval is required. If DOF has delegated approval authority, the form STD. 607 should be submitted directly to Payroll Operations.

Submit carbon copies to DOF together with a copy of Request for Certification, form STD. 625, when required.

Do not submit an advance copy of form STD. 607 to Payroll Operations. No action will be taken until the document is approved by DOF or by an agency representative to whom authority is delegated.

To ensure the processing of form STD. 607's in time to be reflected on the annual budget reports, the documents must be received IN PAYROLL OPERATIONS no later than June 15 of the closing fiscal year. If DOF approval is required, the documents must be submitted to them PRIOR to June 15 in order to be forwarded and received in PPSD timely.

The established position file is maintained for the current fiscal year only. Agencies/campuses SHOULD NOT submit form STD. 607's for temporary encumbrances/disencumbrances or correcting documents that affect previous fiscal years. If submitted, they will be returned to the agencies/campuses.

AGENCY CERTIFICATION FOR CONTINUED PAYMENT FROM ESTABLISHED POSITIONS **C 005**
(Revised 03/95)

Each department head must certify to SCO, PPSD that existing established positions in SCO files reflect the approved program and may be used as the basis for preparation of payrolls. The certification must reach SCO before the cutoff date for the September pay period. DOF grants blanket approval to the State Controller to use existing established positions in the files only for July and August pay periods.

SUBJECT: AGENCY CODES

INTRODUCTION **C 100**
(Revised 12/96)

A payroll agency code is a three-digit code that identifies the department and the fund from which salaries are paid. An agency/campus can have more than one code as long as they also have more than one fund. Agency name change does not normally require a new agency code.

A new agency code should be requested when establishing the following:

New agency
New department of existing agency
10/12 agency, except CSU
Special payroll procedures (e.g., biweekly payroll)

New agency code numbers will not be given over the telephone. A written request to PPSD, SACS Unit, is required for anything that affects agency codes such as:

New codes
Abolishment of existing code
Fund change
Name change

Mail request to:

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

Agency/campus will receive written notice from PPSD when the agency code has been assigned.

COMPLETION OF REQUEST **C 101**
(Revised 12/96)

The following information must be included in the written request:

New agency code

Name of agency; state if it will be under an existing department
Fund name

Chapter number or other legislative authorization (include a copy of the budget act, assembly/senate bill, etc.)
California Fiscal Information System (CFIS) code (except CSU)
Effective date
State if it is a shift agency or not
List any out-of-state reporting units
Number of employees
Appointing authority
State if it is a 10/12 agency (except CSU)
Name and telephone number of contact at both the departmental personnel office and the accounting office.

Abolished agency

Name of agency
Agency code
Effective date of abolishment

Fund change

Name of agency
Agency code
Old fund name
New fund name
Chapter number or other legislative authorization
Effective date

Agency name change

Old agency name
New agency name
Agency code
Chapter number or other legislative authorization
Effective date

SUBJECT: PAYROLL HEADERS

DESCRIPTION **C 200**
(Revised 03/02)

A Payroll Header contains the following:
Fiscal Year
Payroll Agency Code
Reporting Unit Code
Budget Function Code (CSU Only)
Uniform Account Code
Budgetary Description

This information is printed on warrant registers, attendance reports, and other payroll reports and is used for fund/appropriation transfers of payroll amounts. A payroll HEADER is ACTIVE for only one fiscal year. A FORM PR421 OR A NEW HEADER, STD. 407, (available on DGS web site or from DGS Stores). MUST BE SUBMITTED EACH FISCAL YEAR.

The payroll HEADER FILE contains the above information for the current and two prior fiscal years, as well as the establishment/abolishment effective dates and the budget function codes, where applicable.

Payments will suspend for any pay period:

- Prior to the effective date of establishment of Payroll Headers.

- After the effective date of abolishment of Payroll Headers.

Payments will automatically release when headers are established.

ASSIGNMENT OF CODES **C 201**
(Revised 06/97)

PPSD, SACS Unit, assigns the agency code; Division of Accounting, assigns the Uniform Account Code; the agency assigns the Reporting Unit, Budget Function Code, if used, and the Budgetary Description. Budgetary/funding information must reflect information provided by legislation, such as the budget act. Questions concerning this information should be directed to the Division of Accounting.

SPECIAL HANDLING FOR HEADERS **C 202**
(Revised 06/97)

A list of Payroll Headers can be produced upon written request from an agency/campus. The request, directed to Payroll Operations, Position Control Unit, must include agency code(s) and fiscal year(s) needed. Send request to:

State Controller's Office
Personnel/Payroll Operations Bureau
Position Control Unit
P.O. Box 942850
Sacramento, CA 94250-5878

NOTE: Whenever a department adds or changes out-of-state reporting units, contact the supervisor of Position Control Unit, Payroll Operations, since such changes require special handling.

Mass reorganizations of positions/employees must be coordinated with PPSD. Advance notice of at least one month prior to the effective date is necessary if position roster/employment history listings are required by an agency/campus. Contact the supervisor of the Position Control Unit, Payroll Operations.

ANNUAL HEADER PROCEDURES **C 203**
(Revised 03/02)

Each May, Payroll Operations sends out an annual update of existing Payroll Headers, "Payroll Header Report", form PR 421.This report, a listing of Payroll Headers for the current fiscal year, is to assist agencies/campuses in the establishment of headers for the new fiscal year.

NOTE: Any header established after the "Payroll Header Report" forms PR421 are generated, will require a new form STD. 407 (Rev. 4/97) to reestablish for the new fiscal year.

The report is printed on three-part paper. The original and one copy is sent to the agency/campus, while the third copy is retained in Payroll Operations. After the report is updated, the original report is returned to Payroll Operations by the date specified in the instructional letter which accompanied the forms PR 421 (typically May 25 is the due date). The agency/campus will retain the updated second copy of the PR 421.

NOTE: Payments for the new fiscal year will suspend if the PR 421 is not returned by the stated deadline.

If a department is having a mass reorganization of positions/employees and the information is not available in time to complete and return the form PR 421 by the deadline, contact the supervisor, Position Control Unit.

The form PR 421 will only establish a new fiscal year Payroll Header File. It will not automatically create a transfer of positions or employees, nor will it update mailing addresses. Certified change documents, form STD. 607, and PAR/PPT must be used if such changes are needed. See Section A for instructions to update mailing address.

COMPLETION OF FORM PR 421 **C 204**
(Revised 06/97)

Complete form PR 421 as follows:

Authorized signature, contact person, and telephone number are required on the first page of each payroll agency code.

Complete the information under "New Header Description" ONLY if description is changing (budget year changes are done automatically, do not rewrite). Do not rewrite description if there is no change.

TO ABOLISH A REPORTING UNIT OR ENTIRE AGENCY **C 205**
(Revised 06/97)

Place a line through the information shown in the items identified as "AGY", "REPT UNIT", "B.F.", "EFF. DATE", and mark a diagonal line through the preprinted description lines under "CURRENT HEADER DESCRIPTION."

If the entire agency is being abolished, a letter stating name of agency, agency codes, and effective date of abolishment, signed by an authorized person, must be attached to the PR 421.

TO CHANGE THE HEADER **C 206**
(Revised 06/97)

To change a description line, enter the new information in the corresponding line number under "CHANGES" (see sample below).

New Header Description	Current Header Description
1.	1. Department of California
2.	2. Administration
3. San Francisco Branch	3. Sacramento Branch
4.	4. General Fund
5.	5. Item 9999-999-9999 B/A 1997
6.	6.
7.	7.

Adding or deleting lines may change the sequencing number of the description lines. When a line is deleted, all subsequent lines must be brought up. When a line is added, all subsequent lines must be moved down (see examples below).

Adding

New Header Description	Current Header Description
1.	1. Department of California
2.	2. Administration
3. Executive Office	3. Sacramento Branch
4. San Francisco Branch	4. General Fund
5. General Fund	5. Item 9999-999-9999 B/A 1997
6. Item 9999-999-9999 B/A 1997	6.
7.	7.

Deleting

New Header Description	Current Header Description

1.	1. Department of California
2.	2. Administration
3. San Francisco Branch	3. Decentralization
4. General Fund	4. Sacramento Branch
5. Item 9999-999-9999 B/A 1997	5. General Fund
6. Program A	6. Item 9999-999-9999 B/A 1997
7.	7. Program A

To CHANGE a reporting unit, delete header from the PR 421 by lining out "AGY", "REPT UNIT", "B.F.", "EFF DATE" and mark a diagonal line through the preprinted description and under "CURRENT HEADER DESCRIPTION". Then complete a STD. 407 (Rev. 4/97) for new reporting unit per instructions in PPM C 209.

CSU ONLY

Budget Function Changes (campuses only)

To ADD a budget function code, enter the three-digit budget function code in Item "B.F."

To DELETE a budget function code, line out the budget function code in Item "B.F."

To CHANGE an existing budget function code, line out the budget function code in Item "B.F." and enter the new budget function code directly underneath.

TO ADD A NEW HEADER **C 207**
(Revised 06/97)

New headers or headers not listed on the preprinted form PR 421 must be submitted on a form STD. 407 (Rev. 4/97). (DO NOT add to blank spaces on form PR 421). Complete per instructions in PPM C 209.

CHANGES TO PAYROLL HEADERS **C 208**
(Revised 03/02)

After the annual header update is completed, all header changes must be submitted on "PAYROLL HEADER CHANGE", form STD. 407 (available on DGS web site or from DGS Stores)

Form STD. 407 (Rev. 4/97) is used for the following types of header transactions:

Establish - to establish a new payroll header or a payroll header that was deleted in error. Effective date is the beginning of the pay period.

Change - to change the budget function code or payroll header description on an established payroll header. Do not use the "Change" transaction to change the agency and/or reporting unit. Delete the established header and establish a new header. Uniform account code changes are done by SCO Accounting only. Effective date is the beginning of the pay period.

Header changes for effective date, agency code, or reporting unit requires two forms STD. 407 (Rev. 4/97). One form to delete the existing header and one to establish the correct header information. Submit as a package for processing before the 10th of the month.

Abolish - to abolish a payroll header. Abolishment date is effective at the close of the pay period for the date shown on the STD. 407 (Rev. 4/97). Complete all payroll transactions before abolishing the payroll header.

Re-establish Abolished Header - to re-establish a header which was previously abolished within the SAME fiscal year. Re-establish date is effective at the beginning of the pay period for the date shown on the STD. 407 (Rev. 4/97).

EXAMPLE: To re-establish a header abolished with the 10/94 pay period, the effective pay period would be 11/94 or later.

Delete - to delete a payroll header established in error. Header will be completely removed from the Payroll Header File.

NOTE: Abolishing a header and deleting a header are not the same. Abolish a header when funds were/will be paid prior to the abolishment date.

Delete a header when NO FUNDS are paid or funds that were paid have been transferred out of the erroneous header (agency/reporting unit). A delete completely removes the header from the Payroll Header file. An abolishment retains a record of the header up to the close of the pay period for the abolishment effective date shown on STD. 407 (Rev. 4/97).

COMPLETION OF FORM STD. 407 (Rev. 4/97) **C 209**
(Revised 06/97)

ALL FORMS STD. 407 (Rev. 4/97) ARE TO BE TYPED OR CLEARLY PRINTED. Complete as follows:

Item

1 Ending Fiscal Year (CCYY) - enter the fiscal year which corresponds with the effective/abolishment date (i.e., if the effective date is 09/94, the fiscal year would be 1995).
2 Payroll Agency Code
3 Reporting Unit Code
4 Budget Function Code - Complete if applicable, (CSU only)
5 Effective/Abolishment Date (CCYYMM) - enter the pay period month and year the header is to be effective per the transaction type (e.g., 199407). See PPM C 208.
6 Transaction Type - place an "X" in the appropriate box for the requested type of transaction.
7 Type Change/Line Number - leave blank. This item is to be completed by Payroll Operations.

PAYROLL HEADER DESCRIPTION - Budgetary descriptions are limited to seven lines with a **maximum of 30 characters** (including spaces and punctuation) per line. Description lines should include the following:

- Name of the agency
- Institution name, if any
- Fund name
- Budget item or appropriation data
- Program or category
- Additional information may be added (e.g.; unit, section, etc.)

See sample below:

Department of Corrections	(Mandatory)
Folsom State Prison	(Mandatory)
Administration	(Optional)
General Fund	(Mandatory)
Item 267 Budget Act of 1994	(Mandatory)

NOTE: Line 1 must show the agency name. DO NOT SKIP LINES.

REMARKS - to be completed for a CHANGE transaction. List all changes being made.

Authorized Signature/Date/Telephone Number - must be completed.

HEADER CANCELLATION **C 210**
(Revised 06/97)

To Abolish or Delete a header, complete items 1-6 on Identification side and line 1 only on Description side of form STD. 407 (Rev. 4/97).

NOTE: In remarks section of form STD. 407 (Rev. 4/97) indicate "This Is To Abolish/Delete Original form STD. 407".

SUBJECT: ESTABLISHED POSITIONS

C 300

REFERENCES
(Revised 12/85)

SAM 6209

INTRODUCTION
(Revised 12/85)

An established position is a specific staff assignment defined and funded in the state budget. The unit of budgetary allotment for an established position is the "personnel-month" which is equivalent to one month's salary at full time.

POSITION NUMBER **C 301**
(Revised 12/85)

Positions are identified by a 13-digit number. An established position consists of:

Agency code
Reporting unit code
Class code
Serial number

AGENCY CODE **C 302**
(Revised 12/85)

Three digits identify:

Fund from which salaries are payable
Agency, institution or other major subdivision
High risk PERS groups (e.g., PERS Safety Members).

REPORTING UNIT **C 303**
(Revised 12/85)

Three digits identify:

The appropriation or account within the agency fund group from which salaries are payable.

May also identify the function, location, or attendance reporting station of positions and employees. Agencies/campuses assign Reporting Unit Codes to conform to the organizational structure.

Reporting unit codes control the arrangement of information on warrant registers, attendance reports, and other payroll reports. It identifies fund or appropriation transfers on reports, and assists in distribution of payrolls.

The same reporting unit code should not be used to identify different budgetary descriptions in two consecutive years. If possible, change the reporting unit code.

BUDGET FUNCTION (CSU ONLY) **C 304**
(Revised 03/95)

Three-digit code IN LIEU of reporting unit code, identifies a group of reporting units under single budgetary control. Use of budget functions is optional. These codes are used to arrange information on the Schedule 8 Budgetary Report and on the Periodic Position Control Report.

Use of budget function codes reduces the number of required position documents by permitting employee movement (PPT) between attendance reporting units within the same budget function without submission of form STD. 607 to transfer the employee's position.

Budget function codes cannot be reassigned during a fiscal year and reporting units cannot be assigned to different budget function codes within a fiscal year. A budget function code should not identify different budgetary descriptions in consecutive fiscal years.

Budget function codes may be established by submission of form STD. 607 showing the name and code of the budget function in Item 5(b) and in Item 10, the codes of all reporting units being combined under the budget function. To avoid control difficulties, clear new budget functions in advance with Payroll Operations and DOF.

CLASS CODE **C 305**
(Revised 03/95)

Four digits identify the class code:

Class Type	Salary-Setting Authority
Civil Service	DPA
Maritime Academy (Exempt)	DPA
Finance Exempt/Statutory	DPA
Judicial (Exempt & Statutory)	Judicial Council
California State University (Exempt)	CSU, Chancellor's Office

Salary-setting authorities assign these codes and publish them in pay scales.

INTERCHANGEABLE CLASSES **C 306**
(Revised 03/95)

Interchangeable Classes have been approved by DOF for certain classes to promote the policy of recruiting employees at the entry level and later promoting those qualified to the journeyman level without further action. Form STD. 607 for interchangeable classes will show the class code and title of the primary class (identified by DOF). The established position file will reflect the primary class code and it will not change when the employee's class changes. See PPM C 318 for identification of interchangeable primary class codes.

To request establishment of a new interchangeable class, send a letter to DOF. They will indicate their approval on the letter and forward to Payroll Operations.

Use of interchangeable classes reduces the number of required position documents by permitting recruitment or promotion (per PAR/PPT) at any level of the position without submission of form STD. 607 to change the class code of the position.

Interchangeable positions are identified by serial numbers in the 700 and 800 series with the following exceptions:

1. Class codes 8397 (California Highway Patrol), 2358, 2360, 2396, 2397, 2399 (CSU) are NOT interchangeable, but can use serial numbers 700-899 because they have more than 699 employees in one reporting unit or budget function.

2. Class code 8232 (Departments of Developmental Services and Mental Health) is always interchangeable for serial numbers 001-899.

3. Department of Motor Vehicles uses serial numbers 300-899 for interchangeable positions.

Classes included in more than one interchangeable group (e.g., 5156 can be interchangeable with 5142 or 5157) must have unique serial numbers within the same agency and unit (or budget function) so Payroll Operations can correctly apply payments to the established positions.

SERIAL NUMBER **C307**
(Revised 12/96)

Three digits identify the position within each class in each reporting unit/budget function. Serial numbers in the 700 and 800 series are reserved for employees in interchangeable classes (see Section C 306). Serial numbers in the 900 series are reserved for employees paid from blanket funds and for those in non-controlled agencies. Agencies/campuses assign serial numbers to identify each separate position.

TEMPORARY ENCUMBER/DISENCUMBRANCE **C 308**
(Revised 12/96)

To temporarily encumber/disencumber a position for a period of time that overlaps fiscal years, two forms STD. 607 must be submitted to Payroll Operations, one for each fiscal year affected. For example, if a permanent position is to be temporarily disencumbered to another position from April through August, submit a form STD. 607 to temporarily disencumber the position from April through June. At the beginning of July, submit another form STD. 607 to temporarily disencumber the position from July through August.

CHANGE OF TIME BASE **C 309**
(Revised 03/02)

To change the time base of an established position, show total time to be added/deleted; position numbers are not to be duplicated. DO NOT USE the same position number on both add and delete side of form STD. 607.

EXAMPLE #1: Position is currently 001/002 time base. To increase the position to 003/004 time base, submit form STD. 607 to "add" 001/004 time base.

EXAMPLE #2: Position is currently 001/002 time base. To divide it between two other positions, delete the "from" position at 001/002 (total time - DO NOT show "from" position twice) and add 001/004 to each "to" position, as follows:

Add	**Delete**
001-1000-001 001/004 001-1000-002 001/004	001-2000-001 001/002

PERIODIC POSITION CONTROL REPORT MONTHLY **C 310**
(Revised 03/02)

Periodic Position Control Report lists each position in which personnel-months expended exceed personnel-months authorized by form STD. 607; i.e., payments were issued from unauthorized positions.

The report is prepared at the close of each business month for release after the first of each month. Copies are sent to DOF, Internal Management, as well as to each agency/campus with an overexpended position.

Each agency/campus must review the report and take necessary corrective action. Return a copy of the report to Payroll Operations, Position Control Unit, with marginal notes indicating action taken. Provide the form STD. 607 document number that pertains to the position. Attach a clear copy of the approved original form STD. 607 with original signature, Item 12.

Causes of overdraft include:

1. Lack of proper documentation: a) time paid exceeds time authorized for a position established by form STD. 607, or b) payments issued from a position not yet established.

2. Lump sum payments overlap regular payments from a new appointment.

Corrective action required:

1. For overdrafts resulting from a lack of proper documentation, submit form STD. 607 to a) add personnel-months, b) establish the position, or c) submit PAR/PPT to change the position number of the employee paid from the overexpended position.

2. For overdrafts resulting from lump sum payments (payment types 3, 4, and 5), submit PAR/PPT to transfer lump sum payments to Temporary Help Blankets.

COMPLETION OF FORM STD. 607 FOR ESTABLISHED POSITIONS C 311
(Revised 03/02)

Complete form STD. 607 (available on DGS web site or from DGS Stores) as follows: IMPORTANT NOTE: If a listing is being prepared, please follow guidelines outlined in PPM C 315.

Item

1. Route To - leave blank. (If submitting a package, number the sequence order of processing in this area; e.g., 1 of 2, 2 of 2).

2. Type of Transaction - check the type of transaction that applies.

3(a) Fiscal Year - must be completed and year must coincide with transaction effective date.

3(b) Document Number - must be completed.

10 Description of Duties, Explanation of Necessity, Reason for Abolishment, etc. - enter any necessary justification or explanatory information.

11 Funding Information - Encumbrance Increases/Encumbrance Decreases

Need not be completed if the transaction has no budgetary impact. Budgetary information must be certified by the accounting officer.

12 Certification for the Appointing Power - must be signed by the appointing power or authorized representative.

13 Approved: - cite authority for exemption from DOF review or send to DOF.

ESTABLISHMENT C 312
(Revised 03/02)

Item

4(a) Effective Date - must be entered. This date is an A.M. or B.O.B. date (must be consecutive with item 7a or explained in Item 10 if applicable). Multiple effective dates CANNOT be shown.

NOTE: The first of the pay period is not necessarily the first of the month. For academic positions being established at the beginning of an academic year, semester or quarter, show the beginning date of the academic pay period covering the first payment to the employee.

4(b) Expiration Date - must be entered. This date is a P.M. or C.O.B. date (must be the same as 7b or explained in Item 10 if applicable). Multiple or prior fiscal year expiration dates CANNOT be shown.

For permanent establishment of position, show "PERM." For reencumbrance of temporarily disencumbered position, enter the date to which the position was disencumbered.

EXAMPLE: Position 000-001-1000-001 disencumbered from 6/30/96 to 6/30/97. To reencumber it effective 8/1/96, complete a FORM STD. 607 to add it back 8/1/96 through 6/30/97, the date the position was originally disencumbered, even if the position is permanent. Only add back what time was disencumbered.

5(a) Department and Organizational Unit - (Code No.) - enter name and payroll agency code of the department. Only one payroll agency code allowed in this item. Cannot be various.

5(b) Reporting Unit - (Code No.) - enter name and code of attendance reporting unit.

5(c) Class Title - (Code No.) - enter title and class code (if interchangeable, show only the primary class code identified by DOF).

5(d) Number of Positions - enter the number, not the total value, of positions being established or extended.

EXAMPLE: ADDITION TO ROSTER

000-001-1000-001 Full
000-002-1000-001 1/2

Item 5(d) should be "2" not "1.5"

5(e) Position Serial Number(s) - (Code No.) - enter the serial number identifying the individual position within the class (if various, see PPM C 315).

Use serial number 001-699 if noninterchangeable class, 700-899 if interchangeable, except as noted in PPM C 306.

5(f) Type of Position - (Code No.) - indicate by code whether position is:

Civil service (1)
Exempt (4)
Statutory (7).

6(a) Time Basis - indicate by check mark, if position is full-time; by fraction, if position is part-time; or various, if multiple positions are listed with both full-time and fractional positions.

To establish part-time position, enter the FRACTION, NOT THE DECIMAL EQUIVALENT. The lowest common denominator should be shown.

If multiple positions are listed on attachment, show the fraction applicable to right of each position serial number.

Explain time base increases in Item 10.

6(b) Salary Rate - enter the proposed rate and check whether monthly, daily, or hourly. If rate is above the minimum, explain in Item 10.

6(d) Position Justification – form STD. 613 - check the status of form STD. 613. For new positions and reclassifications, enter document number.

ABOLISHMENTS **C 313**
(Revised 03/02)

7(a) Effective Date - Must be entered. This date is a P.M. or C.O.B. date (must be consecutive with 4a or explained in Item 10). Multiple effective dates CANNOT be shown. (Be sure the employee has separated or been transferred [PAR/PPT] before the position is abolished or disencumbered.)

NOTE: Academic positions being abolished at the end of an academic year, semester, or quarter should show the ending date of the academic pay period covering the final payment to the employee.

7(b) Disencumber To - must be entered. This date is a P.M. or C.O.B. date (must be the same as 4b or explained in Item 10). Multiple or prior fiscal year expiration dates CANNOT be shown.

For abolishment of permanent position, show "PERM." For abolishment of temporary position, enter the original expiration date of the position (see PPM C 308).

EXAMPLE: Position 000-001-1000-001 established with an effective date 7/1/96 and expiration date 6/30/97. To abolish it effective 9/2/96, complete a form STD. 607 to abolish it with effective date 9/2/96 and expiration date 6/30/97, the original expiration date of the position.

8(a) Department and Organizational Unit - (Code No.) - enter name and payroll agency code of the department. Only one payroll agency code allowed in this item. Cannot be various.

8(b) Reporting Unit - (Code No.) - enter name and code of attendance reporting unit.

8(c) Class Title - (Code No.) - enter title and class code. If interchangeable, show only the Primary class code established on position roster.

8(d) Number of Positions - enter the number, not the total value, of positions being abolished or temporarily disencumbered.

EXAMPLE: DELETION FROM ROSTER

000-001-1000-001 Full
000-002-1000-001 1/2

Item 8(d) should be "2" not "1.5"

8(e) Position Serial Number(s) - (Code No.) - enter the serial number identifying the individual position within the class. If various, see PPM C 315.

8(f) Type of Position - (Code No.) - indicate by code whether position is:

Civil service (1)
Exempt (4)
Statutory (7)

9(a) Time Base - indicate by check mark, if position is full-time; by fraction, if position is part-time; or various, if multiple positions are listed with both full-time and fractional positions.

To abolish or disencumber part of a position, enter the fraction NOT the decimal equivalent. Show lowest common denominator.

If multiple positions are listed on attachment, must show the fraction applicable to the right of each position serial number.

Explain decreases in time base in Item 10.

9(b) Salary Rate - enter the rate and check whether monthly, daily, or hourly. If rate is above the minimum, explain in Item 10.

9(d) Present Status - check present status of position and enter form and document number, if required.

CORRECTING DOCUMENTS **C 314**
(Revised 12/96)

Complete form STD. 607 as outlined in PPM C 311-313 with the following cautions:

1. Type or write "CORRECTED COPY" at the top of the document.

2. Complete exactly as original should have been submitted using the same document number followed by an alpha character (e.g., if original document number is 100, first correcting document is 100-A, second correcting document is 100-B).

3. Note in Item 10 the items being corrected and how they are shown on the original document.

4. To cancel, complete exactly as original document and indicate in Item 10 "This is to cancel the original document."

Note: Correcting documents should be:

- Current fiscal year correcting documents only.
- Only two correcting documents per original form STD. 607. Additional corrections require a new form STD. 607.
- Changes to the effective/term date with an attachment list are not considered a correcting document.
- Partial correction of a form STD. 607 with attachment list, to the effective date/term date is not considered a correcting document. A correcting document to delete from the original followed by a new form STD. 607 with the correct information or a new form STD. 607 is required to update the Position Roster file.

PREPARATION OF ATTACHMENT 607 LIST **C 315**
(Revised 03/02)

If more than one position is being established and/or abolished with the same effective term date, an Attachment 607 Listing must be done. The list must be submitted with a cover form STD. 607 (see PPM C 311). **It must have an authorized signature and cannot exceed 50 positions.**

Attachment 607 list must be uniform with the cover form STD. 607; additions to the roster on the left side, deletions to the roster on the right side.

All positions must be completed in column form (e.g.,
001 1139 003
001 1139 004 not 001 1139 003/004).

ON-DEMAND POSITION ROSTER LISTING **C 316**
(Revised 03/02)

When a department is planning to:

1. Reorganize during the fiscal year
2. Reclass by pay authority
3. Reconcile Payroll Operations position file with the agency's files

and

the department wishes to receive a listing (either printed or on magnetic tape) of established positions in the Roster File for use as a turnaround document or aid in preparing form STD. 607, a request must be submitted to the Payroll Operations (see PPM Section Z, Attachment C-1).

The listings are available on a one-time, monthly, or quarterly basis according to the request.

The service charge for providing these listings and tapes is $60.00. This amount is subject to change since service charges are based on the cost of computer and staff time needed to produce this material.

The following formats are available:

1. Fiscal year, position number and type, time base fraction, and expiration date (if temporary position): Format 3 (See PPM Section Z, Attachment C-2).

2. Personnel-months authorized, in addition to the above information: Format 4 (See PPM Section Z, Attachment C-3).

3. Reclassification format, for use as a turnaround document listing: Positions being reclassified (or reorganized in mid-fiscal-year) are on the right-hand side of the listing, and blank position number fields are on the left-hand side. Complete the blank fields with the new, reclassified position and submit with a cover form STD. 607.

4. Magnetic Tape.

In April each year, PPSD will release a questionnaire to all departments as to whether the department is planning a reorganization effective July 1 of the next fiscal year. If the response of the department is positive, a position roster listing will be AUTOMATICALLY prepared and released in May. No request for such a listing needs to be made and no service charge will be assessed.

REQUEST FORM FOR POSITION ROSTER LISTING/MAGNETIC TAPE **C 317**
(Revised 03/02)

The Request for Position Roster Listing (see PPM Section Z, AttachmentC-1) should be completed as follows:

Date: Date the request is submitted

From: Name and address of office making request.

Selection Criteria:

1. Type of Request

   Enter a check mark or "X" in the appropriate box. May request a listing/tape on a one-time, monthly, or quarterly basis.

2. Agency Codes

   List all agency codes to be included on the listing/tape.

3. Class Codes

   Complete only if specific class codes are required on the listing.

4. Type of Output

   Enter a check mark or "X" in the appropriate box. May select a printed listing or, if agency has its own data processing facility, may choose to receive the roster on magnetic tape.

5. Printed Listing Information. Complete only if requesting printed listing.

   a) Page Break

      Enter check mark or "X" in appropriate box. May start a new print page with each agency code change when multiple agency codes requested (Option A), or may start a new page each time the reporting unit or budget function changes (Option B). Positions will be in agency code, reporting unit/budget function, class code, serial number order.

   b) Format

      Enter check mark or "X" in appropriate box.

      Format 3 gives fiscal year, position number and type, time base fraction, and expiration date (if temporary position). This is on 8-1/2 x 11 paper.

      Format 4 gives personnel-months authorized, in addition to the information on Format 3. This is on 11 x 14 paper.

      Format 5 is double-sided. One side gives the same information as Format 3 for agencies and/or class codes requested. The other side has blanket position number fields, to be completed per the reclass or mid-year reorganization being done. The completed listing may be submitted with a covering form STD. 607 to be processed as any other form STD. 607 reclass listing. This is on 8-1/2 x 11 paper.

   c) Number of copies

      Enter number of copies desired.

6. Tape Information. Complete only if requesting magnetic tape.

   a) Type of Tape

      Enter check mark or "X" in appropriate box.

   b) Block size

      Enter number of bytes per block.

   c) Tape provided

      Agencies do NOT need to send a blank tape to SCO for use in producing a roster tape. SCO will provide the tape which is to be returned within 40 days.

7. Method of Delivery

a) Messenger Pick-up

Enter check mark or "X" in this box if using messenger to pick up tape or listing at the address given. Please give name and telephone number of person to notify when the tape/listing is ready.

b) Mail

Enter check mark or "X" in this box if desiring to have the tape/listing mailed. Enter mailing address.

c) Call Volume/Serial Number

SCO, Data Guidance will give this information to agencies that use Teale Data Center facilities. Agencies can then call Teale for transmission of data directly to the agency data processing shop. Tapes will thus not change hands.

Billing - Enter name, department, and address of person receiving the bill for this services.

Contact - Enter name and telephone number of person to contact.

Requested By - Person requesting the tape or listing must sign and date the request.

INTERCHANGEABLE CLASSES **C 318**
(Revised 03/95)

Class Codes	**Class Titles**
0155-0554*	Milk Prod. Cost Analyst II - Milk Prod. Cost Analyst I
0193-0196*	Assoc. Agric. Economist - Asst. Agric. Economist
0721*-0758	Program Tech I - Program Tech Trainee
0757*-0758	Waste Mgt. Spec. - Assoc. Waste Mgt. Spec.
0763*-0762-0754	Environmental Spec. II - Environmental Spec. I - Environmental Spec. III
1038*-1039	Forest Ranger III - Forest Ranger II
1123*-1441*	Asst. Clerk - Office Asst. (Gen)
1126*-1125	Clerical Asst. II - Clerical Asst. I (NOTE: CSU only)
1148-1379*-1139	Office Services Supvr. I (Typing) - Office Asst. (Typing) - Office Tech. (Typing)
1334*-1165	Prog. Tech. I (Ret.) - Prog. Tech. II (Ret.)
1382*-1383	Programmer I - Programmer II

1418-1421*	Data Entry Operator - Data Entry Operator Trainer (NOTE: CSU only)
1470*-1479	Associate System Analyst - Assist. Information System Analyst
1485*-1487	Printing Trades Spec. Trainee (Gen) - Printing Trades Spec. I (Gen)
1487-1485*-1488-1489	Printing Trades Spec. I (Gen) - Printing Trades Spec. Trainee (Gen) - Printing Trades Spec. I (Photocopy) - Printing Trades Spec. I (Finishing)
1707-1709*	Toll Collector - Service Asst. (Toll Collector)
1730-1441*-1733-1123	Sr. Account Clerk - Office Asst. (Gen) - Account Clerk II - Asst. Clerk
1733-1441*	Account Clerk II - Office Asst. (Gen)
1861*-1862	Prog.Tech. I (Business Taxes) - Prog. Tech. II (Business Taxes)
1920*-1921	Racing License Tech. I - Racing License Tech. II
1963*-1964	Financial Aid Analyst - Assoc. Financial Aid Analyst
2116-2122*	Laundry Worker - Launderer Asst.
2117-2122*	Laundry Worker (Corrections) - Launderer Asst.
2119-2122*	Launderer - Launderer Asst.
2120-2122*	Launderer (Corrections) - Launderer Asst.
2290*-2287	Teacher (High School Education Corrections) - Teacher (Elementary Educ. Corrections)
3126-3132*-3266	Asst. Civil Engr. - Jr. Civil Engr. - Asst. Engr. (Water Resources)
3529*-3528	Hazardous Materials Spec. - Assoc. Hazardous Materials Spec.
3736*-3735-3737	Air Resources Engrng. Assoc. - Air Resources Engr. - Assoc. Air Resources Engr.
3756*-3754	Engrng. Geologist-Assoc. Engrng. Geologist
3786*-3787	Waste Mgt. Engr. - Assoc. Waste Mgt. Engr.
3846*-3845	Water Resources Control Engr. - Assoc. Water Resources Control Engr.
3856-3855*-3824	Assoc. Industrial Hygienist - Asst. Industrial Hygienist - Jr. Industrial Hygienist

3872*-3873	Air Resources Tech. I - Air Resources Tech. II
3887*-3813	Air Pollution Spec. - Assoc. Air Pollution Spec.
3989-3992*	Asst. Landscape Architect - Jr. Landscape Architect
4012-4018*	Architectural Asst. - Jr. Architectural Asst.
4051-4052-5797*-5798	Asst. General Counsel I - Asst. General Counsel II - Graduate Legal Asst. - Legal Counsel
4179*-4546	Accountant Trainee - Accounting Officer
4146-4175*	Govtl. Auditor II - Auditor I
4244*-2710	School Facilities Prog. Analyst II - School Facilities Prog. Analyst I
4254*-4175	Health Prog. Auditor II - Auditor I
4287-4175	Gen Auditor II - Auditor I
4340*-4175	Tax Auditor II (EDD) - Auditor I
4361*-4362	Assoc. Tax Auditor - Tax Auditor
4363*-4175	Tax Auditor II (FTB) - Auditor I
4658-4685-5156	Assoc. Risk Analyst, Asst. Risk Analyst - Jr. Staff Analyst
4672*-4663	Health Analyst - Assoc. Health Planning Analyst
4715*-4714-4739	Assoc. Space Planner - Asst. Space Planner - Jr. Space Planner
5142-5156*-5157	Assoc. Personnel Analyst - Jr. Staff Analyst (Gen) - Staff Services Analyst (Gen)
5157*-5156	Staff Services Analyst (Gen) - Jr. Staff Analyst (Gen)
5161-5160*	Personnel Tech. II Spec. - Personnel Tech. I
5171*-5170	Telecomm. Sys Analyst II - Telecomm. System Analyst I
5278-5256*	Mgt. Services Tech. - Mgt. Services Asst.
5284-5157*	Assoc. Budget Analyst - Staff Services Analyst (Gen)
5306-5156*	Asst. Adm. Analyst - Jr. Staff Analyst (Gen)
5393-5156*-5157	Assoc. Govtl. Program Analyst - Jr. Staff Analyst (Gen) - Staff Services Analyst (Gen)
5416-5156*	Asst. Intergovernmental Prog. Analyst (Gov. Office) - Jr. Staff Analyst

5754*-5751-5752 5798-5797	Dep. Legis. Counsel I - Dep. Legis. Counsel III - Dep. Legis. Counsel II - Legal Counsel - Graduate Legal Asst.
5798*-5797	Legal Counsel - Graduate Legal Asst.
5798-5797*	Legal Counsel - Graduate Legal Asst.
5841-4159	Staff Services Mgt. Auditor - Assoc. Mgt. Auditor
5996-5797*	Research Atty. - Graduate Legal Asst. (NOTE: Judicial Council only)
6220-1510*	Warehouse Worker - Service Asst. (Warehouse & Stores)
6272*-6273	Board Counsel I, ALRB - Board Counsel II, ALRB
6287*-9994	Caltrans Hwy. Maint. Worker - Service Asst. (Maint.)
6297*-9994	Caltrans Landscape Maint. Worker - Service Asst. (Maint.)
6834-6836*	Heavy Equipt. Mechanic - Heavy Equipt. Mechanic Apprentice
6898*-6917	Auto Pool Attendant I - Service Asst. Auto
6922*-6930	Instrument Tech. I, Air Quality - Instrument Tech. II, Air Quality
8062-8019*	Public Health Chemist I - Jr. Chemist
8144-8143*	Nurse Evaluator II, Health Services - Nurse Evaluator I, Health Services
8213*-8210	Public Health Nurse I - Public Health Nurse II
8223*-8225	Licensing Prog. Analyst I - Licensing Prog. Analyst II
8232-8235*-8233	Psychiatric Tech. - Psychiatric Tech. Trainee - Pre-License Psychiatric Tech.
8304*-8303	Alcohol Drug Prog. Analyst II - Alcohol Drug Prog. Analyst I
8337*-4672	Assoc. Health Prog. Adviser - Health Analyst
8345-8346*	Public Health Asst. II - Public Health Asst. I
8392-5365*	Disability Evaluation Analyst II - Disability Evaluation Analyst
8496*-8464-8499	State Police Officer Cadet (Female) - State Police Officer - State Police Officer Cadet (Male)
8553-8554*	Special Investigator I - Investigator Asst.
8686-8685*	Tax Compliance Rep. II - Tax Compliance Rep. I

8778*-8777	Deputy Commissioner I - Deputy Commissioner II
9231*-9232	Employment Prog. Tech. - Employment Prog. Asst.
9393-9392*	Aging Prog. Analyst II - Aging Prog. Analyst I
9414-9417*	Social Services Consultant II - Social Services Consultant I
9595*-9594-9596	Assoc. Real Estate Off - Real Estate Off - Staff Real Estate Off
9822*-9810	Voc. Rehab. Trainee - Voc. Rehab. Counselor
9847-9850*	Staff Psychologist (Clinical) - Psychology Assoc.
9939-9940*	Social Services Asst. II, Mental Health - Social Services Asst. I, Mental Health

Underlined class codes are "primary" classes which are codes reflected in SCO files (see Section C 306).

*Class codes identified with an asterisk (*) are Schedule 8 classes; i.e., vacant positions appear on Schedule 8 with the indicated class codes, and with salary estimates based on the salary rates of that class.

SUBJECT: BLANKETS

INTRODUCTION C 400
(Revised 03/95)

A "blanket" position is designated by a position serial number in the "900" series.

Any number of appointments may be made under a blanket position providing the total salary and wage expenditures for the position do not exceed the amount encumbered.

Blankets may be established within a payroll agency for temporary help, seasonal help, overtime, or other special purposes.

SCO no longer processes blanket transactions as of 7/1/93. Reports are generated to assist agencies/campuses in maintaining their blanket funds.

Form STD. 607's received with blanket encumberances/disencumberances on one side and established position adds/deletes on the other side are excepted. Only the established position side of the transaction is processed.

BLANKET EXPENDITURE REPORT C 401
(Revised 03/02)

SCO prepares a Blanket Expenditure Report monthly. This report will be prepared at the close of each business month for release after the first of the following month.

The first report for a fiscal year is dated August 1 and contains data from the July business month. The final report for a fiscal year is dated July 1 (of the following fiscal year) and contains data from the June business month of the closing fiscal year.

See PPM B 001 for an explanation of the following codes shown on the blanket report:

1. Payment Type
2. Payment Suffix
3. Clearance Type
4. Pay Period Type

Blanket Expenditures Report is to aid agencies/campuses in the managing of blanket payments.

The report lists every blanket payment issued in the month reported; i.e., issue date of the second of the previous month through the first of the current month, by fiscal year with the following exceptions:

1. Payments issued in noncontrol agencies
2. Disability payments (NDI and IDL)
3. Payments with zero gross (no expenditures)

Payments charged to prior fiscal years will appear on this report but will NOT be reflected in the annual blanket balance report as this balance is only for the current fiscal year.

There are two subtotals (payment type total and reporting unit total) in addition to agency/blanket total.

Lump sum payments of overtime, vacation, and sick leave for separations occurring prior to the close of a fiscal year are chargeable to the blanket for the closing fiscal year even though the payments extend into the new fiscal year.

BLANKET BALANCE REPORT **C 402**
(Revised 03/02)

Blanket Balance Report is generated only at the close of the fiscal year and reflects all blanket activity for the fiscal year. Copies of this report will be released to DOF, Internal Management, as well as to the agencies/campuses. It gives the status of each blanket as of the report date.

Use this last report for the fiscal year dated July 1 of the next fiscal year to aid in preparation of budget reports.

SUBJECT: ANNUAL REPORTS

C 500

REFERENCE
(Revised 03/95)

SAM 6115-6117, 6210

INTRODUCTION
(Revised 03/95)

Following is the activity concerning the Fiscal Year End related to position control, salaries and wages, etc.

SCO will prepare annual reports as follows:

Finance Conversion Code
Schedule 8/Supplementary Schedule 8
Schedule 7A/Supplementary Schedule 7A
Abolished Vacant Position

FINANCE CONVERSION CODE **C 501**
(Revised 03/02)

Finance Conversion Code (FCC) consists of 13 digits (a four-digit department code and four sub-department codes) assigned by the department after consultation with DOF.

Finance Conversion Codes are used to regulate the detail and arrangement of data on the Schedule 7A Galley Proof.

NOTE: CSU campuses will NOT receive this listing as CSU uses its own system to generate the Schedule 7A report.

Each May, SCO prepares two FCC Listings as completed for the prior year-one in agency/reporting unit order and one in finance conversion code order.

Agency/Reporting Unit Listing

The listing in agency/reporting unit order is designed to aid departments in amending the finance conversion code order listing.

If "No FCC" appears next to an agency/reporting unit, a Finance Conversion Code must be assigned to that agency/reporting unit.

If "DUPLICATE" appears next to agency/reporting unit, that reporting unit appears twice on the listing and one of these entries must be lined off the Finance Conversion Code order listing.

If no amendments are necessary, do not return the listing to Payroll Operations; only return this listing if amended for "No FCC."

Finance Conversion Code Listing

Departments are required to make amendments, if necessary, to the Finance Conversion Code order listing and return the original copy to Payroll Operations no later than the end of May with the name and telephone number of the contact person.

Amendments are required if:

1. Agency/reporting units were added, deleted, or changed per form PR 421, Change in Payroll Header, during the closing fiscal year with an effective date of July 1 of the new fiscal year.

2. A reorganization occurred during the closing fiscal year or a reorganization is to be effective July 1 of the new fiscal year.

Amend the listing as follows:

1. Draw a single line through the incorrect information (keeping it identifiable) and enter the correct information directly below.

2. Insert missing agency/reporting units and/or budgetary descriptions.

3. Line out the entire line entry if the agency/reporting unit is to be deleted.

   NOTE: Do not delete a line entry if established position payments were issued from the agency/reporting unit in the closing fiscal year unless all payments that were issued have been transferred to other agency/units by PAR/PPT transactions.

4. Review budgetary descriptions and make necessary corrections. Budgetary descriptions for all subdepartment levels are limited to 35 characters; department names can have up to 60 characters.

5. A budgetary description is required for each Finance Conversion Code when the code changes from the previous line entry.

6. For new departments established during the closing fiscal year, type a conversion code listing using the same format as the listing.

7. New agency/reporting units cannot use existing Finance Conversion Codes. New conversion codes can be assigned by the agency after consultation with DOF.

8. Do not add agency/reporting units from which only blanket fund payments have been issued. However, blanket fund budgetary descriptions may be added without showing reporting units.

A revised Finance Conversion Code listing reflecting changes made per department's amendments will be released in July.

BLANKET BALANCE REPORT **C 502**
(Revised 03/02)

July 1 of every year, a listing of all blanket activity for the prior fiscal year is produced. Copies of this report are sent to DOF, Internal Management, Agencies/Campuses, and SCO retains one copy. This report is used to aid in the preparation of budget reports.

SCHEDULE 8 **C 503**
(Revised 03/02)

The Schedule 8 Report lists all authorized established positions (filled and unfilled) as of July 1, except those with abolished agency or class codes. Also listed are prior year expenditures by class.

Filled positions contain employee's name and salary information such as salary rate and anniversary date from Employment History. Estimated expenditures for the current and budget year are projected by the employee's salary information for each position.

Vacant positions contain salary information from the pay scale. Estimated expenditures for the current and budget year are projected by the estimated salary information for each position.

If a position has been temporarily disencumbered through the end of the closing fiscal year at the time the Schedule 8 Report is prepared, the temporary position will appear on the Schedule 8 Report as "TERMIN." The termination date will be indicated, expenditures will be shown, but no projections will be made. The position which was temporarily disencumbered will also appear and will reflect projections as well as any expenditures made during the closing fiscal year.

For budget function agencies, the report will be in Budget Function Code order, rather than Reporting Unit Code sequence.

The report will be prepared during July and will reflect reorganizations and Merit Salary Adjustments (MSA) effective July 1.

The report may be delayed due to an unresolved General Salary Increase (GSI). PPSD coordinates with DOF if this occurs. DOF decides when to prepare the Schedule 8/Supplementary Schedule 8 in these instances as well as whether or not to reflect the GSI on the reports.

See PPM Section Z, Attachment C-4 for Special Pay codes used on the Schedule 8/Report. See PPM B 008 for Shift Differential codes and B 036 for Earnings Identifiers used on the Schedule 8 Report.

The Schedule 8 Report is available on magnetic tape, in addition to the printed report received by all departments. There is a service charge for such tapes. Departments may request Schedule 8 tapes by contacting PPSD, Position Control Unit Supervisor. PPSD will supply record layouts and file descriptions in advance of Schedule 8 production.

SUPPLEMENTARY SCHEDULE 8 REPORT **C 504**
(Revised 03/02)

The Supplementary Schedule 8 Report lists all employees in:

Unauthorized positions
Abolished or nonexistent class codes
Abolished agency codes
Positions terminated on June 30 of the closing fiscal year
Positions filled by more than one employee. In this case, one employee will be listed on the Schedule 8 Report and all others will be listed on this report.

Employees and positions listed on this report will not appear on the Schedule 7A Galley Proof, Supplementary Schedule 7A, or Summarization Report by Class/RU(BF).

For budget function agencies, the report will be in Budget Function Code order, rather than Reporting Unit Code sequence.

The report will be prepared during July and will reflect reorganizations and MSA effective July 1.

The report may be delayed due to an unresolved GSI. PPSD coordinates with DOF if this occurs. DOF decides when to prepare the Schedule 8/Supplementary Schedule 8 in these instances as well as whether or not to reflect the GSI.

See PPM Section Z, Attachment C-4 for codes used on the Supplementary Schedule 8 Report.

SCHEDULE 7A REPORT **C 505**
(Revised 03/95)

Schedule 7A, a magnetic tape, is a summarized by-product of the Schedule 8 Report and is the source of the preliminary salary and wage supplement to the Governor's printed budget. No information contained in the Supplementary Schedule 8 will be included. CSU campuses are not included in the SCO report since CSU prepares their own Schedule 7A.

Tape information is summarized by reporting unit (not budget function code) and is arranged in Finance Conversion Code order.

Schedule 7A magnetic tape will be prepared at the same time as the Schedule 8 Report and released to DOF for preparation of Schedule 7A Galley Proof.

SUPPLEMENTARY SCHEDULE 7 A **C 506**
(Revised 03/02)

The Supplementary Schedule 7A Report lists positions in reporting units not identified on the finance conversion code listing. The report is printed in Reporting Unit Code sequence.

The Supplementary Schedule 7A (printed report) is prepared at the same time as the Schedule 8 Report and is sent to agencies. CSU campuses are not included in this report.

Positions listed on this report will not appear on the Schedule 7A Galley Proof (magnetic tape). The Galley Proof must be adjusted manually by an agency to include these positions.

ABOLISHED VACANT POSTION REPORT **C 507**
(Revised 03/02)

The Abolished Vacant Position Report lists civil service established positions for which NO payments have been issued for any pay periods from October to June of the fiscal year being reported. All positions are abolished effective July 1 of the current fiscal year.

IMPORTANT: Any payments due for the NEW FISCAL YEAR from any abolished position will suspend with suspense code "V" (vacant position). Payments will be released if position is re-established. Certification will also be required if the payment is not for the current pay period.

Positions listed on this report will NOT be included in Schedules 8 and 7A.

Abolished Vacant Position Report will be prepared and released to civil service agencies and DOF at the same time as the Schedule 8 Report, unless the Schedule 8 Report is delayed due to GSI.

Form STD. 607 must be submitted to DOF with appropriate backup justification for reestablishment of these positions. Do NOT send any requests for re-establishments directly to Payroll Operations.

Abolished Vacant Position Report will be updated by forms form STD. 607 to reestablish the positions; i.e., the positions will be manually deleted from the report by Payroll Operations.

A current copy of the report (updated by form STD. 607) will be submitted to the Legislature in November.

PAYROLL PROCEDURES MANUAL

SECTION D - ATTENDANCE INDEX
(Revised 01/04)

Attendance Reporting 001
Time and Attendance Reports Form 672 003
Positive Attendance Roll Codes 3-8 004
Form STD. 683 Pay Adjustment Request 004.1
Form 672 Completion Requirements 013
PIP Exceptions Form 672 014
Report of Exceptions to Payroll Form STD. 666 007
Employee Time Certification (Form STD 966) 009
Payroll Adjustment Notice Form STD. 674 010
Report of Absences Without Pay (Form STD. 603) 100
PIP Exceptions Form STD. 603 105
Schedules: .....
Cutoff/Cycle/Transfer Dates 200
Biweekly Pay Periods/Deductions 201

Note: Section D contains document completion instructions and PIP exceptions for regular pay, payment type "Ø".

Refer to Section G, Miscellaneous Pays, for instructions on all miscellaneous pays, including overtime.

SUBJECT: ATTENDANCE REPORTING

D 001

REFERENCES

G.C.	18003
PTM	655 - 659.4
SUAM (CSU)	6300
SAM	8512

INTRODUCTION
(Revised 03/97)

This explains "regular time" attendance reporting requirements and reconciliation of attendance.

"Regular time" is the normal time required for an employee to perform the duties of a position according to the work week group definition of the class. Usually, it is a 40-hour work week; it is NOT overtime/extra hours.

The USPS has 21 or 22 work days in each "pay period." Beginning and ending dates vary. See Section D 200 for listing of inclusive dates. Departments/campuses have the full responsibility for accurate preparation of attendance reports. PTM and UCAM contain

instructions for maintaining complete records of attendance/absence for each employee.

There are three types of pay plans not using the 21/22 day pay periods--academic employees (see F 001), statutory officers (see I 600), and biweekly employees (see D 201).

Official department/campus record of attendance/absence may be maintained on forms other than the Time and Attendance Report, Form 672.

MAXIMUM TIME FOR PAY PERIOD EACH POSITION **D 002**
(Revised 03/97)

No state employee may be paid more than 21/22 days in a pay period unless paid as "extra hours." Special instructions are provided in the PTM for reporting time worked by shift employees whose regular days off are not Saturday/Sunday. Shift employees must be reported on dock if sufficient excess credit or leave credit have not been accrued and the normal shift is less than 21/22 days (see Section D 106).

PAR/PPTs submitted to Personnel Operations will show the regular time the employee is to be paid in the pay period in which the transaction is effective (including holiday, sick leave, vacation, compensable time off, etc.). The time shown in the second status/position must not be more than the difference between the normal 21/22 days in the pay period and the number of days paid in the first status/position. Additional time worked will be considered as excess hours.

A separating employee will be paid for the time worked during the pay period plus vacation/extra hours. If the total time including lump sum payments exceeds the normal 21/22 days in the pay period, the excess will be applied to the following pay period. A new employee appointed to the same position in the same pay period will not be paid more than the difference between the normal number of workdays and the number of days paid to the former employee for that pay period.

EXCEPTION: If one of the employees is paid from blanket funds, payments may overlap.

TIME AND ATTENDANCE REPORT FORM 672 **D 003**
(Revised 03/03)

GENERAL INFORMATION

The Time and Attendance Report, Form 672 is used to request Regular Pay for positive pay employees(rolls 3-8) and certify attendance for negative roll reporting units (rolls 1 and 2). Refer to Section M, Master Payroll Certification (MPC) System for keying attendance certification for negative roll reporting units.

The Form 672 can also be used to request all types of miscellaneous pays (e.g., overtime, holiday pay, shift differential and premium pays) for negative and positive roll employees. (Refer to Section G for document completion and PIP exceptions for miscellaneous pays.)

Forms 672 will be sent to each department/campus by Division of Disbursements, prior to the beginning of each pay period. The form will be preprinted based on the following Employment History information as of cutoff in the previous month:

Social Security Number
Employee Name
Position Number
Time Base Fraction
CBID

Separate Forms 672 will be furnished for each:

Pay Period Type
Agency Code
Reporting Unit Code
Roll Code

Within each Form 672, the employees will be sorted by ascending class code, then serial number, then Social Security Number order.

The last page for each agency/unit/roll code with totals completed must be signed by an authorized person, dated at the top of "date keyed", and retained by the department/campus for post audit purposes.

EXCEPTION: Forms 672 for Lieutenant Governor's Office and Colorado River Board will continue to be sent to the State Controller's Office for retention.

ADDING AN EMPLOYEE

Social Security Number, Name, Class Code and Serial Number of employee(s) to be added to the preprinted Form 672 must be typed or printed in ink after the last preprinted name on the last page of the attendance for the reporting unit.

- Enter an "X" in the OK (indicator) Box
- Complete ERN ID, DAYS, HOURS and/or RATE as required
- Enter Alternate Fund Code, if applicable.

Holidays shall be counted and reported as workdays if the employee is entitled to them.

Attendance must be certified on a separate line entry for each employee by:

Position Number
Time Base Fraction
Salary Rate:
  Always shown for Trade Rate employees.
  Show for negative only if master payroll reflects two payments.

SEPARATIONS/DELETIONS

An employee who separates but is carried on attendance for accrued leave and overtime prior to the effective dates on the PAR/PPT shall be reported on Form 672 through the effective date of separation.

If an employee separates and receives lump sum, the employee shall be reported as separated in the current pay period. If employee's name appears on Form 672 in the following pay period, the name must be lined off.

If PAR/PPT was "X" immediate pay, enter the time for the pay period in the days/hours columns with the notation "sep" in the rate column (abbreviation for separated). Time shown in the days/hours columns is NOT to be included in the page/unit totals.

If an employee is documented to/from disability leave by PAR/PPT, show the time worked to/after the date returned from each disability. Sick leave and vacation for payments to supplement TD are NOT to be entered on attendance, but should be reported per instructions for TD (see Disability E 300).

POSTIVE ATTENDANCE ROLL CODES 3-8 **D 004**
(Revised 12/00)

"Positive" attendance is for employees whose warrants are written AFTER the close of the pay period. Payment is made based on ACTUAL time worked rather than on the anticipated time as in the case of negative attendance.

For monthly and daily salary rate employees **(roll codes 5 and 8)**, if the total hours exceed the number of possible hours in a workday for an employee, hours must be converted to days and remaining hours.

Enter the total regular days, hours/hundredths in applicable columns for all employees. Refer to the PPM section D 013 for Form 672 completion requirements.

Payroll for positive attendance will be prepared from the Forms 672; delay in submitting or keying the attendance will cause a subsequent delay in payments.

"Positive Attendance Reconciliation Totals" for employees paid monthly **(roll codes 3 and 5)** will print on the warrant register in the "monthly days" and/or the "monthly hours" boxes. Totals will consist of time paid in a cycle for all roll codes 3 and 5 earnings for the pay period just ended.

"Positive Attendance Reconciliation Totals" for employees paid semimonthly or biweekly **(roll codes 4, 6, 7, and 8)** will print on the Payroll Warrant Register in the "other days" and/or "other hours" boxes. Totals will consist of time paid in a cycle for all roll codes 4, 6, 7, and 8 earnings for the pay period just ended.

If the totals on the Form 672 (including supplemental pay) agree with the "Positive Attendance Reconciliation Totals" on the Payroll Warrant Register, it is an indication that the payroll issued is correct.

If the totals on the Form 672 do not agree with the "Positive Attendance Reconciliation Totals" on the Payroll Warrant Register, it is an indication that a line by line reconciliation is required. A Pay Adjustment Request, form STD. 683, may be keyed via PIP. See Section D 004.1. A Payroll Adjustment Notice, form STD. 674, (see Section D 010) may be necessary.

PAY ADJUSTMENTS **D 004.1**
(Revised 03/02)

Adjustments to intermittent regular pay previously issued are processed via PIP using a form STD. 683 (available on DGS web site or from DGS Stores). See PPM Section K for PIP System Instructions.

EXCEPTIONS TO FORM STD. 683 **D 004.2**
(Revised 12/00)

A form STD. 683 cannot be used for the following conditions

- Pay period prior to current month plus 12 months (submit STD. 674)
- When an overtime payment is issued without Payment Suffix F, (e.g., Earnings ID OT6 or OT9), do not use form STD. 683 to adjust the payment to reflect special computed rate with Payment Suffix F (e.g., Earnings ID OF6) - submit form STD. 674.
- Mid month salary adjustments
- Payment other than 0, 1, 2, Y or L
- Payment Type Ø roll code 1 or 2
- A/Rs - adjustment is less than original payment

COMPLETION OF FORM STD. 683 **D 004.3**
(Revised 12/00)

Item #	Completion Requirements
1-5	Must be completed
6-8	For your use
9-13	Must be completed NOTE: Position Number (Items 1, 2, 12 and 13) must match position number of payment being adjusted.
14	For your use
15	Salary Rate per Warrant Register
16-17	As applicable per Warrant Register NOTE: If pay has already been adjusted, combine totals.
18	As applicable per Warrant Register
19	Must be completed per Warrant Register
20	As applicable per Warrant Register

21	Required with Payment Type Ø only
22-24	Complete pay as should be
25	Complete if applicable
26-28	Total of columns 22, 23, 24

SPECIAL EMERGENCY ROLL CODE 0 **D 005**
(Revised 12/00)

"Special Emergency" attendance is for employees appointed under the procedures for:

Special Emergency
Short Term (limited or temporary)
Short Term Exempt
Retired Annuitant (for separation pay)

Immediate Pay appointment/separation PAR/PPT documents processed for these types of employees generate the payments.

Payments are based on the **Time To Be Paid** that the department/campus enters on the PAR/PPT appointment document.

The **Time To Be Paid** entered on the PAR/PPT appointment document also suffices as the certification of attendance.

Form 672 (Time and Attendance Report) to certify the attendance for these appointments is not required.

NEGATIVE ATTENDANCE ROLL CODES 1 AND 2 **D 006**
(Revised 12/00)

Explanation

"Negative" attendance is for employees paid on the "master" payroll. This payroll is prepared in advance of the close of the pay period and is based on anticipated time worked through the end of the pay period.

After a negative employee is entered on the Employment History Data Base, warrants will automatically be issued each pay period unless there is a PAR/PPT to change Employment History or a Form STD. 603 to change the time to be paid.

Payroll Reconciliation - Certification of Attendance

Full-time worked by a monthly salary rate employee shall be certified by entering a check mark "√" in the STD box for full month (standard) pay for each position and time base.

If the employee did not work a standard 21/22 workday pay period, enter the number of days to be paid in the NON-STD TIME DAYS box and number of hours/hundredths in the NON-STD TIME HOURS box.

Box Totals

If the total hours for an EMPLOYEE exceeds the number of hours possible in a workday, the hours must be converted to days and remaining hours; e.g., 10 hours = 1 day 2 hours.

For a fractional time base employee, show total time worked as the number of employee's FRACTIONAL DAYS in the NON-STD TIME DAYS box and the remaining ACTUAL HOURS in the NON-STD TIME HOURS box.

Complete "ATTENDANCE TOTALS FOR THIS UNIT" (SUM OF PAGE TOTALS) box on the last page of the report for each reporting unit/roll code. If more than one page is used, the "ATTENDANCE TOTALS - THIS PAGE ONLY" must be completed for EACH PAGE.

Enter:

The number of employees with check marks ("√") in the TIME WORKED STD box.
Total days shown in the NON-STD TIME DAYS box.
Total hours/hundredths in the NON-STD TIME HOURS box. Do NOT convert the hours into days.

If the Form 672 totals agree with the totals on the master payroll warrant register, complete Box A - NO EXCEPTIONS at the top of the form located below the "Authorized Signature" line.

If the totals on the attendance do NOT agree with the master payroll totals, check the appropriate EXCEPTIONS box:

Box B - EXCEPTIONS - NO WARRANTS FOR REDEPOSIT
or
Box C - EXCEPTIONS - WITH WARRANTS FOR REDEPOSIT

When Form 672 for negative attendance has "Box B or C – EXCEPTIONS" indicated, a Report of Exceptions, form STD. 666, must be attached (see Section D 007).

The Form 672 and certification of attendance for every agency, reporting unit, roll code must be completed promptly after the close of the pay period.

Keying Certification of Attendance

Failure to key the certification of attendance could result in future payrolls being withheld. Departments and campuses must key the certification of attendance via the Master Payroll Certification (MPC) System for all reporting units that have NO EXCEPTIONS or EXCEPTIONS with NO warrants for redeposit. SCO will process the certification of attendance and update MPC for EXCEPTION reporting units WITH WARRANTS FOR REDEPOSIT. Refer to PPM Section M, Master Payroll Certification (MPC) for key instructions and exception conditions.

Retroactivity

After the close of a pay period, if a PAR/PPT indicates a change from one position to another position, an incorrect warrant may have been issued under the old position. The payment will not process until the form STD. 666 has been received/processed by Payroll Operations and certification of attendance has been keyed. If the form STD. 666 indicates the warrant was released to the employee, a transfer of funds (and supplemental warrant, if required) will be made once the department/campus has updated the certification status on the Master Payroll Certification (MPC) System and Payroll Operations has processed the form STD. 666. If the incorrect warrant is returned/redeposited, correct warrants for each position/time base will be issued once Payroll Operations has processed the form STD. 666 and updated MPC.

Retroactive adjustments will not process until a comparison of the form STD. 666 and certification of attendance indicate the disposition of warrants for the pay periods involved by the retroactive documents.

An employee may be appointed/transferred retroactively to a different class and attendance was certified in the former class and received payment. If a PAR/PPT has been processed which certified the employee was working in the new class beginning with the effective date on the document, a new certification is NOT required.

Supplemental warrants for ADDITIONAL time/money from documentation received after master payroll cutoff day or new appointment, may be issued in "green cycles." Green cycles are the cycles (usually 3) following master payroll cutoff through the last cycle for the pay period. Green cycle warrants must be entered on form STD. 666 as they are an exception to the original master payroll. No warrants for the pay period will be issued after green cycle until form STD. 666 is received/processed in Payroll Operations and the MPC System has been updated.

REPORT OF EXCEPTIONS TO PAYROLL FORM STD. 666 **D 007**
(Revised 03/02)

Report of Exceptions, form STD. 666, (available on DGS web site or from DGS Stores) is only for reconciling negative attendance.

Departments/campuses are responsible for withholding and returning any warrant for more time/money than actually earned. For specific completion instructions on returning a warrant(s) on the form STD. 666, refer to Section I 314.

All payments for a pay period, issued in green clearance for Roll Codes 1 and 2, are always an exception to the master payroll and must be entered on form STD. 666.

FORM STD. 666 COMPLETION **D 008**
(Revised 12/00)

Complete the following items in lower left corner on form STD. 666:

Agency/reporting unit
Pay period type, month, year
Total time reported (Item 11)

Total time from the attendance report in Column 5; from the master payroll warrant register in Column 6.

For each employee for whom there is a difference between the time worked in a position and the time paid on the master payroll warrant register, a line entry must be completed as follows:

Social security number
Employee name
*Class, Serial
Actual time employed per attendance report standard or days, hours/hundredths, *time-base if applicable
Time paid per warrant register standard or days, hours/hundredths, *time-base if applicable
Net amount - only complete if returning the warrant on the form STD. 666
Warrant number - only complete if returning the warrant on the form STD. 666
Disposition of warrant - complete only with codes 1, 2, and 3; otherwise, leave blank
Code 1 - only if releasing the warrant
Code 2 - only if returning the warrant
Code 3 - only if warrant was redeposited by Controllers
Remarks-reference the reason that caused the difference (e.g., 603, Sep., etc.)

* If there is a difference in position number or time base between the actual time worked and time paid or time to be paid, a two-line entry is required.

If the employee receives a green clearance warrant, a two-line entry is required. List the employee at the top of form STD. 666 certifying time and below in Columns 6 through 9 verifying disposition of the green clearance warrant.

If a warrant is being returned on form STD. 666 as an exception to master payroll and there should also be a garnishment deduction, a form STD. 674 must be attached. Refer to Section I 317 for specific completion instructions.

EXCEPTION:

If the employee's warrant is returned for redeposit and reissue and a garnishment was withheld for a specific amount: e.g., child/spousal support (038) or support arrearages (339-002), the original garnishment warrant may be released if the same garnishment warrant will be reissued.

However, it is **extremely** important that verification be made to ensure that sufficient disposable earnings are available to withhold the garnishment when the payment is rescheduled. This includes verifying that another garnishment (with higher priority) has not been established subsequently, that would prevent the original garnishment from being withheld again. Also, your actions should be documented if other staff handle your desk; and we suggest you notify your Accounting Office.

Once the second garnishment warrant is received, it **must** be returned to Division of Disbursements and Support (DDS) to satisfy the original redeposited warrant. If the second garnishment warrant is mistakenly released, it is the personnel/payroll office's responsibility to resolve the overpayment with the employee and/or payee. If unresolved, DDS will establish an account receivable against the department/campus for the amount for the amount of the garnishment deduction.

Columns 5 and 6 must be totaled and shown in Item 10, Total of Differences. These totals will then be subtracted from Item 11, Total Time Reported, and the difference will be entered in Item 12, Reconciliation, at the foot of each column. The final totals under Column 5 must be identical to the totals under Column 6. (Note: Do not include green clearance warrant totals from Column 6 in Items 10 and 11 since the totals are not included in the master payroll warrant register totals.)

IMPORTANT: An entry of time worked on form STD. 666 is only the certification of time, IT IS NOT A REQUEST FOR PAYMENT. Necessary documentation must also be processed. Documents which have not been processed but which are required for payments (e.g., 603, PAR/PPT, 674), should be processed as soon as possible to ensure timely payments.

FORM PSD 66 **D 008.1**
(Revised 03/02)

Form PSD 66 is a form used by Payroll Operations in the release of daily payroll cycles. This form is used to list warrants/direct deposit payments retained by Payroll Operations after being issued and printed on the daily warrant registers. The form PSD 66 will show the clearance number and issue date of the warrant register. No reconciliation is to be made on these forms PSD 66 and departments/campuses should not return them to Payroll Operations as they are informational only.

SUPPLEMENTAL FORM EMPLOYEE TIME CERTIFICATION FORM STD. 966 **D 009**
(Revised 12/00)

This form is used to certify retroactive additions or corrections to negative (roll 1 and 2) time (CONDITION SUSP A). Verify special conditions (i.e., garnishments, direct deposits, stipulations) that may require special consideration when processing the form STD. 966.

Key via PIP for the following conditions:

1. Retroactive Dock

2. Retroactive PAR/PPT

3. Retroactive Corrections to CD 666

See PPM Section K for PIP System instructions.

FORM STD. 966 PIP EXCEPTIONS **D 009.1**
(Revised 12/00)

Pay period is PRIOR to current month plus 12 previous months – Submit form STD. 674

For CURRENT pay period - follow regular MPC procedures.

COMPLETION OF FORM STD. 966 **D 009.2**
(Revised 12/00)

Item #	Completion Requirements
1	Agency Code
2	Unit
3	Payment Type
4-5	Month/Year (Cannot be current pay period)
6-8	For your use
9	Social Security Number
10	First and middle initials
11	Last name
12	Class Code
13	Serial Number
14	Enter "1" if certifying a full month. NOTE: A full month will display a 99 days on HIST or the suspended record listing.
15-16	Complete if NOT certifying a full month.
17	Must match time base shown on suspended pay record (if applicable).
18	For your use

PAYROLL ADJUSTMENT NOTICE FORM STD. 674 **D 010**
(Revised 03/02)

A Payroll Adjustment Notice, form STD. 674 (available on DGS web site or from DGS Stores) is a multi-use document for the following attendance/warrant processes:

- Certification of time (includes time worked while on Temporary Disability Leave)
- Return warrants for redeposit and, if applicable, the request for reschedule.
- Return warrants for garnishment/notification of garnishment to be rescheduled
- Request transfer of funds
- Inquiry

- Request payments that cannot be keyed on the Payroll Input Process (PIP) System (refer to PPM D 009).

NOTE: Form STD. 674D should be used to request payment for an employee who is working while on NDI or IDL (see Disability Section E).

COMPLETION OF FORM STD. 674 **D 011**
(Revised 12/00)

Form STD. 674 must be completed as follows:

1 Select the applicable Division and/or Unit destination of the form STD. 674
2 Complete employee's social security number
3 Complete employee name (first and middle initial and last name)
4 Complete employee's position number(s) (agency, reporting unit, class, and serial) for the payment(s) being requested or adjusted
5 "X" applicable box(es)
Payroll Frequency: "X" applicable box(es)

REMARKS: Complete a full explanation of action to be taken.

Dates/Hours on Dock - if applicable, enter the dock hours (partial hours in hundredths) in the numbered date boxes (e.g., #1 equals the 1st of the month)

6A PAYMENT PER CONTROLLER WARRANT REGISTER - must be completed for payments already issued and released for the pay period and payment type involved.

EXCEPTIONS: CSU final settlement and year-end requests and disability pay requests must show all warrants issued and released for the pay period.

To reflect a summarized warrant in Item 6A, refer to PPM Section D 012.

DO NOT complete for warrants that have been previously returned.

To return a payroll warrant(s), refer to PPM, Section I 310 for specific completion instructions.

POSITION	Complete Position Identifier from Item 4 - Position Number (e.g., "1" or "2") if the request affects more than one position number.
ISSUE DATE	Complete.
PAY PERIOD	Complete pay period type, month and year.
SALARY TYPE	May be completed.
SALARY RATE	Complete.

TIME WORKED	Complete if applicable.
APPT. FRAC.	Complete appointment fraction if less than full time; otherwise, leave blank.
GROSS TYPE	Complete.
PMT TYPE	Complete.
PAY SUFFIX	Complete if applicable.
ADJ. CODE	Complete.
EARNINGS ID	Complete if applicable.
SHIFT CODE	Complete if applicable.
GROSS	Complete.
NET PAY	Complete.
ACCT. REC. or WARRANT NO.	Complete.
"RELEASED BOX"	Complete for released warrants only. IMPORTANT: If the "Released" box is X'd and the warrant is attached, the Division of Disbursements will return the documentation for verification.
"RETURNED BOX"	Complete for returned warrants only. IMPORTANT: If the "Returned" is X'd and the warrant is not attached, Division of Disbursements will return the documentation for verification. REMINDER: DO NOT complete "Payment Per Controller Warrant Register" information for previously returned warrants.
"HELD BY CONTROLLER" BOX	Complete only if the warrant was held by Controller's Office.

6B DO NOT COMPLETE if pay is to be keyed decentrally via PIP.

If pay needs to be processed by Payroll Operations, complete position # identifier from Item 4 - Position number if pay request affects more than one position; pay period type, month and year, salary rate, time worked (if applicable), appointment fraction (if applicable), payment type, payment suffix (if applicable), earnings ID (if applicable), shift code (if applicable) and gross

6C May be completed.

7 Complete the following:

- Form completed by
- Telephone number
- Agency Name
- Authorized signature/date

NOTE: Forms STD. 674 requesting original regular pay for a prior month may be submitted via FAX. Do not follow up with a hard copy of the FAX copy document as this creates duplicate transactions and unnecessary workload.

SUMMARIZED WARRANTS **D 012**
(Revised 12/98)

To reflect a summarized warrant on the form STD. 674, complete "PAYMENT PER CONTROLLER WARRANT REGISTER" as follows:

REMINDER: If returning a summarized warrant, refer to Section I 316 for specific completion instructions.

POSITION	Complete Position Identifier from Item 4 - Position Number (e.g., "1" or "2") if the request affects more than one position number.
ISSUE DATE	Complete
PAY PERIOD	Complete pay period type, month and year (include all pay periods of the summarized warrant).

DO NOT complete salary type, salary rate, time worked, appt. frac., gross type, pmt type, pay suffix adj. code, earnings ID, shift code and gross. Instead enter the word "SUMMARIZED WARRANT" across those items.

NET PAY	Complete with the total summarized net.
ACCT. REC. or WARRANT NO.	Complete
"RELEASED BOX"	Complete for released warrants only. IMPORTANT: If the "Released" box is X'd and the warrant is attached, the Division of Disbursements will return the documentation for verification.

"RETURNED BOX"	Complete for returned warrants only. Refer to Section I 316 for redeposit completion instructions on summarized warrants. REMINDER: DO NOT show previously returned warrants in "Payment Per Controller Warrant Register".
"HELD BY CONTROLLER" BOX	Only complete if the warrant was held by Controller's Office.

6B DO NOT COMPLETE if pay is to be keyed decentrally via PIP.

If pay needs to be processed by Payroll Operations, complete as shown in Section D 011, COMPLETION OF FORM STD. 674.

Item 6C through 7 Complete as shown in Section D 011.

FORM 672 COMPLETION REQUIREMENTS **D 013**
(Revised 12/98)

This form is preprinted with the following fields completed based on Employment History/Payroll information as of the master cutoffs (see D 014 for exceptions to requesting regular pay on Form 672).

Header Information

Pay Period - Inclusive dates

Pay Period - Type, Month and Year

Roll - Roll Code

Page

Batch ID - Preloaded batch number assigned by the PIP system

SSN - Social Security Number

Name - Initials, Surname

Class - Class Code

Serial - Serial Number

Ern ID - Earnings ID - The following Earnings IDs are preprinted every pay period and do not change:

Regular Pay - Earnings ID "Ø" for positive pay employees (roll codes 3-8)

Overtime Pay - Earnings ID "OT6" for time and one half overtime, will not preprint for class and roll codes not eligible for overtime and for multiple work week group class codes.

Shift Pay - will not preprint for class and roll codes not eligible for shift and for employees who are "locked in" to shift via PAR/PPT.

DYS - Days for Roll 8, regular pay ONLY

Hours - Hours for Roll Code 7, regular pay ONLY

Rate - Employment History salary rate for Trade Rate class code

CBID - Collective Bargaining Identifier

Time Base Fraction - Fractional time base of employee

AGY - Agency Code

Unit - Reporting Unit Number

NO. of employees - Total number of employees printed on the last page within a given agency, reporting unit, roll code and pay period.

NOTE: Preprinted information may be changed except for the agency, reporting unit, pay period, roll codes and batch ID.

COMPLETE THE REMAINING FIELDS AS FOLLOWS FOR REGULAR PAY, POSITIVE ROLLS 3-8 ONLY (miscellaneous pays, refer to Section G):

OK (indicator) - Enter “X” in box if pay is requested for employee

Days/Hours - Required based on roll code

ERN ID - Enter Ø if not permitted

RATE - Leave blank, except for:

- Trade Rate employee
- Printing Plant employee
- mid-month salary rate or position status change with NO position number change

AF - Alternate Funding Code – DO NOT USE FOR REGULAR PAY

Batch
Totals - Count, days/hours and rate; complete for each page and last page of the batch. (CLAS participants, include totals for leave transactions.)

Date Keyed - leave blank (enter initials and date after document has been keyed).

Authorized
Signature - must be completed.

PIP EXCEPTIONS FORM 672 (REGULAR PAY) **D 014**
(Revised 03/02)

Regular pay requests that cannot be keyed on PIP due to system limitations are identified below. Requests submitted to PPSD, Payroll Operations must be attached to a "Civil Service PIP Exceptions Transmittal". (See PPM Section Z, Attachment D-1).

For PIP Exceptions on miscellaneous pays refer to the specific type of pay in Section G.

DO NOT REQUEST PAY ON THE FORM 672 IN THE FOLLOWING CASES:

Situation:	**Action:**
A. Pay periods prior to 12 months payment history	**Submit Form STD. 674**
NOTE: Prior year December pay period is beyond Payment history for decentralized keying as of the day after current year December master payroll cutoff.	
B. Requesting 250 hours or more.	
NOTE: Regular pay for positive pay employees must be documented as two uneven pay requests and keyed on PIP (e.g., 260 hours to be paid; document two requests, one for 140 hours and the other for 120 hours). The two requests should be keyed in different payroll cycles.	
C. Payments needing coordination (with PPSD) of processing for a specific deduction to be applied to the pay requested (e.g., new garnishment or changed garnishment).	**Submit Form STD. 674**
D. Separation of permanent employee and subsequent appointment in same position and roll code.	
E. Mid-month time base change, salary rate or position status change with NO position number change for positive pay employees (roll codes 3-8).	

SUBJECT: ABSENCE WITHOUT PAY (DOCK)

D 100

REFERENCES
(Revised 06/96)

PTM	650-651.12, 655.13
SUAM (CSU)	6300
Academic Dock	PPM F 001

INTRODUCTION
(Revised 06/96)

A full pay period warrant is prepared for each roll code 1 and 2 (negative attendance) employee as of cutoff date based on anticipated attendance through the end of the pay period.

A full pay period warrant will not be issued if an Employment History transaction creates a change or Payroll Operations is notified to create a warrant for less than a full month.

REPORT OF ABSENCE WITHOUT PAY – PURPOSE **D 101**
(Revised 03/02)

Report of Absence Without Pay, form STD. 603, (available on DGS web site or from DGS Stores) is used only for negative roll 1 and 2 employees to change the amount of REGULAR TIME to be paid. The STD. 603 is keyed decentrally via the Payroll Input Process (PIP) system. (Refer to PIP Exceptions, D 105.)

EMPLOYEE ON DOCK AT CUTOFF **D 102**
(Revised 06/96)

If an employee is on dock at cutoff and the return date is unknown, the employee should be shown on dock for the remainder of the pay period. This will ensure the employee is paid on the regular pay date. If employee returns to work before the end of the pay period, a supplemental STD. 603 should be processed.

SUPPLEMENTAL FORM STD. 603 **D 103**
(Revised 06/96)

Supplemental STD. 603 must:

- List only employees with additional/corrected dock.

- Indicate all dock time for the entire pay period for the same employee; i.e., include dock and Voluntary Leave Time previously reported. If STD. 603 is keyed after cutoff, include Personal Leave Time.

NOTE: Do not list employees previously reported for which there is no change.

DOCK FOR 10/12 OR 11/12 EMPLOYEE **D 104**
(Revised 06/96)

Dock for employees on the 10/12 and 11/12 non-academic pay plans is calculated using the 10/12 or 11/12 salary rate, not the employee's 12 month rate. Thus, the employee is docked at a lower amount and consequently overpaid. At the end of the 10/12 or 11/12 work period, the remaining amount due from the employee is collected via Final Settlement.

FORM STD. 603 PIP EXCEPTIONS **D 105**
(Revised 03/97)

DO NOT key STD. 603 in the following cases.

- To report short time pay caused by a position change in Employment History.

- To report Civil Service dock of more than

  11 work days in a 22-day pay period;
  10 work days in a 21-day pay period; or
  11 consecutive work days between pay periods unless holidays are involved. Process PAR Transaction.

- If STD. 666 is submitted two months prior to the dock being keyed; e.g., attendance submitted September 7, do not key dock after November 7. Submit a STD. 674.

- To report CSU dock of more than 20 consecutive work days including no more than 15 days approved dock and 5 days AWOL (all pay plans).

- To report a correction of dock for an academic employee and a warrant has issued.

- To report a correction of dock for a fractional employee.

- If time shown on PAR/PPT is reduced by dock.

- If employee separated. Time to pay is completed on the PAR/PPT (include dock time on the PAR/PPT).

- If employee has a mid-month position, salary or time base change. Submit a STD. 674.

- After Master Cutoff, if employee is in the Personal Leave Program (PLP) and has dock time and/or Voluntary Unpaid Leave:

  In a 21- day pay period, dock and VUL = 9 days 0.1 hours up to 10 days

  OR

  In a 22-day pay period, dock and VUL = 10 days 0.1 hours up to 11 days.

  Submit a STD. 674.

FORM STD. 603 COMPLETION **D 106**
(Revised 12/00)

Enter the following information in the corresponding fields on the STD. 603:

- Agency Name
- Pay Period Type = 0 for Monthly
  = 1 or 2 for semi-monthly
- Pay Period - Month (two digits) and year (two digits)
- Route to: State Controller's Office
  PPSD/Payroll Services
- Social Security Number
- Name - initials and surname
- Position Number - Agency (agency code)
  Unit (reporting unit)
  Class
  Serial
- Time to be Docked - days, hours/hundredths

  Note: Dock time must not exceed the hours possible per day based on position timebase. Convert to days and hours; e.g., half time employee docked 9 hours, convert to 2 days and 1 hour.

  Note: Voluntary Unpaid Leave and the Personal Leave Program (PLP) may affect Time To Be Docked. Refer to PPM D 107 for special instructions.

- Time Base Fraction - if applicable
- Dates of Absences - indicate date of absence and indicate hours when less than a full day.

  Note: Specific dates need not be shown for shift employees. A normal shift work schedule can result in less than the 21/22 work days required for full pay. IF the employee does not have overtime or leave balance to bring his time to be paid up to normal for the pay period, ENTER the following statement in lieu of dates: "____ days LWOP due to shift assignment" and/or if time docked reflects Personal Leave, indicate "PLP" and time docked.

- Authorized Signature
- Reporting Date

SPECIAL CONDITIONS/INSTRUCTIONS **D 107**
(Revised 09/95)

This Section identifies special conditions that may require special coding or consideration when processing the STD. 603.

<u>PERSONAL LEAVE PROGRAM</u>

After cutoff total dock time reported on the STD. 603 MUST include reduction time due to the Personal Leave Program. Refer to Payroll Letter #CS 92-08 for reduction time based on employee's time base and pay frequency (monthly or semi-monthly). Indicate in Item 9 (Dates of Absences) "PLP" and indicate time for PLP.

VOLUNTARY UNPAID LEAVE

Voluntary Unpaid Leave is documented and keyed from the STD. 603.

PROCESSING FORM STD. 603 **D 108**
(Revised 09/95)

To ensure docks are reflected on the master payroll, Form STD. 603 should be processed in time for monthly/semi-monthly cutoff (see Section D 200 for dates).

One form STD. 603 may be used to process dock for more than one reporting unit within one agency code.

Forms STD. 603 processed AFTER the master payroll warrants have been released will not issue payments until the previous warrant has been returned/redeposited.

Departments/campuses are responsible for losses resulting from release of erroneous warrants.

2003 PAY PERIOD	SAM 8512 BEGINNING AND ENDING DATES IN PAY PERIOD	NUMBER OF COMPENSABLE DAYS			HOLIDAYS	NO CYCLE DAYS ***	BUSINESS MONTH CUTOFF		ROLL 2 FIRST HALF **				MASTER PAYROLL					
		FULL MO	1ST HALF	2ND HALF			1ST	2ND	CUTOFF	TRANS/ MAIL	GREEN CYCLES	PAYDAY 4 P.M.	CUTOFF	TRANS/ MAIL	GREEN CYCLES	PAYDAY 4 P.M.	ISSUE DATE	DIRECT DEPOSIT POSTING DATES
JAN	1/1-1/30	22	11	11	1,20	1,15,20,23, 30	14	29	9	10	10,13,14	15	22	28	24,27, 28,29	1/30	01/31/2003	01/31/2003
FEB	1/31-2/28	21	11	10	12,17	31,12,14,17, 21,27.28	13	26	7	10	10,11,13	14	20	26	24,25, 26	2/28	03/01/2003	03/03/2003
MAR	3/1-3/31	21	10	11	31	14,21,27, 28,31	13	26	10	11	11,12,13	14	20	26	24,25, 26	3/28	04/01/2003	04/01/2003
APR	4/1-4/30	22	11	11		15,23,29,30	14	28	9	10	10,11,14	15	22	28	24,25, 28	4/30	05/01/2003	05/01/2003
MAY	5/1-5/31	22	11	11	26	15,22,29,30	14	28	9	12	12,13,14	15	21	28	23,27, 28	5/30	06/01/2003	06/02/2003
JUN	6/1-6/30	21	10	11		13,23.26,27, 30	12	25	9	10	10,11,12	13	20	26	24,25	6/30	07/01/2003	07/01/2003
JUL	7/1-7/30	22	11	11	4	4,15,23,30	14	29	9	10	10,11,14	15	22	28	24,25, 28,29	7/30	07/31/2003	07/31/2003
AUG	7/31-8/31	22	12	10		31,15,22,28, 29	14	27	11	12	12,13,14	15	21	27	25,26, 27	8/29	09/01/2003	09/02/2003
SEP	9/1-9/30	22	11	11	1	1,15,23,29, 30	12	26	9	10	10,11,12	15	22	26	24,25, 26	9/30	10/01/2003	10/01/2003
OCT	10/1-10/30	22	11	11	13	13,15,23,30	14	29	8	9	9,10,14	15	22	28	24,27, 28,29	10/30	10/31/2003	10/31/2003
NOV	10/31-12/1	22	11	11	11,27,28	31,11,14,20, 25,26,27,28	13	24	7	10	10,12,13	14	19	25	21,24	12/1	12/01/2003	12/02/2003
DEC	12/2-12/31	22	10	12	25	15,22,25,29, 30,31	12	26	9	10	10,11,12	15	19	26	23,24, 26	12/31	01/01/2004	01/02/2004

** The first half of a semimonthly pay period always has an issue date of the 16th of the month. It always begins on the first day of the pay period and ends on the 15th of the month (e.g., 1st half of February - 1/31 through 2/15). The last half of a semimonthly pay period always starts on the 16th of the month and ends on the last day of the pay period (e.g., last of February - 2/16 through 2/28).

*** Subject to change without notice.

PAYROLL/AGENCY CUTOFF/CYCLE/TRANSFER DATE - 2004

2004 PAY PERIOD	SAM 8512 BEGINNING AND ENDING DATES IN PAY PERIOD	NUMBER OF COMPENSABLE DAYS			HOLIDAYS	NO CYCLE DAYS ***	BUSINESS MONTH CUTOFF		ROLL 2 FIRST HALF **				MASTER PAYROLL					
		FULL MO	1ST HALF	2ND HALF			1ST	2ND	CUTOFF	TRANS/ MAIL	GREEN CYCLES	PAYDAY 4 P.M.	CUTOFF	TRANS/ MAIL	GREEN CYCLES	PAYDAY 4 P.M.	ISSUE DATE	DIRECT DEPOSIT POSTING DATES
JAN	1/1-1/31	22	11	11	1,19	1,15,19,23, 29,30	14	28	9	12	12,13, 14	15	22	28	26,27, 28	1/30	02/01/2004	02/02/2004
FEB	2/1-3/1	21	10	11	12,16	12,13,16,20 26,27	11	25	6	9	9,10, 11	13	19	26	23,24, 25	3/1	03/01/2004	03/02/2004
MAR	3/2-3/31	22	10	12	31	15,23,29,30, 31	12	26	9	10	10,11, 12	15	22	26	24,25, 26	3/30	04/01/2004	03/30/2004
APR	4/1-4/30	22	11	11		15,23,29,30	14	28	9	12	12,13, 14	15	22	28	26,27, 28	4/30	05/01/2004	05/03/2004
MAY	5/1-5/31	21	10	11	31	14,21,27,28, 31	13	26	10	11	11,12, 13	14	20	26	24,25, 26	5/28	06/01/2004	05/28/2004
JUN	6/1-6/30	22	11	11		15,23,28,29, 30	14	25	9	10	10,11, 14	15	22	28	24,25	6/30	07/01/2004	07/01/2004
JUL	7/1-7/31	22	11	11	5	5,15,23,29, 30	14	28	9	12	12,13, 14	15	22	28	26,27, 28	7/30	08/01/2004	08/02/2004
AUG	8/1-8/31	22	10	12		13,24,30,31	12	27	9	10	10,11, 12	13	23	27	25,26, 27	8/31	09/01/2004	09/01/2004
SEP	9/1-9/30	22	11	11	6	6,15,23,29, 30	14	28	9	10	10,13, 14	15	22	28	24,27, 28	9/30	10/01/2004	10/01/2004
OCT	10/1-11/1	22	11	11	11	11,15,22,28, 29	14	27	8	12	12,13, 14	15	21	28	25,26, 27	11/1	11/01/2004	11/02/2004
NOV	11/2-12/1	22	10	12	11,25,26	11,15,19,25, 26,29,30	12	24	8	9	9,10, 12	15	18	29	22,23, 24	12/1	12/01/2004	12/02/2004
DEC	12/2-12/31	22	10	12		15,23,29,30, 31	14	28	9	10	10,13, 14	15	22	28	24,27, 28	12/31	01/01/2005	01/03/2005

** The first half of a semimonthly pay period always has an issue date of the 16th of the month. It always begins on the first day of the pay period and ends on the 15th of the month (e.g., 1st half February - 2/01 through 2/15). The last half of a semimonthly pay period always starts on the 16th of the month and ends on the last day of the pay period (e.g., last of February - 2/16 through 3/01).

*** Subject to change without notice.

PAYROLL/AGENCY CUTOFF/CYCLE/TRANSFER DATE - 2005

2005 PAY PERIOD	SAM 8512 BEGINNING AND ENDING DATES IN PAY PERIOD	NUMBER OF COMPENSABLE DAYS			HOLIDAYS	NO CYCLE DAYS ***	BUSINESS MONTH CUTOFF		ROLL 2 FIRST HALF **				MASTER PAYROLL					
		FULL MO	1ST HALF	2ND HALF			1ST	2ND	CUTOFF	TRANS/ MAIL	GREEN CYCLES	PAYDAY 4 P.M.	CUTOFF	TRANS/ MAIL	GREEN CYCLES	PAYDAY 4 P.M.	ISSUE DATE	DIRECT DEPOSIT POSTING DATES
JAN	1/1-1-31	21	10	11	17	14,17,24,28, 31	13	27	10	11	11,12,13	14	21	27	25,26, 27	1/31	02/01/2005	02/01/2005
FEB	2/1-3/1	21	11	10	21	15,18,21,25, 28	14	24	9	10	10,11,14	15	17	25	22,23, 24	3/1	03/01/2005	03/02/2005
MAR	3/2-3/31	22	10	12	31	15,23,29,30, 31	14	28	9	10	10,11,14	15	22	28	24,25, 28	3/30	04/01/2005	04/01/2005
APR	4/1-4/30	21	11	10		15,22,28,29	14	27	11	12	12,13,14	15	21	27	25,26, 27	4/29	05/01/2005	05/02/2005
MAY	5/1-5/31	22	10	12	30	13,23,27,30, 31	12	26	9	10	10,11,12	13	20	26	24,25, 26	5/31	06/01/2005	06/01/2005
JUN	6/1-6/30	22	11	11		15,23,28,29, 30	14	27	9	10	10,13,14	15	22	28	24,27	6/30	07/01/2005	07/01/2005
JUL	7/1-8/1	22	11	11	4	4,15,22,28, 29	14	27	11	12	12,13,14	15	21	28	25,26, 27	8/1	08/01/2005	08/02/2005
AUG	8/2-8/31	22	10	12		15,24,30,31	12	29	9	10	10,11,12	15	23	29	25,26, 29	8/31	09/01/2005	09/01/2005
SEP	9/1-9/30	22	11	11	5	5,15,23,29, 30	14	28	9	12	12,13,14	15	22	28	26,27, 28	9/30	10/01/2005	10/03/2005
OCT	10/1-10/31	21	10	11	10	10,14,24,28, 31	13	27	7	11	11,12,13	14	21	27	25,26, 27	10/31	11/01/2005	11/01/2005
NOV	11/1-11/30	22	11	11	11,24,25	11,15,21, 24,25,29,30	14	28	8	9	9,10,14	15	18	28	22,23, 28	11/30	12/01/2005	12/01/2005
DEC	12/1-12/31	22	11	11	26	15,21,26,28, 29,30	14	27	9	12	12,13,14	15	20	27	22,23, 27	12/30	01/01/2006	01/03/2006

** The first half of a semimonthly pay period always has an issue date of the 16th of the month. It always begins on the first day of the pay period and ends on the 15th of the month (e.g., 1st half of February - 2/01 through 2/15). The last half of a semimonthly pay period always starts on the 16th of the month and ends on the last day of the pay period (e.g., last of February - 2/16 through 3/01).

*** Subject to change without notice.

BIWEEKLY PAY PERIOD/DEDUCTION SCHEDULE FOR **2002**

PAY PERIOD BEGIN		END	PAY PERIOD NUMBER	BIWEEKLY PAY PERIOD	SURVIVOR	FIXED DED	PAY PERIOD DED	BUS. MO.
12/30/01	-	01/12/02	1	A 01/02	X			
01/13/02	-	01/26/02	2	B 01/02				
01/27/02	-	02/09/02	3	A 02/02	X	X	01/02	02/02
02/10/02	-	02/23/02	4	B 02/02				
02/24/02	-	03/09/02	5	A 03/02	X	X	02/02	03/02
03/10/02	-	03/23/02	6	B 03/02				
03/24/02	-	04/06/02	7	A 04/02	X	X	03/02	04/02
04/07/02	-	04/20/02	8	B 04/02				
04/21/02	-	05/04/02	9	A 05/02	X	X	04/02	05/02
05/05/02	-	05/18/02	10	B 05/02				
05/19/02	-	06/01/02	11	C 05/02		X	05/02	06/02
06/02/02	-	06/15/02	12	A 06/02	X			
06/16/02	-	06/29/02	13	B 06/02		X	06/02	07/02
06/30/02	-	06/30/02	14	D 06/02				
07/01/02	-	07/13/02	15	E 06/02	X			
07/14/02	-	07/27/02	16	A 07/02				
07/28/02	-	08/10/02	17	A 08/02	X	X	07/02	08/02
08/11/02	-	08/24/02	18	B 08/02				
08/25/02	-	09/07/02	19	A 09/02	X	X	08/02	09/02
09/08/02	-	09/21/02	20	B 09/02				
09/22/02	-	10/05/02	21	A 10/02	X	X	09/02	10/02
10/06/02	-	10/19/02	22	B 10/02				
10/20/02	-	11/02/02	23	A 11/02	X	X	10/02	11/02
11/03/02	-	11/16/02	24	B 11/02				
11/17/02	-	11/30/02	25	C 11/02		X	11/02	12/02
12/01/02	-	12/14/02	26	A 12/02	X			
12/15/02	-	12/28/02	27	B 12/02		X	12/02	01/03

BIWEEKLY PAY PERIOD/DEDUCTION SCHEDULE FOR **2003**

PAY PERIOD BEGIN	PAY PERIOD END	PAY PERIOD NUMBER	BIWEEKLY PAY PERIOD	SURVIVOR	FIXED DED.	PAY PERIOD DED.	BUS. MO.
12/29/02	01/11/03	1	A 01/03	X			
01/12/03	01/25/03	2	B 01/03				
01/26/03	02/08/03	3	A 02/03	X	X	01/03	02/03
02/09/03	02/22/03	4	B 02/03				
02/23/03	03/08/03	5	A 03/03	X	X	02/03	03/03
03/09/03	03/22/03	6	B 03/03				
03/23/03	04/05/03	7	A 04/03	X	X	03/03	04/03
04/06/03	04/19/03	8	B 04/03				
04/20/03	05/03/03	9	A 05/03	X	X	04/03	05/03
05/04/03	05/17/03	10	B 05/03				
05/18/03	05/31/03	11	C 05/03		X	05/03	06/03
06/01/03	06/14/03	12	A 06/03	X			
06/15/03	06/28/03	13	B 06/03		X	06/03	07/03
06/29/03	06/30/03	14	D 06/03				
07/01/03	07/12/03	15	E 06/03	X			
07/13/03	07/26/03	16	A 07/03				
07/27/03	08/09/03	17	A 08/03	X	X	07/03	08/03
08/10/03	08/23/03	18	B 08/03				
08/24/03	09/06/03	19	A 09/03	X	X	08/03	09/03
09/07/03	09/20/03	20	B 09/03				
09/21/03	10/04/03	21	A 10/03	X	X	09/03	10/03
10/05/03	10/18/03	22	B 10/03				
10/19/03	11/01/03	23	A 11/03	X	X	10/03	11/03
11/02/03	11/15/03	24	B 11/03				
11/16/03	11/29/03	25	C 11/03		X	11/03	12/03
11/30/03	12/13/03	26	A 12/03	X			
12/14/03	12/27/03	27	B 12/03		X	12/03	01/04

BIWEEKLY PAY PERIOD/DEDUCTION SCHEDULE FOR **2004**

PAY PERIOD BEGIN	PAY PERIOD END	PAY PERIOD NUMBER	BIWEEKLY PAY PERIOD		SURVIVOR	FIXED DED.	PAY PERIOD DED.	BUS. MO.
12/28/03	01/10/04	01	A	01/04	X			
01/11/04	01/24/04	02	B	01/04				
01/25/04	02/07/04	03	A	02/04	X	X	01/04	02/04
02/08/04	02/21/04	04	B	02/04				
02/22/04	03/06/04	05	A	03/04	X	X	02/04	03/04
03/07/04	03/20/04	06	B	03/04				
03/21/04	04/03/04	07	A	04/04	X	X	03/04	04/04
04/04/04	04/17/04	08	B	04/04				
04/18/04	05/01/04	09	A	05/04	X	X	04/04	05/04
05/02/04	05/15/04	10	B	05/04				
05/16/04	05/29/04	11	C	05/04		X	05/04	06/04
05/30/04	06/12/04	12	A	06/04	X			
06/13/04	06/26/04	13	B	06/04		X	06/04	07/04
06/27/04	06/30/04	14	D	06/04				
07/01/04	07/10/04	15	E	06/04	X			
07/11/04	07/24/04	16	A	07/04				
07/25/04	08/07/04	17	A	08/04	X	X	07/04	08/04
08/08/04	08/21/04	18	B	08/04				
08/22/04	09/04/04	19	A	09/04	X	X	08/04	09/04
09/05/04	09/18/04	20	B	09/04				
09/19/04	10/02/04	21	A	10/04	X	X	09/04	10/04
10/03/04	10/16/04	22	B	10/04				
10/17/04	10/30/04	23	C	10/04		X	10/04	11/04
10/31/04	11/13/04	24	A	11/04	X			
11/14/04	11/27/04	25	B	11/04		X	11/04	12/04
11/28/04	12/11/04	26	A	12/04	X			
12/12/04	12/25/04	27	B	12/04				

BIWEEKLY PAY PERIOD/DEDUCTION SCHEDULE FOR **2005**

PAY PERIOD BEGIN	PAY PERIOD END	PAY PERIOD NUMBER	BIWEEKLY PAY PERIOD		SURVIVOR	FIXED DED.	PAY PERIOD DED.	BUS. MO.
12/26/04	01/08/05	1	A	01/05	X	X	12/04	01/05
01/09/05	01/22/05	2	B	01/05				
01/23/05	02/05/05	3	A	02/05	X	X	01/05	02/05
02/06/05	02/19/05	4	B	02/05				
02/20/05	03/05/05	5	A	03/05	X	X	02/05	03/05
03/06/05	03/19/05	6	B	03/05				
03/20/05	04/02/05	7	A	04/05	X	X	03/05	04/05
04/03/05	04/16/05	8	B	04/05				
04/17/05	04/30/05	9	C	04/05		X	04/05	05/05
05/01/05	05/14/05	10	A	05/05	X			
05/15/05	05/28/05	11	B	05/05		X	05/05	06/05
05/29/05	06/11/05	12	A	06/05	X			
06/12/05	06/25/05	13	B	06/05				
06/26/05	06/30/05	14	D	06/05		X	06/05	07/05
07/01/05	07/09/05	15	E	06/05	X			
07/10/05	07/23/05	16	A	07/05				
07/24/05	08/06/05	17	A	08/05	X	X	07/05	08/05
08/07/05	08/20/05	18	B	08/05				
08/21/05	09/03/05	19	A	09/05	X	X	08/05	09/05
09/04/05	09/17/05	20	B	09/05				
09/18/05	10/01/05	21	A	10/05	X	X	09/05	10/05
10/02/05	10/15/05	22	B	10/05				
10/16/05	10/29/05	23	C	10/05		X	10/05	11/05
10/30/05	11/12/05	24	A	11/05	X			
11/13/05	11/26/05	25	B	11/05				
11/27/05	12/10/05	26	A	12/05	X	X	11/05	12/05
12/11/05	12/24/05	27	B	12/05				

SECTION E – DISABILITY INDEX

(Revised 08/03)

CSU IDL Sick Leave Supplement - CSU Only 425
Enhanced Industrial Disability - Civil Service 400
Enhanced Industrial Disability - CSU 700
EnhancedE100 NDI Calculator (CS) 100
Industrial Disability Leave - Civil Service 400
Industrial Disability Leave - CSU 700
Industrial Disability Leave with Supplementation (IDL/S) - Civil Service 450
Labor Code 4800 Tax Refund - Bargaining Unit 5 200
Nonindustrial Disability Insurance - Civil Service 100
Annual Leave NDI Supplementation Computation and Accrual of Leave Credits 110
Nonindustrial Disability Insurance - CSU 500
Overview - CSU and Civil Service 001
PIP Documentation - CSU and Civil Service 004
PIP Exceptions - CSU and Civil Service 006
STD. 671 Completion Requirements - CSU and Civil Service 007
Temporary Disability - Civil Service 300
Temporary Disability - CSU 600

SUBJECT: OVERVIEW

TYPES OF DISABILITY E 001

(Revised 04/99)

Following are the types of disability payments currently available for state employees.

See section numbers indicated for detailed instructions for each type of disability payment.

Type	Description	Section
Nonindustrial Disability Insurance (NDI)/Civil Service	Nonwork related	E 100
Labor Code 4800 (LC 4800)/Bargaining Unit 5 Employees	Work related for specific agency/safety classes	E 200
Temporary Disability (TD)/Civil Service	Work related for Civil Service employees	E 300
Industrial Disability Leave (IDL)/Civil Service	Work related for PERS/STRS members	E 400
IDL/CSU Sick Leave Supplement/CSU only	Work related for CSU employees	E 425
IDL with Supplementation/Civil Service	Work related for eligible Civil Service employees	E 450
Nonindustrial Disability Insurance	Nonwork related	E 500

(NDI)/CSU

Temporary Disability (TD)/CSU	Work related for CSU employees	E 600
Industrial Disability Leave (IDL)/CSU	Work related for PERS/STRS members	E 700

PROGRAM RESPONSIBILITIES **E 002**
(Revised 04/99)

State Compensation Insurance Fund (SCIF) is responsible for administering all work-related disability claims for TD, IDL and LC 4800. Agencies/campuses are notified by SCIF via:

- a check issued in the employee's name (sent to the agency/campus for disbursement) OR,
- SCIF Form 290/3290

that an injury/illness claim has been approved/disapproved as work related.

Employment Development Department (EDD) is responsible for administering all nonwork related disability claims for NDI. Agencies/campuses are notified by EDD via Authorization To Pay Nonindustrial Disability Insurance, Form DE8500A, that an injury/illness is approved.

CHANGE IN BENEFITS FOR CSU **E 003**
(Revised 04/99)

Refer to the following chart for change in benefits for CSU employees.

CSU

CHANGE OF BENEFIT

	FROM TD	**FROM IDL**
TO IDL	**90th calendar day only (IDL 2/3)**	
TO TD		**90th calendar day only**

APPROVED INJURY OPTIONS **E 003.1**
(Revised 04/99)

CIVIL SERVICE
APPROVED INJURY OPTIONS
(BY BARGAINING UNIT)

CBID	BASIC IDL	IDL 2/3	IDL W/Supp	TD	TD W/Supp
R01	**X**	**X**	**X[1]**	*****	*****
R02	**X**	**X**	**X[5]**	**X**	**X**
R03	**X**	**X**	**X[1]**	*****	*****
R04	**X**	**X**	**X[1]**	*****	*****
R05	**X**	**X**	**NO**	**X**	**X**

CBID	BASIC IDL	IDL 2/3	IDL W/Supp	TD	TD W/Supp
R06	X	X	X[1]	*	*
R07	X	X	X[4]	*	*
R08	X	X	X[1]	*	*
R09	X	X	X[2]	*	*
R10	X	X	X[1]	*	*
R11	X	X	X[1]	*	*
R12	X	X	X[2]	*	*
R13	X	X	X[2]	*	*
R14	X	X	X[3]	*	*
R15	X	X	X[1]	*	*
R16	X	X	X[2]	*	*
R17	X	X	X[3]	*	*
R18	X	X	X[1]	*	*
R19	X	X	X[2]	*	*
R20	X	X	X[1]	*	*
R21	X	X	X[5]	X	X
Excluded C, M, S, E97, E98, E99	X	X	X[4]	*	*
Non-PERS Members	NO	NO	NO	X	X

* **AFTER** IDL benefits have been exhausted.
1 Effective 01/01/93
2 Effective 07/01/93
3 Effective 01/01/94
4 Effective 01/01/95
5 Effective 10/01/97

PIP DOCUMENTATION **E 004**
(Revised 03/02)

Most disability payments can be documented on the Miscellaneous Payroll/Leave Actions form, STD. 671 (available on DGS web site or from DGS stores) and keyed via the Payroll Input Process (PIP) Miscellaneous Detail screen. These disability payments are current and prior month IDL, CSU IDL Sick Leave Supplementation, IDL with Supplementation, TD Full and Partial Supplementation, and NDI. Be sure to review the list of exceptions in Section E 006 before keying current and prior month disability requests. Prior month disability payments are defined as payments for pay periods that are up to twelve months prior to the current pay period. DO NOT SEND FORMS STD. 671 TO SCO DISABILITY UNIT.

NOTE: Regular pay must be issued before "full" IDL or Enhanced IDL can be keyed.

The "Full" IDL or Enhanced IDL payment is reduced by the amount that would have been withheld for Federal and State taxes, Social Security and Medicare. Regular pay must be issued prior to keying the "Full" IDL or Enhanced IDL so it will aggregate and correctly reduce the gross.

TIMING **E 005**

(Revised 04/99)

Disability pay request should be keyed one payroll cycle after the PAR/PPT Transaction. If both the PAR/PPT transaction and the PIP pay request transaction are keyed in the same daily cycle the pay request will reject.

For *negative attendance* employees, current month disability payments should be keyed during green cycles. If disability payments are keyed prior to master payroll, payments will reject. If disability payments are keyed after the green cycles, the payments will be delayed until the first cycle of the following month.

For *positive attendance* employees, current month disability payments may only be keyed after the close of the pay period.

For prior month disability payments, requests may be keyed at any time during the month.

PIP EXCEPTIONS **E 006**

(Revised 04/99)

There are a number of requests for current and prior disability payments which cannot be processed via the PIP System. The keying of these exceptions to PIP may result in erroneous payments, including overpayments.

Requests for exception payments must be submitted to PPSD, Payroll Operations, on form STD. 674D for IDL and NDI on form STD. 674 for TD. Requests may be submitted via FAX. Do not follow up with a hard copy of the FAX copy document as this creates duplicate transactions and unnecessary workload.

DO NOT REQUEST DISABILITY PAYMENTS VIA PIP IN THE FOLLOWING CASES:

FOR:	DO NOT KEY:	SUBMIT:

CBID	BASIC IDL	IDL 2/3	IDL W/Supp	TD	TD W/Supp

NDI

- **Hourly employees, who are not Public Employees' Retirement System members, but are entitled to NDI (Retirement Code TM or TD for part-time, Seasonal, and Temporary employee's Retirement Plan.**
- **Prior month requests where transfers of funds and/or adjustments are necessary for the pay period.**
- **Requests for any employee who is on an Academic 9/12, 10/12, 11/12 pay plan.**
- **CSU Catastrophic Leave (NDI Supp)**
- **Requests for any employee who has a locked-in premium pay which is not included in NDI pay.**
- **Requests for Annual Leave Supplementation**

STD. 674D

TD

- **Requests for any employee who is on an Academic 9/12, 10/12, 11/12 Pay Plan.**
- **Prior month requests where transfers of funds and/or adjustments are necessary for the pay period.**
- **Request for shift differential that has been included in salary rate which is not lock-in.**
- **Request for an employee who has locked-in premium pay which is not included in TDL pay.**

STD. 674

IDL

- **Requests for any employee who is on an Academic 9/12, 10/12, 11/12 Pay Plan.**
- **Requests for IDL shift pay which is not locked-in.**
- **Requests which must be reduced for any reason.**
- **Requests for employees who have multiple salary rates or positions in the pay period.**
- **Requests for any employee who has a locked-in premium pay which is not included in IDL pay.**
- **Prior month requests where transfers of funds and/or adjustments are necessary for the pay period.**

STD. 674D

FORM STD. 671 COMPLETION REQUIREMENTS **E 007**
(Revised 04/99)

After reviewing PIP Exceptions (E 006), complete the form STD. 671 as follows:

Item	Enter
	Pay Period
1	Type
2	Month (2 digits)
3	Year (2 digits)
4	Agency Name
8	Social Security Number
9	Initials
10	Name (surname)
	Position
11	Agency (Agency Code)
12	Unit (Reporting Unit)
13	Class
14	Serial
15	Earnings ID
	"NDI" for NDI
	"NDIW" for working while on NDI
	"NDGW" for working while on NDI (gross field completed)
	"NDIG" for NDI payments requiring gross field to he completed)
	"FIDL" for IDL - Full or Enhanced IDL
	"IDL" for IDL - 2/3
	"IDLS" for IDL Full Supplementation
	"IDLP" for IDL Partial Supplementation
	"IDLC" for CSU IDL Sick Leave Supplementation
	"TD" for TD Partial Supplementation
	"TDF" for TD Full Supplementation
	Time to Pay
16	Days
17	Hours/Hdths
19	Salary Rate - For NDI payments, use the salary rate that was in effect at the inception of the employee's NDI benefit period.
21	Gross - Review E 007.1 for when gross should be completed.
23	Total Time Complete for batch entry control
24	Total Salary Rate - Complete for batch entry control
25	Total Gross - Complete for batch entry control Authorized Signature/Phone/Date

NOTE: DO NOT SEND FORM STD. 671 TO SCO DISABILITY UNIT

DISABILITY PAY REQUEST VIA PIP (MISCELLANEOUS SCREEN) **E 007.1**
(Revised 04/99)

REGULAR IDL, NDI AND TDL PARTIAL PAYMENTS

If Requesting Payment For:	When to Key:

- **Current Month**

  Negative Attendance **During applicable green cycles**

  Positive Attendance **After the close of the pay period**
- **Prior Month** **Anytime during the month**

REGULAR NDI AND IDL PAYMENTS

If Requesting Payment For:	Key Salary Rate	Key Time	Key Gross	Key Earnings ID:
NDI	YES	YES	*	NDI, NDIG, NDIW, NDGW
IDL Full	YES	YES	NO	FIDL
2/3 IDL	YES	YES	NO	IDL

* See the NDI Payments Chart on the following page for NDI payments requiring gross field to be completed.

SUPPLEMENTATION PAYMENTS

If Requesting Payment For:	Key Salary Rate	Key Time	Key Gross	Key Earnings ID:
IDL Full	YES	YES	YES	IDLS
IDL Partial	YES	YES	NO	IDLP
TD Full	YES	YES	YES	TDF
TD Partial	YES	YES	NO	TD
CSU IDL Sick Leave	YES	YES	YES	IDLC

WORKING WHILE ON NDI

If Requesting Payment For:	Key Salary Rate	Key Time	Key Gross	Key Earnings ID:
CSU employee whose EH reflects an A57 transaction with Code 22	YES	YES	NO	NDIW
Civil Service employee whose EH reflects an A03 or SPC with Code 22	YES	YES	NO	NDIW
Civil Service employee whose EH reflects an A03 or SPC with Code 22 (gross must be completed)	YES	YES	YES	NDGW

NDI PAYMENTS

If Requesting Payment For:	Key Salary Rate	Key Time	Key Gross	Key Earnings ID:
Civil Service Annual Leave Employee in Units R05, R10,	YES	YES	YES	NDIG

CBID	BASIC IDL	IDL 2/3	IDL W/Supp	TD	TD W/Supp
R12, S01-S04, S06-S21, C02-C21, E50, E97-E99					
Civil Service Non-Annual Leave Employee in Units R13, R16, S05, M01-M21, E88, E89		**YES**	**YES**	**YES**	**NDIG**
CSU or Civil Service fractional employee in two or more positions		**YES**	**YES**	**YES**	**NDIG**
CSU or Civil Service employee who has any transaction that affects salary rate posted after an S49 transaction during the NDI eligibility period (e.g., S49 effective 06/01; GEN effective 07/01)		**YES**	**YES**	**YES**	**NDIG**
CSU or Civil Service hourly employee who earns less than the maximum amount on the NDI salary conversion table		**YES**	**YES**	**YES**	**NDIG**
CSU or Civil Service employee who has a payment that must be reduced for any reason (e.g., if the combination of regular pay and NDI pay will exceed employee's salary rate)		**YES**	**YES**	**YES**	**NDIG**

SPECIAL PROCESSING **E 008**
(Revised 04/99)

Payroll Operations is required to do special processing any time an employee received pay for one payment type and it is later determined that it should be for another disability payment type.

The most common occurrence is when an employee receives regular pay (payment type 0) and it should now be a disability payment.

Occasionally, the employee has received another type of disability. When an employee retroactively changes benefits from IDL to TD, TD to IDL, IDL to NDI, or NDI to IDL and disability pay has already been ISSUED and RELEASED, submit form STD. 674D for IDL/NDI changes. If the change is TD/IDL submit to Payroll Operations form STD. 674D and form STD. 674 stapled together. Form STD. 674 should request TD.

On the following page, a chart shows in brief form the transactions involved. REFER TO THE SPECIFIC DISABILITY SECTION FOR DETAILED INFORMATION AND PAM/PIMS FOR EMPLOYMENT HISTORY UPDATES.

CHANGE BENEFIT = PAYROLL DOCUMENT/PROCEDURE

	FROM REGULAR PAY PT O	FROM IDL PT 6/N	FROM NDI PT T	FROM TD (if supplementing) PT U
To Reg Pay O		(a) . Submit 674D to T/F (p) . T/F from IDL to regular . Adjust regular pay . Establish SS/Medicare deduction if applicable	(a) . Submit 674D to T/F (p) . T/F from NDI to regular pay . Establish retirement deduction if subject . Issue regular pay if applicable	(a) . Submit 674 to T/F & request regular (p) . T/F from TD to regular . Issue add'l pay or reverse A/R, if applicable
To IDL PT 6/N	(a) . Submit 674D for T/F (p) . T/F from regular to IDL . Process A/R for balance . Refund SS/Medicare if withheld from regular pay . Refund ded. codes 026, 027, 028, 029, 030, 095, 099 if taxable income is less than deduction		(a) . Submit 674D to T/F (p) . T/F from NDI to IDL . Process A/R for balance . Issue IDL adjustment . Refund SS/Medicare if held from NDI pay . Refund taxes for current year only	(a) . Submit 674 for TD cancellation . Submit 674D for IDL payment (p) . T/F from TD to IDL . Process A/R for balance . Issue IDL adjustment . Refund SS/Medicare if applicable . Refund taxes for current year only
To NDI PT T	(a) . Submit 674D to T/F (p) . T/F from IDL to NDI . Establish A/R if necessary . Credit retirement if deducted	(a) . Submit 674D to T/F (p) . T/F from IDL to NDI . Establish A/R if necessary . Credit retirement deduction . Establish SS/Medicare deduction if applicable		(a) . Submit 674 for TD cancellation . Submit 674D for NDI payment (p) . T/F from TD to NDI . Issue NDI adjustment if necessary . Credit retirement deduction

CHANGE BENEFIT = PAYROLL DOCUMENT/PROCEDURE

	FROM REGULAR PAY PT O	FROM IDL PT 6/N	FROM NDI PT T	FROM TD (if supplementing) PT U
To TD PT U	**(a)** **. Submit 674 for T/F** **(p)** **. T/F from Regular to TD** **. Establish A/R**	**(a)** **. Submit 674D for T/F A/R** **. Submit 674 for TD if supplementing** **(p)** **. T/F from IDL to TD** **. Adjust gross if necessary** **. Establish A/R for any difference** **. Establish SS/Medicare deduction if applicable**	**(a)** **. Submit 674D for NDI A/R** **. Submit 674 for TD, if supplementing** **(p)** **. T/F from NDI to TD** **. Adjust gross if necessary** **. Establish retirement deduction**	

KEY

(a) = Agency/Campus action required
(p) = Payroll Operations action required
PT = Payment Type
T/F = Transfer of Funds
A/R = Account receivable

DISABILITY PAYMENTS/DEDUCTIONS E 009

(Revised 12/95)

Listed below are the types of disability payments and the deductions allowed. For additional information regarding deductions, see Deductions, Section H, or the specific disability section.

DISABILITY PAYMENTS/DEDUCTIONS

Type of Deduction	NDI	LC 4800	IDL	IDL/S	SUPPL. TD	SCIF PAYMENT
Federal/State Income Taxes	**YES[2]**	**NO**	**NO**	**YES**	**YES**	**NO**
Retirement	**NO**	**YES**	**YES**	**NO**	**YES[2]**	**NO**
Social Security/Medicare	**YES[3]**	**YES**	**NO**	**YES**	**YES**	**NO**
Medicare	**YES[3]**	**YES**	**NO**	**YES**	**YES**	**NO**
Survivors	**NO**	**YES**	**YES[2]**	**NO**	**YES[2]**	**NO**
Garnishments (exceptions)	**NO**	**YES**	**NO**	**YES[2]**	**YES[2]**	**NO**
Order assigning salary or	**YES**	**YES**	**YES**	**YES**	**YES[2]**	**NO**

DISABILITY PAYMENTS/DEDUCTIONS

Type of Deduction	NDI	LC 4800	IDL	IDL/S	SUPPL. TD	SCIF PAYMENT
wages for support FC150, 5200 and PC3088 (Code 038)						
Voluntary Child Support	**YES**	**NO**	**YES**	**YES**	**NO**	**NO**
Earnings withholding order for support CC706.030 (Code 339-002)	**YES**	**YES**	**YES**	**YES**	**YES[2]**	**NO**
Dues	**YES[2]**	**YES**	**YES**	**YES**	**YES[1]**	**NO**
Deferred Comp.	**YES[2]**	**NO**	**NO**	**YES[2]**	**YES[2]**	**NO**
Tax Shelter	**YES[2]**	**NO**	**NO**	**YES[2]**	**YES[2]**	**NO**
Misc. Vol. Ded.	**YES[2]**	**YES**	**YES**	**YES[2]**	**YES[2]**	**NO**

[1] Deducted automatically unless employee not covered by MOU or form STD. 674 specifically requests that the dues deduction(s) NOT be withheld.

[2] If sufficient gross, deducted automatically.

[3] Effective 1/1/82.

SUBJECT: NDI/CIVIL SERVICE

E 100

REFERENCES
(Revised 09/02)

Enhanced NDI Calculator - Civil Service – (http://www.sco.ca.gov/ppsd/endi/index.shtml)
GC 19878 – 19885
Unemployment Insurance Code 2781 - 2783

Civil Service References:
SAM 8539
DPA Rules 599.770 - .775
PTM 425 - 427.3

Exempt: Judicial Council Memorandum 88-81

INTRODUCTION
(Revised 04/99)

NDI is a benefit for employees who become disabled due to a nonwork related injury or illness.

DPA has overall program responsibility for the Nonindustrial Disability Insurance (NDI) program for civil service employees. The Judicial Council has program responsibility for employees of state courts and other judicial agencies exempt from civil service.

EDD has administrative responsibility for the Nonindustrial Disability Insurance Program.

NDI payments are identified as payment type "T".

GENERAL NDI ELIGIBILITY **E 101**
(Revised 04/99)

NDI applies only to employees in compensated employment:

- All permanent or probationary full-time state officers/employees who are members of PERS/STRS.

- All part-time and permanent intermittent state officers/employees must have six monthly compensated pay periods of service within the 18 months immediately preceding the pay period in which the disability begins whether or not the employee is a member of PERS/STRS. Intermittent employees must have a total of 960 hours except Bargaining Unit 18 who need 1008 hours.

NOTE: "Full-time" employee includes one who is currently serving under a temporary or limited-term appointment, and has permanent or probationary status. Also included are employees in more than one position if the total of the employee's fractional appointments is full-time.

Refer to the Civil Service Chart in Section E 103 for specific eligibility requirements and/or benefits for employees. If the information you need is not contained in the Benefits Chart, consult the appropriate bargaining unit contract or the DPA Laws and Rules/Government Code.

ELIGIBILITY FOR BENEFITS **E 102**
(Revised 04/99)

To qualify for NDI pay, rank and file employees in BUs 5, 6, 8 and non-represented employees disabled on or after 10/1/84 must serve a seven day waiting period. All other employees must serve a ten consecutive calendar day waiting period.

The waiting period is waived if the employee is confined in a hospital or nursing home at least one day, or requires treatment in a hospital surgical unit or surgical clinic.

Rank and file employees in bargaining units 5, 6 and 8 are <u>required</u> to exhaust all sick leave credits before NDI commences. Rank and file employees in all other bargaining units and non-represented employees, disabled on or after 10/1/84, who elect to use sick leave, vacation, or other leave credits prior to receiving NDI Benefits, are NOT required to exhaust their accrued sick leave, vacation, or other leave credit balance(s). Once the NDI payment begins, an employee may at any time switch from NDI to sick leave, vacation leave, or other leave credits but may not return to NDI until that leave is exhausted.

Annual leave employees are NOT required to exhaust accrued annual leave or sick leave credit balances prior to receiving NDI benefits. Once the NDI payment begins, an employee may at any time switch from NDI to annual leave or other leave credits but may not return until that leave is exhausted.

Employees designated 'E88' or 'E89' (Judicial Council) are NOT required to exhaust sick leave or other leave credit balances prior to receiving NDI benefits. Once the NDI payment begins, an employee may at any time switch from NDI to available leave credits but may not return until that leave is exhausted.

An employee is eligible for NDI benefits for any period for which EDD has certified as an eligible period.

An employee is NOT eligible for NDI benefits with respect to any period for which an employee has received or is entitled to receive Unemployment Compensation benefits.

An employee is NOT eligible for NDI benefits for any day of unemployment and disability for which he has received, or is entitled to receive, other benefits (e.g., Temporary Disability) unless other such benefits are less than the amount the employee would otherwise receive as NDI benefits. The employee shall then be entitled to NDI for each full day, reduced by the amount of other such benefits.

An employee is NOT eligible for NDI benefits for any day on or after death, separation, or retirement from state service.

CIVIL SERVICES NDI BENEFITS CHART **E 103**
(Revised 04/99)

BARGAINING UNIT	EFF. DATE (DISABLED ON/AFTER)	WEEKLY MAX PAY	LIMITATION (% OF FULL SALARY)	WAITING PERIOD	MANDATORY SICK LEAVE USAGE
1	10/01/84	$135	60%	10 DAYS	NO
2	07/01/88	$135	60%	10 DAYS	NO
3	01/01/88	$135	60%	10 DAYS	NO
4	10/01/84	$135	60%	10 DAYS	NO
5	10/01/76-FT 01/01/79-PI	$125	50%	7 DAYS	YES
Annual Lv.	07/01/92 07/01/89	$135 50% OF FULL SAL.	60% 50%	7 DAYS 7 DAYS	NO NO
6	10/01/76-FT 01/01/79-PI	$125	50%	7 DAYS	YES
7	08/31/88-FT 08/31/88-PI	$135	60%	10 DAYS	NO
8	10/01/76-FT 01/01/79-PI	$125	50%	7 DAYS	YES
9	07/01/88	$135	60%	10 DAYS	NO

BARGAINING UNIT	EFF. DATE (DISABLED ON/AFTER)	WEEKLY MAX PAY	LIMITATION (% OF FULL SALARY)	WAITING PERIOD	MANDATORY SICK LEAVE USAGE
10	07/01/88	$135	60%	10 DAYS	NO
Annual Lv.	07/01/92	50% OF FULL SAL.	50%	7 DAYS	NO
11	10/01/84	$135	60%	10 DAYS	NO
12	10/01/84	$135	60%	10 DAYS	NO
Annual Lv.	07/01/92	50% OF FULL SAL.	50%	7 DAYS	NO
13	07/01/88	$135	60%	10 DAYS	NO
Annual Lv.	01/01/89	50% OF FULL SAL.	50%	7 DAYS	NO
14	08/16/87	$135	60%	10 DAYS	NO
15	10/01/84	$135	60%	10 DAYS	NO
16	07/01/88-FT	$135	60%	10 DAYS	NO
	07/02/88-PI	$135	60%		
Annual Lv.	02/02/89	50% OF FULL SAL.	50%	7 DAYS	NO
17	08/16/87	$135	60%	10 DAYS	NO
18	07/01/87	$135	60%	10 DAYS	NO
19	10/01/84	$135	60%	10 DAYS	NO
20	10/01/84	$135	60%	10 DAYS	NO
21	10/01/90	$135	60%	10 DAYS	NO
UNREPS NON-ANNUAL LEAVE	10/01/76-FT 01/01/79-PI	$125	50%	10 DAYS	NO
UNREPS NON-ANNUAL LEAVE	01/01/89	$135	60%	7 DAYS	NO
E88 E89	07/01/88	50% OF FULL SAL.	50% (NO CAP)	7 DAYS	NO
UNREPS* ANNUAL LEAVE ALL EXCL.	01/01/87 08/30/92	50% OF FULL SAL.	50% (NO CAP)	7 DAYS	NO

* EMPLOYEES WHO ARE DESIGNATED MANAGERIAL (CBID M), NONSTATUTORY (CBID E99), OR STATE TRAFFIC SERGEANTS (CBID S05) ARE ELIGIBLE FOR THE ANNUAL LEAVE OPTION

NDI is payable monthly for a period not exceeding 26 weeks for any one disability. The 26-week benefit period shall be equivalent to 182 calendar days. Calendar days on NDI will be based on the "State Pay Period Calendar."

EXAMPLE: An employee is on NDI for the entire month of February 1999. Inclusive dates on NDI would be February 1 through March 1, 1999 and the employee would be due 29 days of NDI for the February 1999 pay period.

NDI benefits are computed based on the employee's salary rate at the inception of the benefit and are NOT modified by any subsequent salary increases or decreases.

Annual Leave employees who have elected Supplementation will be paid the Supplementation at the salary rate that is effective in the pay period being paid.

NDI benefits for annual leave employees receive 50% of their gross salary for up to 26 weeks. Annual leave employees must elect to receive the 50% NDI benefit only or to supplement at a rate of 75% or 100% income replacement at the time they file a claim for NDI. Once the employee's claim is approved, the chosen benefit is maintained for the entire benefit period and cannot be changed. However, if an employee is unable to maintain the level of Supplementation he/she has elected, he/she should receive NDI only with NO Supplementation.

NDI benefits for employees designated 'E88' or 'E89' and are disabled on or after 7/1/88 receive 50% of their gross salary for 26 weeks. Employees who elect annual leave or are designated 'E88' or 'E89' may supplement their disability payments to provide for up to 100% income replacement. At the time of an NDI claim, an employee may elect either the 50% NDI benefit rate or a supplementation level of 75% or 100% gross pay.

DOCUMENTATION **E 104**
(Revised 01/00)

To file first claim for NDI, employees must obtain an EDD claim Form DE 8501, Nonindustrial Disability Insurance, and Information Collection and Access, Form DE 8545 NDI, from their agency personnel office. The personnel office will complete the top portion of Form DE 8501. The employee must complete the bottom portion of the Form DE 8501 and have the doctor complete the reverse side of the form and mail it to EDD.

NOTE: Consult PAM Section 5.29 to determine if it is appropriate to process a PAR to document pending disability.

EDD will determine eligibility and notify the agency and the employee if the disability claim has been approved per Authorization to Pay Nonindustrial Disability Insurance, Form 8500A or disapproved per Notice of Determination, Form 8517c. The agency must have a copy of the 8500A before they can legally request the payment.

Upon notification of eligibility, a PAR must be processed to update the Employment History Record. See PAM 5.30 for documentation procedures. Transaction Code S57, "pending disability", must be voided, if entered, when EDD makes a decision to approve/disapprove the disability claim. NDI pay for current and prior (no more than 12 months) month is documented on form STD. 671 and keyed via the PIP Miscellaneous Detail screen. See Section E 006 for PIP Exceptions and E 007 for form STD. 671 completion instructions.

Form STD. 674D must be submitted for NDI PIP Exceptions. See Section E 114 for completion instructions.

WORKING WHILE ON NDI **E 105**
(Revised 04/99)

Employees may, at the discretion of the agency and upon medical verification, work while on NDI and receive benefits for the same dates, as long as their NDI benefits plus their regular pay does not exceed 100% of their gross pay for the pay period.

NDI pay for an employee who is working while on NDI may be requested via the PIP system, provided it is not listed as a PIP Exception in E 006. If listed as a PIP Exception, form STD. 674D must be submitted to request the pay. Enter in Item 6 the number of hours and Code "W" for worked, including holiday(s) if employee should be paid regular pay.

NOTE: If reinstated and the employee works less than 11 days in a pay period, it may be necessary to process a 715 transaction PAR. See PAM 2.90 to determine if documentation is necessary. THE TIME ENTERED ON THE 715 TRANSACTION MUST AGREE WITH THE TIME REQUESTED.

Current Month

When an employee is being reinstated, a form STD. 603 may be processed to reduce the time reflected in "Time to be Paid" on the PAR/PPT (e.g., transaction A03, S49, A57). Form STD. 603 must only reflect the additional dock time.

Employees on Item 957 Code 22 status will receive a full month payroll master warrant unless a form STD. 603 is processed before cutoff to reduce time to be paid or a PAR 715 transaction for a disqualifying pay period is processed.

HOLIDAY ON NDI **E 106**
(Revised 04/99)

Holidays will be paid as follows:

- Employee on S49 PAR status will be paid NDI pay for holidays.
- Employees who are working while on NDI are entitled to regular pay for the holiday in addition to NDI as long as he/she works some hours during the NDI benefit period.
- Annual Leave employees who elect NO Supplementation receive only NDI benefits payments for holidays. Employees who elect Supplementation at 75% or 100% shall receive (regular pay) full credit and NDI compensation for the holiday.

DEDUCTIONS **E 107**
(Revised 04/99)

Federal and State Income Tax deductions will be withheld provided there is enough taxable gross. Gross amount will be reported on Form W-2 as "Wages, tips, and Other Compensation."

NDI payments are subject to Social Security and Medicare and will appear on Form W-2 as Social Security wages and Medicare wages. If the employee has reached the Social Security maximum for the year, then only Medicare will be withheld.

No retirement contributions or survivors benefits will be withheld nor will state contributions be made.

Orders assigning salary or wages filed under FC 150, 5200; PC 3088 and Earnings Withholding Order for Support CC 706.030 will be withheld from NDI payments (per CCP 704.110 and 688.030).

If there is sufficient NDI gross, all miscellaneous deductions (including flexible benefit deductions) will be withheld unless canceled by the employee.

NOTE: Flexible benefit deductions may only be canceled by the participant if there is a permitting event. If an employee's health benefit, dental, vision, or life insurance deductions are withheld, the state contribution will also be made.

NDI GROSS SALARY COMPUTATION **E 108**
(Revised 03/02)

Refer to PPM Section G 004 to determine if a special/premium pay should be included/excluded in the gross base salary when computing NDI pay.

Shift Differential

When night shift differential is not locked into the salary rate AND the gross salary is less than the maximum salary rate based on CBID (PPM Section E 103) and PPM Section Z, Attachment E-1, determine the employee's monthly shift rate (refer to PPM Section Z, Attachment G-1) and add to the gross salary.

Example: An employee's gross base salary is $900.00, CBID R01, and is entitled to night shift differential ($.35/hour). The NDI gross would be computed using $960.67 (900 + 60.67).

Full Time

Full pay is defined as the salary earnable and subject to retirement contributions on the date disability begins.

Part-Time

When employment is regularly scheduled and is a fixed proportion of the established work week, the payments shall be determined on the basis of that proportionate part of the monthly rate.

Example: An employee is scheduled to work half-time. The employee's full total salary rate is $444.00, based on a salary rate of $888.00. The NDI gross would be computed using $444.00, full total salary rate.

When shift pay is not locked into the salary rate, see example under SHIFT DIFFERENTIAL to determine the hourly rate.

10/12 Pay Plan

Full pay is defined as the monthly rate multiplied by 12 and divided by 10 to calculate monthly gross salary.

Intermittent

Payments shall be determined on the basis of the proportionate part of a monthly rate established by the TOTAL hours ACTUALLY worked in the 18 monthly pay periods immediately preceding the pay period in which the disability began. This includes overtime hours worked at straight time only. If the employee worked less than 18 months, agencies still divide by 18.

Example: An employee is appointed 18 months or more prior to the pay period in which the disability began. The employee worked 1,950 hours in the previous 18 pay periods. Salary rate when benefits began was $8.65/hour.

1,950 hours ÷ 18 pay periods = 108.33333
(average hours worked per pay period)
108.33333 X 8.65 = $937.08330 + .005 = $937.08 monthly salary rate.

The NDI gross should be computed using $937.08 as the monthly salary rate.

Example: An employee is appointed less than 18 months prior to the pay period in which the disability began. The employee was appointed January 20, NDI benefits began November 9, salary rate when benefits began was $8.65/hour, and hours worked were as follows:

January	10	June	120
February	80	July	120
March	0	August	120
April	160	September	140
May	0	October	100
		TOTAL HOURS	850

The month in which the disability begins is not counted.

850 hours ÷ 18 pay period = 47.22222
(average hours worked per pay period)
47.22222 X 8.65 = 408.47220 = $408.47

The NDI gross should be computed using $408.47 as the monthly salary rate.

NDI GROSS COMPUTATION **E 109**
(Revised 03/02)

For employees, except those on annual leave and those with multiple fractional positions, NDI gross may be computed by using the salary conversion tables (See PPM Section Z, Attachment E-1). (For annual leave computation, see Section E 110.)

Use the gross base salary (see Section E 108) and the salary conversion table (See PPM Section Z. Attachment E-1) to find the corresponding NDI daily rate and proceed to Step 4.

For those employees whose salary rates are not included in the salary conversion tables because they are not "whole" numbers (e.g., 457.35; 583.75) round the actual salary to the nearest on the table and use the listed rates. For those salaries less than $350.00, follow steps 1 through 4 to compute NDI gross. For those salaries equal to or greater than the maximum listed, use the maximum rate.

Provided with each step is an example based on an employee whose gross base salary is $888.00 per month and is entitled to 26 days NDI benefits.

1. DETERMINE HOURLY RATE:

Divide monthly rate by 173.33, then add .005. Count two digits to the right of the decimal point and drop the remainder. Be sure not to round again; e.g., $888.00 ÷ 173.33 = 5.12317 + .005 = 5.12817 = $5.12

For academic employees, determine the hourly rate by dividing the annual salary rate by the number of academic days in the academic year, divide answer by 8 (5 decimal places), add .005 and drop the last three digits.

For daily rate employee, determine hourly rate by dividing the daily rate by 8.

2. DETERMINE WEEKLY RATE:

Multiply hourly rate by 40, then multiply by .50, then add .005. Count two digits to the right of the decimal point and drop the remainder. Be sure not to round again.

Example:

$5.12 x 40 x .50 = 102.40000 + .005 = 102.40500 = $102.40

3. DETERMINE NDI DAILY RATE:

Divide weekly benefit amount by 7 (5 decimal places).

Example:

$102.40 ÷ 7 = $14.62857

4. DETERMINE NDI GROSS:

Multiply NDI daily rate by the number of days the employee is entitled to NDI benefits (5 decimal places), then add .005.

Example: NDI PAY

$14.62857 x 26 days = 380.34282 + .005 = 380.34782 = $380.34 NDI gross

Example: REGULAR AND NDI PAY

During the October 1999 pay period, an employee is due NDI 10/1 through 10/3 and regular pay 10/4 through 11/1. The salary rate is $1,100.00 and NDI is computed based on that rate.

Regular pay - 21 days =	$1,050.00
NDI pay - 3 days =	57.86
TOTAL	1,107.86
Monthly Salary Rate	1,100.00
Excess	7.86
Corrected NDI Gross	$ 50.00

Example: NOT ENTITLED TO NDI PAY

For the August 1999 pay period, an employee is eligible for NDI for 8/1. The employee returns to work on 8/2 through 8/31. The salary rate is $1,100.00 and NDI is computed on that rate.

Regular pay - 22 days =	$1,100.00
NDI pay - 11 days =	19.29
TOTAL	1,119.29
Monthly Salary Rate	1,100.00
Excess	19.29

NOTE: Do NOT submit form STD. 674D to Payroll Operations when this situation occurs.

5. FRACTIONAL EMPLOYEE:

If employee has only one active position, calculate NDI gross based on the actual (fractional) salary rate following steps above.

If the employee has two or more active positions, follow the steps outlined below.

a. Add the salary rates of the positions together. If the combined salary rate is greater than the maximum salary rate based on CBID (Section E 103), refer to salary conversion table (See PPM Section Z, Attachment E-1) to determine weekly rate.

b. Divide the based-on daily rate by the combined salary rates and multiply by the actual salary rate of the position in which NDI is due.

c. Multiply fractional daily rate by the number of days the employee is entitled to NDI benefits (5 decimal places), then add .005 and count two digits to the right of the decimal point and drop the remainder. This is the NDI gross.

Example: NDI SPLIT FOR FRACTIONAL POSITIONS

Employee is 3/10 time base in one position, actual salary rate $307.50; 6/10 time base in another position, actual salary rate $615.00. Employee is entitled to 25 days NDI in the 3/10 position, and/or 25 days NDI in the 6/10 position.

Step 1: $307.50 + 615.00 = 922.50 ÷ 173.33 = 5.32221 + .005 = 5.32721 = $5.32 (hourly rate)

Step 2: $5.32 x 40 x .50* = 106.40000 + .005 = 106.40500 = 106.40 (weekly rate)

$5.32 x 40 x .60* (CBID R01) = 127.680000 + .005 = 127.68500 = $127.68 (weekly rate)

Step 3: $106.40 ÷ 7 = $15.20000 (based on daily rate)

Step 4: $15.20 ÷ 922.50 x 307.50 = $5.06667 (daily rate 3/10 position)

Step 5: $5.06667 x 25 = 126.66675 = $126.66 NDI Gross for 3/10 position.

Repeat Steps 4 and 5 for the 6/10 position as follows:

Step 4: $15.20 ÷ 922.50 x 615.00 = $10.13333 (daily rate 6/10 position)

Step 5: $10.13333 x 25 = 253.33325 = $253.33 NDI Gross for the 6/10 position
* Based on CBID Section E 103.

ANNUAL LEAVE NDI SUPPLEMENTATION COMPUTATION AND ACCRUAL OF LEAVE CREDITS **E 110**
(Revised 07/03)

For Enhanced NDI Calculator (CS) - see Web Site – (http://www.sco.ca.gov/ppsd/endi/index.shtml)

If an employee is supplementing NDI benefits with leave credits, calculate the supplementation amount and leave credits to charge as follows:

Example: 100% SUPPLEMENTATION (Fulltime Employee)

December 1998 pay period (22 work days). Employee is eligible for NDI from 12/11 through 12/31 (21 calendar days). Salary is $3,500.00.

Regular Payment Gross:

Regular pay 12/2 through 12/10 (7 work days = 56 hours)
$3,500 ÷ by 176 work hours x 56 hours worked = $1,113.64

NDI Payment Gross:

NDI pay 12/11 through 12/31 (21 calendar days)
$3,500 ÷ 173.33 (average hours/pay period) = $20.19269 + .005 = $20.19769 = $20.19 (hourly rate)
$20.19 multiplied by 40 (hours/week) x .5 (50% rate) = $403.80 (weekly rate)
$403.80 ÷ 7 (days/week) = $57.68571 (NDI daily rate)
$57.68571 x 21 (NDI days) = $1,211.3991 = $1,211.39 (NDI gross)

Supplementation Payment Gross:

$3,500 ÷ 176 x 120 = $2,386.36 (regular pay possible during NDI)

$2,386.36 (regular pay possible during NDI)
- $1,211.39 (NDI payment gross)
$1,174.97 (supplementation gross)

Supplementation Leave Credits to Charge:

$3,500 ÷ 176 (hours in 22 day pay period) = $19.886 (hourly Supplementation rate)

Round to $19.89 NOTE: Use 168 in 21 day pay period.
$1,174.97 ÷ $19.89 = 59.07 340 hours
Round to 59 hours
59 hours = 7 days 3 hours

Example: 75% SUPPLEMENTATION

Supplementation Payment Gross:

$3,500 ÷ 176 x 120 x .75 (75% rate) = $1,789.77 (regular pay possible during NDI)
$1,789.77 (regular pay possible during NDI)
- $1,211.39 (NDI payment gross)
$ 578.38 (supplementation gross)

Supplementation Leave Credits to Charge:

$3,500 ÷ 176 (hours in 22 day pay period) = $19.89 (hourly Supplementation rate)
$578.83 (Supplementation gross) ÷ $19.89 = 29.07893.
Round to 29 hours.
29 hours = 3 days 5 hours

Effective July 1, 1994, employees who supplement their NDI benefit at 100% income replacement will receive full State service credits for seniority purposes and annual leave credit. Employees who supplement their NDI benefit at 75% income replacement shall receive one-half credit for seniority and one-half the amount of annual leave granted to employees who supplement at 100%.

SPECIAL PROCESSING **E 112**
(Revised 04/99)

Overpayment of Regular Pay

When a form STD. 674D requests an A/R for regular pay and the employee is due NDI pay in lieu of what was received, Payroll Operations will transfer funds to NDI and, if necessary, establish an A/R for the gross regular pay overpayment. Since NDI is not subject to Retirement, this will also generate a Retirement adjustment.

NOTE: For the three examples which follow, the assumption is made that the employee has account code 08 retirement.

Example:

Employee paid 22 days regular pay at	$1,000.00
Due: 21 days regular pay	954.55
1 day NDI	19.29
Overpaid	$ 26.16

Payroll Operations will transfer one day regular pay into one day NDI and will transfer $19.29 gross. An A/R will be established for $26.16 gross regular pay overpayment. The NDI gross of $19.29 plus the $26.16 overpayment of regular pay is not subject to retirement; therefore, 5% of $45.45, or $2.27, will be credited against the A/R.

NOTE: Be sure to complete item 11 on form STD. 674D describing desired method of collection. If employee is on leave status (PAR), the A/R will be established as agency collection.

Example:

Employee paid 16 days 7 hours regular pay at		$1,000.00
	=	$ 767.04
Due 14 days regular pay		636.36
10 days NDI pay		192.86
Underpaid		$ 62.18

Payroll Operations will NOT establish an A/R in this situation, even though the employee is overpaid regular pay. Instead, a transfer of funds for 2 days 7 hours regular pay to 7 days NDI will occur for a gross of $130.68. This corrects the regular pay in the pay period. However, the employee is still due 3 more days of NDI for a gross of $62.18 which will be issued to the employee. Also, a "credit" adjustment of $6.53 (5% of $130.68) will be attached to the payment since the $130.68 gross transferred to NDI is not subject to retirement.

Overpayment of NDI pay

When a form STD. 674D requesting an A/R for NDI pay and the employee is due regular pay in lieu of what was received, Payroll Operations will transfer NDI to regular pay. Also, a "debit" adjustment for retirement will be made since regular pay is subject to retirement. The adjustment will be attached to any additional regular pay due after the transfer of funds.

Example:

Employee paid 31 days NDI pay at		$1,000.00
	=	$ 597.86
Due 27 days NDI pay		520.71
3 days regular pay		136.36
Underpaid		$ 59.21

Payroll Operations will transfer 4 days NDI pay to 2 days regular pay and will transfer $77.15 gross. An adjustment will be issued for 1 day regular pay and $59.21 gross. Attached to the adjustment will be a retirement deduction for $.00 amount in this case, because $136.36 regular pay is less than the $513.00 exclusion amount. However, $136.36 will be reported to PERS for service credit and state share purposes.

When a form STD. 674D requesting an A/R for NDI pay and the employee is due IDL or TD in lieu of what was received, Payroll Operations will follow a similar process described in E 300 and E 400.

NOTE: Do NOT document the TD request on form STD. 674D. Complete form STD. 674 as outlined in E 300 and submit as a package with form STD. 674D.

Most NDI pay requests can be documented on the Miscellaneous Payroll/Leave Action form STD. 671 and keyed via the PIP Miscellaneous Detail screen. See Section E 006 for PIP Exceptions that must be documented on the Industrial/Nonindustrial Disability Pay/Adjustment Request, Form STD. 674D.

Employment History must be updated via PAR when placing an employee on NDI Leave. (Refer to PAM Section 5.29) It is imperative the information on Employment History is accurate as this is the foundation for auditing and verification purposes.

After Employment History has been updated, if NDI pay is a PIP Exception and therefore cannot be keyed, a form STD. 674D must be submitted for each pay period and position number.

When a summarized warrant is returned for redeposit, NDI pay can be reissued as follows:

- After the redeposit appears on Payment History (HIST) or after the Warrant Register for the redeposit is received, document the NDI pay requests on form STD. 671 (see Section E 007 for completion instructions) and key the request via the PIP Miscellaneous Detail screen.

- If the NDI pay is a PIP Exception (see Section E 006 and therefore, cannot be keyed, a form STD. 674D must be submitted. NDI pay will only be rescheduled according to the information provided in Item 8 for the pay period.

  To reschedule NDI pay for other pay periods redeposited on the summarized warrant, which cannot be keyed via PIP, submit form STD. 674D for each pay period.

Refer to PPM Section I 316, for completion instructions on returning summarized warrants. These instructions are specific to the Payroll Adjustment Notice, form STD. 674, but can also apply to form STD. 674D.

COMPLETION OF FORM STD. 674D **E 114**
(Revised 03/02)

Form STD. 674D to request NDI pay is to be completed as follows: (See PPM Section Z, Attachment E-2 Samples)

ITEM	ENTER:
1	CBID
2	Social security number
3	First and middle initials and last name (delete hyphens and enter as one name).
4	Regular position number on Line 1. If there is a mid-month Position Number change, enter new Position Number on Line 1 and old Position Number on Line 2.
5	Pay Period Type (refer to PPM Section B 007), Month and Year.

6 Intervening Activity/Working While on Disability

Complete ONLY when employee is working while on disability. DO NOT SHOW TIME PRIOR TO OR AFTER A RETURN FROM A DISABILITY.

ONLY enter the regular time worked or leave credits charged in lieu of regular time **scheduled to work.** DO NOT show time on NDI. Enter number of hours and code "W" (worked):

Example:

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	
																			5W	8W	3W	6W										

7 Industrial Disability (IDL)

Complete ONLY when an employee is due IDL in the same pay period (refer to PPM Section E 413 for completion instructions).

8 Nonindustrial Disability (NDI)

a. Enter all inclusive dates employee is entitled to NDI benefits. If there is a break between dates, please make this clear.

Example:

"Employee on NDI from 3/9 - 3/17 and 3/26 through 3/30".

b. Complete this item ONLY if employee's salary rate is below the NDI maximum rate for the CBID.

Enter shift differential code and shift rate that is to be included in the NDI benefit calculation (refer to PPM Section Z, Attachment "G-1").

c. Enter the average number of hours worked in the previous 18 months for an intermittent employee (refer to PPM Section E 108 for computation procedures).

d. Check this item if employee is participating in the Annual Leave Program.

9 Payment Per Controller

Enter Issue Date, PAYMENT TYPE, Time Worked (either 21 or 22 days for a standard month), and Warrant/Direct Deposit Payment Number and/or Account Receivable Number for all payments, transfer of funds, and accounts receivable. DO NOT INCLUDE payments which have been previously returned. If a warrant is attached for redeposit, check the "RET" box, otherwise leave blank.

Reminder: If a warrant is attached to form STD. 674D for redeposit, the warrant and form must be sent to the Division of Disbursements.

10 Payment Should Be
(Total time for the pay period must be completed.)

Enter number of days and/or hours for each type of pay being requested. Enter timebase fraction ONLY when regular pay is less than full-time.

NDI pay must be requested in "calendar days" - DO NOT convert to hours.

NOTE: To request additional type(s) of pay not listed (i.e., supplementation), use the second line.

Complete ONLY for regular non-locked in shift differential pay. Enter the shift code, number of hours and shift rate (refer to PPM Section Z, Attachment G-1).

Verify that the amount of time requested in each type of pay corresponds with the dates and/or hours reflected in items 6, 7a, 8a and/or 11.

11 Additional Information

The following must be reflected in this item, when applicable:

A. If account receivable is to be established as payroll deduction, enter one of the following:

   "Establish payroll deduction A/R for 1 deduction from next applicable pay period."

   "Establish payroll deduction A/R for _____ (enter number) deductions to start with next applicable pay period (not to exceed 12 pay periods)."

   "Establish payroll deduction A/R for 2% of salary rate or 1/12 of account receivable net."

B. If NDI gross must be split between two or more fractional positions, enter:

   "Adjust NDI per gross fractional positions."

   NOTE: Separate forms STD. 674D for each fractional position must be submitted as a package, unless fractional positions are in different departments. However, above statement must always be referenced on form STD. 674D.

C. If the combination of regular pay and NDI will exceed the employee's salary rate, enter:

   "Reduce NDI gross, to not exceed salary."

D. If employee has dock and time certified in item 10 (Payment Should Be) differs from time shown on Employment History, enter:

   "Employee on dock (enter date[s] and number of hours)."

E. If employee is entitled to Temporary Disability in the same period, enter:

   "Employee on TD (enter all inclusive dates)."

NOTE: Attach completed form STD. 674 for Temporary Disability along with form STD. 674D and submit as a package (refer to PPM Section E 312 for completion instructions).

F. If a mid-month salary rate change occurs, enter:

"Employee due (enter days/hrs. at 1st salary rate) and (enter days/hrs. at 2nd salary rate)."

G. For semi-monthly employees on NDI and due regular pay, enter:

"Employee due (enter regular pay time) for 1st half and (enter regular pay time) for 2nd half.

H. If a civil service/exempt employee is supplementing NDI, enter:

"Employee supplementing % (enter percentage; e.g., 75% or 100%)."

I. If A/R(s) shown in item 9 needs to be adjusted, enter one of the following:

"A/R # _____ has been satisfied."

"A/R # _____ has not been satisfied."

J. Other - when applicable, enter:

"Employee is academic or 10/12."

"Employee has separated."

12 Authorized Signature (must be original) and date.
13 Complete ONLY if different than Authorized Signature. Enter name.

14 Telephone Number of person to be contacted.

SUBJECT: LC 4800

E 200

REFERENCE
(Revised 12/97)

Labor Code 4800

INTRODUCTION
(Revised 12/97)

Whenever an employee of the California Highway Patrol or the Department of Justice, within the PERS "State Safety" classification, is disabled in the course of duty, the employee is entitled to a leave of absence for a period not exceeding one year, regardless of service with the agency. While disabled the employee shall not lose any salary.

Eligibility for LC 4800 payments is not usually determined until after the close of a pay period. Since the employee should be paid on regular state pay days, income taxes are withheld from pay. However, these disability payments are in lieu of Worker's Compensation and are not subject to federal and state income tax withholding.

DOCUMENTATION **E 201**
(Revised 12/97)

Forms STD. 674 will be sent to Payroll Operations for each pay period to certify LC 4800 time, to report the related gross wages for the previous pay period, and to request a refund of federal and state taxes.

If an employee is docked and is later deemed eligible for LC 4800 time for the docked period, the department will submit the usual documentation to issue the regular pay. After the regular payment is received, a form STD. 674 must be submitted for the LC 4800 tax refund.

Forms STD. 674 related to tax refunds for payments with issue dates in one calendar year must be received by Payroll Operations as soon as possible, but no later than December 15 of that calendar year. This is necessary because tax refunds cannot be issued after the tax year is closed.

DENIAL OF LC 4800 **E 202**
(Revised 12/97)

If LC 4800 time is denied after taxes have been refunded, the department must submit a form STD. 674 to Payroll Operations, Attn: W-2 Unit, to request one-time deduction of tax previously refunded for the current tax year (see Section E 204).

One-time tax deductions cannot be withheld if received after the November cutoff date or if the employee has separated. However, a form STD. 674 must be submitted so that the additional gross wages will be reflected properly on the Form W-2. A Form W-2C for prior tax years WILL BE issued to reflect an increase in gross wages for this condition.

FORMS W-2C **E 203**
(Revised 12/97)

LC 4800 tax refunds reported to Payroll Operations by December 15 of the current tax year will be excluded entirely from Forms W-2, Wage and Tax Statement; i.e., they will not be included in the "Wages, tips, other compensation" box. Since such wages are not excludable sick pay, they will not appear in that box either.

A Form W-2C for a prior tax year will NOT be issued to reflect a DECREASE in gross wages. If a department has not sent all form STD. 674 refund requests to Payroll Operations by December 15, the department will issue a letter to the employee for filing with the employee's income tax return.

EPMC TREATMENT **E 204**
(Revised 12/97)

Employees eligible for EPMC with LC 4800 will reflect a zero balance debit/credit retirement adjustment (deduction code 003) on the warrant register. The adjustments will place EPMC funds in the appropriate account within the retirement system.

COMPLETION OF FORM STD. 674 ORIGINAL REQUEST **E 205**
(Revised 03/02)

The department will submit forms STD. 674 for each employee for each pay period for which taxes are to be refunded. The following items must be completed on form STD. 674.

Social security number Employee name Position number Explanation:	Enter "LC 4800 Time Tax Refund", show inclusive dates of LC 4800 and dates of dock, if any. Show deferred compensation deduction and organization (code 029-___) and any additional taxes (codes 095, 099) if deducted. NOTE: If more than one deferred compensation deduction is withheld, show in Remarks each amount as listed on the warrant register. Do not combine amounts.
Payment per Controller's Warrant Register:	List ALL activity/payments for the pay period. This includes A/R, T/F, and payments other than master payroll. DO NOT include payments which have been previously returned. Enter date of issue, pay period, salary, rate, time worked, appointment fraction, gross, and warrant number for each line item.
Payment should be:	Enter pay period month and year, salary rate, LC 4800 time, appointment fraction, and gross for the portion of the pay period (or entire pay period, if applicable), during which the employee was on LC 4800 time.

Form completed by/telephone number
Agency name
Authorized signature/date

COMPLETION OF FORM STD. 674 ADDITIONAL REQUEST **E 206**
(Revised 12/97)

The following items must be completed on form STD. 674:

Social security number Employee name Position number Explanation:	Indicate the request is for additional LC 4800 time.
Payment per Controller's Warrant Register:	List original LC 4800 time refund in addition to other activity and indicate the number of days and hours on which the original LC 4800 time was based.
Payment should be:	Enter TOTAL days and hours of LC 4800 time due employee and the corresponding gross refund.
Under-payment:	Enter the days, hours and gross of underpayment due employee.

Form completed by/telephone number
Agency name
Authorized signature/date

LC 4800 DENIED **E 207**
(Revised 12/97)

To request one-time deduction of taxes previously refunded, the form STD. 674 must be completed as follows:

Social security number	
Employee name	
Position number	
Explanation:	Enter "LC 4800 time denied. Take taxes previously refunded." Code 095 - $____(California State Tax) Code 099 - $____(Federal Income Tax)
Payment per Controller's Warrant Register:	Show the LC 4800 time tax refund warrant (payment type I).

Form completed by/telephone number
Agency name
Authorized signature/date

SUBJECT: TEMPORARY DISABILITY/CIVIL SERVICE

E 300

REFERENCES
(Revised 04/99)

GC 19863, 19863.1, 19865.1, 19872
SAM 0480-0484, 8538-8538.61, 8582-8593.3
PTM 430
DPA 599.687, 599.737, 599.758-761

INTRODUCTION
(Revised 04/99)

A state employee who is unable to work because of a work related injury/illness may be entitled to Temporary Disability (TD).

Department of General Services, Office of Insurance and Risk Management, has overall program responsibility for Workers Compensation Temporary Disability (WCTD).

The State Compensation Insurance Fund (SCIF) is responsible for administering all work related disability claims. Agencies will be notified by SCIF that an injury/illness claim has been approved/disapproved as work related.

Temporary Disability payments are issued by SCIF and sent directly to the employee. Either a copy of the check or a SCIF Form 290/3290 will be sent to the agency. These checks are issued every two weeks authorizing dates approved as disability. Most supplementation pay requests can be documented on form STD. 671 and keyed via the PIP Miscellaneous Detail screen. See Section E 006 for PIP Exceptions and E 007 for form STD. 671 completion instructions.

Form STD. 674 must be submitted for TD PIP Exceptions. See Section E 311 for completion instructions.

SUPPLEMENTATION OPTIONS **E 301**
(Revised 04/99)

Since SCIF payments frequently will not equal the employee's monthly salary, the employee may use leave and holiday credits to supplement SCIF payments. Options available are:

No Supplementation - Employee elects not to use holiday/leave credits and receives only the SCIF payment.

Partial Supplementation - Employee has insufficient holiday/leave credits to bring payment (supplementation plus SCIF) up to full salary or the employee elects Partial Supplementation.

Full Supplementation - Employee has sufficient holiday/leave credits for period of absence to receive regular full salary payments.

Supplementation payments are identified as payment type "U", payment type suffix "T".

A detailed explanation of each option follows.

No Supplementation

Employees who elect NOT to supplement SCIF payments are placed on inactive pay status (PAR Item 565 Injury Code 2) and a master payroll warrant is not created. These employees receive only SCIF payments during their absence; however, they do continue to accrue holiday/leave credits.

Partial Supplementation

Employees who do not have sufficient holiday/leave credits to cover their absence in a pay period or elect not to use all credits available, are placed on inactive pay status (PAR Item 565 Injury Code 2) and a master payroll warrant is not created. The SCIF payment will be sent to the employee in lieu of the master payroll warrant.

If the employee elects to supplement the SCIF payment with holiday/leave credits, the TD Supplementation pay for current and prior (no more than 12 months) month is documented on form STD. 671 and keyed via the PIP Miscellaneous Detail screen. See Section E 006 for PIP Exceptions and E 007 for form STD. 671 completion instructions.

Partial Supplementation for semi-monthly employees should be requested for the second half to ensure deductions are applied. However, if the holiday pay occurs in the first half, that pay must be requested in the first half.

Form STD. 674 must be submitted for TD PIP Exceptions. See Section E 311 for completion instructions.

Full Supplementation (payment)

Employees who have sufficient holiday/leave credits to cover their absence in a pay period but did not receive a master payroll warrant as they are on inactive pay status (PAR Item 565 Injury Code 2), may receive the difference between the full month's gross and the SCIF payment. TD Supplementation pay for current and prior (no more than 12 months) month is documented on form STD. 671 and keyed via the PIP Miscellaneous Detail screen. See Section E 006 for PIP Exceptions and E 007 for form STD. 671 completion instructions. Instructions for calculating Full Supplementation pay are provided in Section E 310 and E 311.

Form STD. 674 must be submitted for TD PIP Exceptions. See Section E 311 for completion instructions.

WAITING PERIOD **E 302**
(Revised 04/99)

TD is a benefit that is payable when an employee is unable to work due to a work related injury/illness for more than three calendar days. This period is referred to as the "Waiting Period." The waiting period begins the day following the injury date and need not be consecutive days. The employee receives full pay for the date of injury and no charge is made for absence. However, the employee should be seen by a doctor on the date of injury. Supervisors should be directing employees to seek appropriate medical treatment -- taking them to the doctor, if necessary. Employees should not be released from work to go directly home without seeing a doctor. Absences for parts of a day due to the injury or illness may be accumulated to full days and count toward the waiting period.

Absences on regular work days during the waiting period must be charged to leave credits, or any holiday credits, if one occurs, during the three-calendar-day waiting period. However, the employee must be docked if he/she does not have time to cover the absences.

In most cases, SCIF will accept and count Saturday, Sunday, or holiday toward the three-calendar-day waiting period, provided this time is substantiated by the physician and meets certain criteria set by SCIF. All time approved for a disability period should be substantiated in writing by SCIF.

When a full-time employee's work schedule is other than an eight hour day, the employee should be moved to an eight hour five day schedule for determining the leave credits to be charged during the waiting period.

The waiting period is waived if the employee is a) hospitalized, b) unable to work for more than 14 days, or c) injured on the job as the result of a criminal act of violence against the employee.

DOCUMENTATION **E 303**
(Revised 04/99)

Upon notification of TD approval, process the following:

- PAR to update Employment History.
- Form STD. 671 to request current and prior (no more than 12 months) month pay.

If the pay period is prior to three years, a copy of either SCIF Form 290/3290 or a Workers Compensation Appeal Board decision must be attached to form STD. 674.

Payroll Operations has three years from the SCIF approval date to issue supplementation pay.

When the waiting period is waived after initially being served, process the following:

- PAR to update Employment History.
- Form STD. 674 to request the waiting period (TD pay).

Employees who exhaust their IDL benefits and do not return to work shall be placed on TD on the date following the termination date of IDL. Process the following:

- PAR to update Employment History.
- Form STD. 674 and form STD. 674D to request correct amount of pay for each benefit.
- Form STD. 671 to request Partial and Full Supplementation.

CHANGE OF BENEFITS **E 304**
(Revised 04/99)

Refer to E 003.1 for approved injury options for employees.

ATTENDANCE REPORTING FOR EMPLOYEE ON TD **E 305**
(Revised 04/99)

For employees on inactive payroll status (PAR Item 565 Injury Code 2), the attendance should show the following:

- Report ONLY the time actually worked in the pay period on form STD. 672.
- Leave credits requested for Full or Partial Supplementation, must NOT be included on form STD. 672.
- If an employee returns to work part-time with a doctor's consent DURING the TD period, the time actually worked must be included in the Total Time Worked column of form STD. 672.

  For employees reported on negative attendance, an entry on the Exception Notice, form STD. 666, will be required in order to reconcile attendance. A form STD. 674 MUST be submitted to request payment for this time. Submit form STD. 674 for each pay period an employee works while on TD indicating all dates and time worked in Item 5D - E 312.
- Employees who return to work part-time can qualify for partial SCIF payments computed on weekly wage loss basis. However, partial days off CANNOT be accumulated and reported as full days on TD. Contact the local SCIF office for further information. On form STD. 674, enter "wage loss" when applicable.

MANDATORY WITHHOLDING AMOUNTS **E 306**
(Revised 04/99)

Federal and State Income Tax deductions WILL BE withheld from TD Supplementation payments provided there is enough taxable gross. Gross amount and taxes withheld will be reported on Form W-2.

Social Security and Medicare WILL BE withheld from payments unless the employee is not a Social Security or Medicare member or has reached the yearly maximum payment for Social Security. The gross amount, Social Security and Medicare will be reported on Form W-2.

Note: Employees who are off work for a period of more than six consecutive calendar months and continue to receive TD Supplementation payments are entitled to a refund of their Social Security and Medicare taxes. The refund is based on the employee's sick leave, vacation, extra, holiday, and annual leave hours used to supplement the disability payments. For further information regarding this program, see Section H 257 on Social Security and H 280 on Medicare.

Retirement contributions WILL BE deducted from TD Supplementation payments provided there is sufficient gross pay. State share will be based on the gross amount of the payment.

MANDATORY/VOLUNTARY DEDUCTIONS **E 307**
(Revised 04/99)

All established mandatory and voluntary deductions will be withheld from supplementation pay if not already taken from another payment in the pay period and there is sufficient gross pay. The priority deduction table listed in Section H 008 will be applied.

Employees must cancel those deductions they do not wish to have withheld from supplementation pay. Employees must request deduction cancellations by contacting the respective deduction company(s) or personnel/payroll office. Cancellations must be received in Payroll Operations by the cutoff dates specified in Sections H 007 and H 014 - 016.

Employees who choose NOT to supplement leave credits are responsible for paying deductions and state share amounts directly. However, Deferred Compensation and Tax Sheltered Annuity deductions cannot be paid directly.

ABATEMENTS **E 308**
(Revised 04/99)

When an employee physically works the entire month or most of the month and SCIF approves based on the doctor's certification, a weekend combined with the regular pay would exceed the employee's salary. If this happens, an abatement occurs. The excess is abated per the State Administrative Manual (SAM) Section 8582 - 8593.3.

To report the excess amount, complete a Remittance Advice, Form CA21, and submit it to the Division of Accounting. The excess will be put in the agency support appropriation, personal services category.

To determine if a SCIF payment is in excess, compute the employee's pay for the period of absence due to the disability and compare to the SCIF payment.

- If the employee's pay for the absence is equal to or greater than the SCIF payment, there is no excess.
- If the SCIF payment is greater than employee's regular pay for the absence, then subtract the regular pay to arrive at the amount of excess or abatement amount.

EXAMPLES:

A. An employee on a Monday through Friday work schedule (22 day pay period) is injured and hospitalized on Thursday. Employee is absent from work on Friday due to the disability and returns to work the following Monday. The employee received a SCIF daily rate of $48.00 a day for Friday, Saturday, and Sunday totaling $144.00. The employee's salary rate is $2,999.00 and he would have received $136.32 for working that Friday. The difference between the SCIF payment of $144.00 and the work payment of $136.32 is $7.68, which would be abated. The $136.32 payment would be reported on form STD. 674 to Payroll Operations as SCIF payment.

B. An employee on a Monday through Friday work schedule is injured and hospitalized on Friday. The employee returns to work the following Monday. The employee is not charged leave credits for Friday, Saturday, or Sunday, but receives a SCIF payment of $96.00 for Saturday and Sunday. The entire $96.00 would be abated since the employee was not charged leave credits for the absence. NO form STD. 674 is submitted to Payroll Operations.

C. An academic pay plan employee works 10 months but receives salary in 12 installments. When an academic employee remains on TD after the end of the academic work period, he/she would NOT be entitled to the SCIF payments issued during this period since the employee is not working and is not charged leave credits during this nonwork period. The entire SCIF payment would be abated. NO form STD. 674 is submitted to Payroll Operations.

D. A 10/12 or 11/12 Pay Plan employee works 10 months or 11 months respectively and receives salary in 12 installments. When a 10/12 or 11/12 employee remains on TD after the end of the 10 or 11 month work period, he/she would not be entitled to the SCIF payments issued during this period since the employee is not working and therefore is not charged leave credits during this nonwork period. The entire SCIF payment would be abated. NO form STD. 674 is submitted to Payroll Operations.

SCIF CALCULATIONS **E 309**
(Revised 04/99)

To determine leave credits to be restored or time covered by the SCIF payment, calculate as follows:

1) Divide employee's monthly salary by total hours in the pay period to determine hourly rate.

- For monthly employees, divide the salary rate by the total hours (168/176) in the pay period.
- For daily employees, divide the daily rate by 8.
- For fractional employees, use the BASED-ON-RATE and divide by the total hours (168/176) in the pay period.
- For academic pay plan employees, multiply the salary rate by 12, divide by the total academic days in the academic year, and then divide by 8.
- For 10/12 or 11/12 Pay Plan employees use the 12/12 salary rate and divide by the total hours (168/176) in the pay period.

- For hourly rate employees, proceed to step 2, unless they receive shift differential pay.
- Employees who receive shift differential pay (payment type 2) must have this pay included in the salary rate; e.g., employee receives $88.00 shift pay. Add this amount to the employee's monthly salary rate of $2,500 and use $2,588.00 to determine the hourly rate. For hourly employees, add the hourly shift rate to their hourly rate.

2) Divide SCIF payment by the hourly rate and round to the nearest whole number to determine the credit hours covered.

   If the SCIF hours exceed the leave credit hours originally charged, the SCIF hours must be reduced accordingly.

   EXAMPLE:

   Employee is injured and hospitalized on Wednesday. Thursday is covered by eight hours leave credits, Friday is a holiday, and the employee returns to work the following Monday.

   SCIF paid the employee $48.00 per day for Thursday, Friday, Saturday, and Sunday totaling $192.00. The employee's monthly salary is $3,350.00, and this is a 22 day pay period.

   $3,350.00 ÷ 176 = $19.03 hourly rate
   $ 192.00 ÷ $19.03 = 10.09 (round to 10 hours)

   Hours reduced to 8 due to holiday. Note: Enter time in item 5BB on form STD. 674 (E 311).

3) Convert hours into days and hours (not required for hourly employees).

   EXAMPLE:

   Employee worked 64 hours and was absent on disability 112 hours. Had the employee not been absent on disability he/she would have earned a full month's pay. The employee's salary is $2,850.00, this is a 22 day (176 hours) pay period and the SCIF payment is $960.00.

   $2,850.00 ÷ 176 = $16.19
   $ 960.00 ÷ $16.19 = 59.30 (round to 59)
   59 hours = 7 days 3 hours

   (If fractional, convert to fractional time; i.e., half-time 59 hours = 14 days 3 hours.)

   The results are the number of leave credit hours that should be restored or that was covered by the SCIF payment.

SUPPLEMENTATION **E 310**
(Revised 04/99)

Employees may either receive Full or Partial Supplementation if they have sufficient leave credit to cover the difference between the SCIF payment and their monthly gross wages.

Full Supplementation means employees do have sufficient leave credits while for Partial Supplementation they do not or have elected to not use all of their available credits.

Full Supplementation calculation

To calculate gross pay for Full Supplementation do NOT use the Fractional Pay Scale.

To determine if the employee can receive Full Supplementation do the following:

STEP 1 Determine hourly rate (see E 309 - 1)

STEP 2 Divide the SCIF payment by the hourly rate to determine hours covered by this payment.

STEP 3 Subtract the SCIF hours from the hours from the pay period to determine leave credit hours needed to receive Full Supplementation.

STEP 4 Subtract the SCIF payment from the employees monthly salary or the gross pay (if less than a full month) to determine the supplementation amount.

STEP 5 Convert the supplementation time to days and hours based upon time base; i.e., 8 hours = 1 day for full time, 8 hours = 2 days for half time, etc. (not required for hourly employees).

EXAMPLES:

FULL PAY PERIOD ON TD

Employee's monthly salary is $2,000.00. The SCIF payment is $1,140.00 (30 days @ $38.00). This is a 22 day (176 hours) pay period.

Step 1. $2,000.00 ÷ 176 = $11.36
Step 2. $1,140.00 ÷ $11.36 = 100.35 or 100 SCIF hours
Step 3. 176 - 100 = 76 SUPPL hours
Step 4. $2,000 – 1,140.00 = $860.00
Step 5. 76 hours = 9 days 4 hours

LESS THAN A FULL PAY PERIOD ON TD

Employee's monthly salary is $2,000.00. The SCIF payment is $798.00 (21 days at $38.00 per day). This is a 22 day (176 hours) pay period. SCIF covers 21 calendar and 15 work days (06/01/92 - 06/21/92).

Step 1. $2,000.00 ÷ 176 = $11.36
Step 2. 798.00 ÷ 11.36 = 70.25 or 70 SCIF hours
Step 3. 120 - 70 = 50 SUPPL hours
Step 4. $1,363.64 - 798.00 = $565.64
Step 5. 50 hours = 6 days 2 hours

Partial Supplementation calculation

EXAMPLE:

Employee's monthly salary is $2,000.00. This is a 22-day (176 hours) pay period and supplementing 34 hours leave credits.

$2,000 ÷ 176 x 34 = $386.36 Gross pay Partial Supplementation.

COMPLETION OF FORM STD. 674 **E 311**
(Revised 03/02)

Supplementation Pay - for PIP Exceptions (See Section E 006) complete as follows when supplementing the SCIF payment (see PPM Section Z, Attachment E-3 Samples).

ITEM

1 Mark PPSD/Payroll Services box.
2 Social security number.
3 Employee name.
4 Position number for the pay period of the request.
5 Remarks

I. Enter "Per GC 19863, employee absent on Temporary Disability from _____ through _____." (inclusive dates in pay period)

A. Enter Monthly Salary rate ÷ Hours in Pay Period (including any holiday[s]) = Hourly Rate

B. Enter SCIF Payment ÷ Hourly Rate = SCIF Hours; Round to the nearest whole number and convert into days and hours based upon time base; i.e.,

8 hours = 1 day for full time, 8 hours = 2 days for half time, etc. (not required for hourly employees).

C. Enter "employee entitled to" and the number of days and/or hours the employee is supplementing. Enter "as" and either "Full" or "Partial" Supplementation

D. Enter dates and hours worked while on Temporary Disability during the pay period, if applicable; otherwise, N/A

Enter non-pay dates (e.g., dock, late start, suspension, etc.)

E. Enter the daily rate being paid by SCIF. If daily rate changes during the pay period, enter both rates and indicate dates

If SCIF amount is adjusted by wage loss, abatement, or attorney fees, adjust SCIF daily rate accordingly.

SCIF amount ÷ calendar days on TD = SCIF daily rate

- Enter amount of "Wage Loss" if SCIF payment was computed on a wage loss basis; otherwise, N/A.
- Enter amount of abatement; otherwise, N/A (E 308).

- If attorney fees are deducted from SCIF payment, delete wage loss or abatement item and enter "Atty. Fees" and amount.

6 Payment Should Be - Complete each line through gross columns.

Line 1 TIME WORKED LINE - enter pay period - type/month/year, "regular" for regular pay, time worked, appointment fraction (when applicable), payment type, and gross columns.

Line 2 SCIF LINE - enter "SCIF" in salary rate and SCIF information in time gross column.

Line 3 SUPPLEMENTATION LINE - enter "SUPPL" in salary rate and supplementation information in time, payment type "U", payment type suffix "T" and gross columns.

NOTE: Total time in lines 2 and 3 CANNOT exceed total work days on TD.

Line 4 Total lines 1, 2, and 3. Then enter the resulting time and gross columns.

NOTE: When TD and IDL are in the same pay period, do not include IDL time in "payment should be."

Underpayment - enter "SUPPL" or "regular" in salary rate and complete time, payment type, and gross information.

Form completed by/telephone number

Agency name

Authorized signature/date

SPECIAL PROCESSING **E 312**
(Revised 04/99)

When an employee changes benefits retroactively from IDL/NDI to TD, and IDL/NDI pay has already been issued and released, submit form STD. 674D to establish an A/R for the IDL/NDI pay. Form STD. 674 must be submitted to request TD Supplementation if the employee elected to supplement SCIF payments. These forms must be stapled together and sent to Payroll Operations, Disability Unit.

If the employee did not elect to supplement SCIF payments with leave credits, an A/R is established against the IDL/NDI pay. ONLY submit the form STD. 674D and indicate that employee chose "No Supplementation" in Remarks section.

If the employee elected to supplement SCIF payments with holiday/leave credits, an A/R will not automatically be established against the IDL/NDI pay. Instead, a transfer of funds from IDL (payment type 6 or N)/NDI (payment type T) to TD (payment type U, payment type suffix T) will be processed using information provided on the form STD. 674.

In these cases, an adjustment to the employee's gross (either an A/R or payment) may be

necessary due to the different way in which IDL/NDI and TD benefits are computed. If an adjustment is necessary, it will be issued without further documentation from the agency.

If the transfer of funds is from IDL to TD, a one-time Social Security and Medicare deduction may be necessary since IDL payments are not subject to Social Security and Medicare.

If the transfer of funds is from NDI to TD, a one-time retirement deduction may be necessary since TD Supplementation is subject while NDI is not.

NOTE: A Form W-2C will be issued if the original IDL payment was issued in a prior year because the transfer is from nontaxable to taxable gross wages.

Regular pay to IDL and TD

EXAMPLE:

Employee received a standard warrant for $2,500.00 for the June 1999 pay period.

Due 10 days IDL full and 12 days TD with Full Supplementation.

Submit forms STD. 674D and 674.

SCIF paid $864.00, which covers 7 days, 5 hours.

Employee uses 4 days, 3 hours leave credits for Full Supplementation.

Married with 2 exemptions; employee is a Social Security and Medicare member.

Step 1 Transfer 10 days, $1,136.36 gross from payment type 0 (regular) to payment type 6 (IDL full).

Step 2 a. Establish A/R for $276.85 gross which is the difference between the $1,136.36 gross transferred to IDL and the $868.51* IDL benefit.

* $1,136.36 reduced by
$ 161.93 federal tax
$ 18.99 state tax
$ 70.45 Social Security
$ 16.48 Medicare

b. Attach code 099 (federal tax), code 095 (state tax), code 097 (Social Security) and code 092 (Medicare) credits to A/R, reducing the A/R net to zero.

Step 3 Transfer 12 days, $1,363.64 gross from payment type 0 (regular) to payment type U, payment type suffix T (TD Supplementation).

Step 4 Establish A/R for $864.00 gross, restoring 7 days 5 hours leave credits to employee.

Retirement, Social Security and Medicare "credit" amounts of $43.20, $53.57 and $12.53, respectively, will be applied to the A/R since SCIF payments are not subject.

IDL to TD

EXAMPLE:

Employee received a warrant for 22 days 2/3 IDL (payment type N), $1,666.67 gross for the June 1999 pay period.

Employee later elects TD with Full Supplementation beginning on the 23rd date, effective June 1, 1999.

Submit form STD. 674.

Salary rate is $2,500.00.

SCIF paid $1,440.00 which covers 12 days, 5 hours.

Employee will use 9 days, 3 hours leave credits for Full Supplementation - $1,060.00 gross.

Employee is a Social Security and Medicare member.

Step 1 Transfer 22 days, $1,666.67 gross from payment type N (IDL 2/3) to payment type U, payment type suffix T (TD Supplementation).

Step 2 a. Establish an A/R for 12 days, 5 hours*, $606.67 gross which is the difference between 22 days, $1,666.67 gross, IDL 2/3 paid, and the 9 days, 3 hours $1,060.00 gross, transfer to TD.

* This time represents the leave credits to be restored to the employee.

b. A retirement "credit" adjustment of $72.00 will be applied to the A/R since the $1,440.00 paid by SCIF is not subject to retirement.

c. Social Security and Medicare "debit" adjustments of $65.72 and $15.37 based on the $1060.00 TD Supplementation will be applied to the A/R.

NDI to TD

EXAMPLE:

Employee received a warrant for 30 days NDI, $578.57 gross for the June 1999 pay period. Disability is later determined to be work related and employee elects TD with Full Supplementation.

Submit form STD. 674.

Salary rate is $2,500.00.

SCIF paid $1,440.00 which covers 12 days, 5 hours.

Employee will use 9 days, 3 hours leave credits for Full Supplementation $1,060.00 gross.

Step 1 Transfer 30 days, $578.57 gross from payment type T (NDI) to 5 days payment type U, payment type suffix T (TD Supplementation).

$2,500.00 ÷ 22 = $113.64
578.57 ÷ 113.64 = 5.09
Rounded 5.09 to 5 days

Step 2 a. Issue a payment for $481.43, which is the difference between the $578.57 (gross transferred) and the $1,060.00 TD Supplementation gross.

The time on the payment will be for the 4 days, 3 hours still due (9 days, 3 hours TD Supplementation less the 5 days transferred to TD Supplementation).

b. A retirement "debit" adjustment (code 003) for $27.35 will be attached to the payment since TD is subject while NDI is not.

SUBJECT: IDL/Civil Service

E 400

REFERENCES
(Revised 04/99)

GC	19869-19877.1, 19991.4
SAM	2580-2584
DPA	599.687, 599.755 - 599.768
PTM	428-434.20
SPB Blue Memo	#50, #57, #61
PML	96-059

INTRODUCTION
(Revised 04/99)

Industrial Disability Leave (IDL) applies only to members of the STRS or PERS. However, PERS members who fall within the California Highway Patrol or Department of Justice "state safety" category are excluded from IDL (Refer to PPM Section E 200).

Covered employees who are temporarily disabled on the job are entitled, regardless of length of service, to receive IDL payments (in lieu of TD) for a period NOT exceeding 52 weeks (365 calendar days) within two years from the first day of disability. The first date of disability is the first date of lost time other than the date of injury. Since the day of injury is not part of the eligibility period for the purpose of receiving benefits, it would not be appropriate to include the date of injury as the beginning of the two year period. Employees will receive full pay for the first 22 working dates of disability and 2/3 pay thereafter.

For work related disabilities commencing on or after January 1, 1993, eligible civil service employees (per MOU) may elect to supplement IDL (IDL/S). This benefit requires the employee to use accrued leave credits to cover the gross supplementation amount. Leave balances needed for supplementation are drawn from the employee's leave balance in the following order unless the employee requests a different order:

- Sick Leave
- Compensating time off (CTO)

- Vacation/Annual Leave
- Other leave credits (i.e., Personal Leave, Holiday Credit)

If an employee's leave credits fall below the supplementation amount selected, the supplementation should be reduced to the amount of leave credits available.

The supplementation combined with IDL benefits and other pay cannot exceed the employee's full net pay as defined by DPA. Refer to Section E 450 for IDL/S information and provisions.

Enhanced Industrial Disability Leave (EIDL) is an extended benefit of the IDL program and has most of the same requirements. However, permanent intermittent employees in Bargaining Unit 6 may be entitled to EIDL even if they are not a PERS or STRS member. There are specific requirements governing eligibility for this enhanced benefit. Only certain rank and file employees in BU 06, 07, 08, and 18, whose physical disabilities occur under specific conditions on or after July 1, 1984, and specific unrepresented employees associated with these bargaining units, whose disabilities occur on or after November 21, 1984, are also eligible for EIDL benefits. In addition, EIDL was extended to certain employees in BU 03, 04, 15, 17, and 20 effective July 1, 1985 and for BU 13 effective July 1, 1986.

EIDL entitles employees to receive IDL "full pay" for a period not to exceed one to three years, depending on the Bargaining Unit, from the occurrence of that injury. If an employee becomes ineligible to continue receiving the enhanced benefit prior to the one to three year limit, but is still disabled (as certified via SCIF Form 3290) he/she may still be eligible for IDL at 2/3 pay.

DPA has overall program responsibility for the IDL program.

SCIF is responsible for administering all work related disability claims. Agencies will be notified by SCIF that an injury/illness claim has been approved/disapproved as work related.

IDL payments must be reduced by disability benefits received from other employer subsidized programs. An example of this would be an employee qualifies for both NDI and IDL on the same day. If the NDI benefit is greater than the IDL, then the employee gets IDL and the balance due for NDI (e.g.; the IDL benefit is $10 IDL and the NDI benefit is $19; the employee receives $10 IDL and $9 NDI.)

The disabled employee shall not receive sick leave with pay on TD for any day for which he receives IDL payments.

IDL payments shall be contingent upon a) appropriate medical determination and, b) the agreement of the employee to cooperate and participate in a reasonable vocational rehabilitation plan when furnished by the state.

The date of injury is picked up as administrative time off if the employee was seen by a doctor on the date of injury. Supervisors should be directing employees to seek appropriate medical treatment, taking them to the doctor if necessary. Employees should not be released from work to go directly home without seeing a doctor.

If a salary warrant is issued for time during which the employee was on IDL, the warrant must be returned to Administration and Disbursements Division. If such warrants are cashed, the employee's taxes, Social Security and Medicare will be reported incorrectly.

The gross IDL payment and state share for retirement, health, dental, and life insurance will be transferred from agency appropriations (personal service category, staff benefits).

IDL payments for EIDL and for full pay IDL will all be identified as payment type "6" and for 2/3 IDL pay as payment type "N".

WAITING PERIOD **E 401**
(Revised 04/99)

IDL requires a full-time disabled employee to serve a 24-hour waiting period (three calendar days) when unable to work due to a disability. A half-time employee would serve a 12 hour waiting period. The waiting period may begin the day following the disability date and need not be consecutive days. Absences for parts of days due to the disability may be accumulated and count toward the 24-hour waiting period.

The waiting period is waived if: a) the employee is hospitalized; b) unable to work for more than 14 calendar days due to the disability (Partial days are to be counted as full days when determining the 14 day period. However, the aggregate hours over the 14 day period must, at a minimum, exceed the 24 hours needed to meet the three day waiting period. If in a 14 day period an employee losses one hour a day to go to therapy treatments, this would not result in the waiting period being waived.); c) employee is injured on the job as a result of a criminal act of violence against the employee.

When a waiting period is waived after initially being served, the following must be documented:

- PAR to update employment history.
- Form STD. 647D to pay the waiting period.

If employee has received the first 22 working dates of full IDL, the three days waiting period will be issued as 2/3 IDL pay.

IDL RESTRICTIONS **E 402**
(Revised 04/99)

<table>
<tr><th></th><th>IDL FULL</th><th>IDL 2/3</th><th>EIDL</th><th colspan="4">IDL w/Suppl (IDL/S)</th></tr>
<tr><td>Payment type/suffix</td><td>6</td><td>N</td><td>6</td><td colspan="4">U/N</td></tr>
<tr><td>Member of PERS/STRS</td><td>Yes</td><td>Yes</td><td>Yes*</td><td colspan="4">Yes</td></tr>
<tr><td rowspan="2">Restricted BU</td><td rowspan="2">No</td><td rowspan="2">No</td><td rowspan="2"><u>Civil Service</u>
Nonrep, 03, 04, 06, 07, 08, 09, 13, 15, 17, 20</td><td colspan="4">Civil Serv.</td></tr>
<tr><td>01,03,04, 06,08,10, 11,15,18, 20</td><td>09,12, 13,16, 19</td><td>14,17</td><td>Nonreps, 07</td></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
</table>

	IDL FULL	IDL 2/3	EIDL	IDL w/Suppl (IDL/S)			
Effective Date	**1/1/75**	**1/1/75**	**Various**	**1/1/93**	**7/1/93**	**1/1/94**	**1/1/95**
Benefit	**Full Pay Less Taxes, Social Security and Medicare**	**2/3 of Full Pay**	**=====Full Pay==== Less Taxes, Social Security and Medicare**	**Amount to approx. full net pay**			
Waiting period	**3 calendar days**	**Pay follows 22 days IDL Full**	**None** **EIDL pay begins on the 23rd day**	**Pay follows 22 days IDL Full**			
Waiting period waived	**If:** **1) Hosp.,** **2) Disabled more than 14 days, or** **3) Injury due to criminal act of violence**	**No**	**No**	**No**			
May receive sick leave with pay	**No**	**No**	**No**	**See below**			
Must exhaust sick leave credits	**No**	**No**	**No**	**No**			
Entitled to WCTD or other benefits	**NO**	**No**	**No**	**No**			
Must use accrued leave credits	**No**	**No**	**No**	**Yes** **Section E450**			

*BU 06 Permanent Intermittent is entitled to EIDL benefits regardless of his/her PERS or STRS membership

IDL BENEFITS **E 403**
(Revised 04/99)

An employee temporarily disabled due to a work related disability is entitled to IDL payments for a period NOT to exceed 52 weeks (365 calendar days) within two years from the first day of disability.

The first day of disability is the first day of lost time other than the date of injury.

Example: Benefits began on 12/22/99 and will end on 12/21/99.

When counting IDL dates for both the first 22 working and the 365 calendar, any part of a day on IDL equals one full date on disability. Although an employee is only paid 21/22 days each month, all calendar days go toward the 365 calendar. This is the equivalent of 260 paid dates.

Example: Employee approved for 3 hours of IDL for 11/30/99, which is counted as 1 date of the first 22 working dates and 365 calendar days.

NOTE: A full-time employee on an irregular work schedule (other than an eight-hour day, Monday through Friday), should be removed from the schedule at the beginning of the earliest possible week.

Any day on which the employee is scheduled to work, regardless of the length of time, is counted as one day -- up to a maximum of 176 hours or 22 days, whichever comes first.

DOCUMENTATION **E 404**
(Revised 04/99)

Once an employee advises the employer of a possible work related injury or illness and the employee has either lost time from work or has been seen by a doctor, an employee's claim for Workers' Compensation Benefits, SCIF Form 3301, must be provided within 24 hours to the employee. The agency must submit Employer's First Report of Injury or Illness, SCIF Form 3067, to SCIF within five working days.

NOTE: Consult PAM Section 5.29 to determine if it is appropriate to process a PAR to document pending disability.

SCIF will send a Notification of Approval, Form 3290, indicating periods of disability accepted as work related.

Once the agency receives this they must complete the form STD. 618, Benefit Option Comparison, and mail it promptly to the employee. The employee has 15 days to respond with his/her benefit choice of IDL with or without supplementation. The form STD. 618 is a key piece of documentation and it provides a basic explanation of the benefits and the calculation of compensation.

Employment History must be updated when placing an employee on Industrial Disability Leave (IDL) via PAR Transaction Code 565 (refer to PAM Section 5.33).

Most IDL pay can be documented on form STD. 671 and keyed via the PIP Miscellaneous Detail screen. See Section E 006 for PIP Exceptions and E 007 for form STD. 671 completion instructions.

Form STD. 674D must be submitted for IDL PIP Exceptions. See Section 413 for completion instructions.

NOTE: Transaction Code S57 (pending disability) PAR must be voided, if entered, when SCIF makes a decision on the disability claim.

A PAR must be processed when an employee on IDL returns to work for 15 full consecutive working days, without missing work due to the disability and is

effective on the date of return (refer to PAM Section 5.33.1). IDL pay for current and prior (no more than 12 months) month is documented on form STD. 671 and keyed via the PIP Miscellaneous Detail screen. See Section E 006 for PIP Exceptions and E 007 for form STD. 671 completion instructions.

Form STD. 674D must be submitted for IDL PIP Exceptions. See Section E 413 for completion instructions.

ATTENDANCE REPORTING FOR EMPLOYEES ON IDL **E 405**
(Revised 04/99)

For employees who are reported "To IDL" by PAR, only the time the employee was in normal pay status during the pay period will be entered in the Time Worked box of the Time and Attendance Report, form STD. 672; i.e., applicable time before and/or after the IDL period plus any time actually worked during the IDL period.

Time for which IDL pay is requested on form STD. 671 or form STD. 674D must not be included in the Time Worked box.

For monthly rate employees paid monthly, the Time Worked box must not have a check mark entered for standard scheduled time.

If an employee is released by the physician to work full- or part-time during the IDL period PAR Item 565 will be entered on the Employment History to return the employee FROM IDL, the time actually worked will be included in the Time Worked box. Employees reported on a negative attendance basis will require an entry on a Report of Exception, form STD. 666, because such time will not be included in the master payroll payments, and form STD. 671 must be documented and keyed via the PIP Miscellaneous screen. See Section E 006 for PIP Exceptions and E 007 for form STD. 671 completion instructions.

Form STD. 674D must be submitted for IDL PIP Exceptions. See Section 413 for completion instructions.

NOTE: Employees that REMAIN on IDL even though they have partially returned to work, should NOT be entered on either Form 672 or form STD. 666 because they are not an exception to payroll due to "off payroll status."

WORKING WHILE ON IDL **E 406**
(Revised 04/99)

If an employee returns to work and IDL continues, use form STD. 674D and enter in Item 6 the number of hours and the corresponding Code ("W" for Worked, "L" for Dock and "C" for IDL) for each applicable date. Complete item 10 (Payment Should Be) certifying time for "REGULAR", "IDL FULL" and/or "IDL 2/3".

NOTE: This method should be used when a physician permits an employee to return to work partial days (4 hours a day) or a few days a week (e.g., Monday/Wednesday/Friday or Tuesday/Thursday). Employees released to work in this manner are entitled to receive regular pay for the time worked and IDL for the balance of time if approved by SCIF.

HOLIDAYS WHILE ON IDL **E 407**
(Revised 04/99)

Employees on IDL are entitled to IDL for holidays as they occur. If an employee is completely off on IDL AND is paid IDL for the holiday, the employee does not earn holiday credit. The specific provisions of each MOU should be consulted regarding the treatment of floating holidays.

Employees who return to work part-time may ONLY receive holidays as regular pay instead of IDL, if they are SCHEDULED to work during a period in which a holiday occurs. If the employee was not scheduled to work, holiday should be reported as IDL even though the employee did return to work part-time.

EXAMPLE: An employee is scheduled to work part-time four hours a day beginning on Tuesday and there is a holiday on Monday. The employee would be entitled to receive regular pay on the holiday if SCHEDULED to work during the week.

DEDUCTIONS **E 408**
(Revised 04/99)

Federal/State Income Tax, Social Security and Medicare

Deductions for Federal/State Income Tax, Social Security and Medicare will NOT be made from IDL payments because they are staff benefits rather than salary and wages. IDL payments are not reported as Taxable Wages or Other Compensation on Form W-2. However, an employee's full gross will be reduced by the amount of Federal and State Income Tax, Social Security and Medicare to establish IDL reduced gross.

Retirement

Retirement contributions WILL BE deducted from all IDL payments. The deduction amount will be computed at the employee's current rate on the "full pay" amount and the "full pay" amount will be reported to PERS/STRS for full service credit. The state share will be computed in the same manner.

Voluntary Deductions/Salary Reductions

Deductions for PERS survivor benefits, retirement arrears contributions/adjustments, miscellaneous voluntary deductions and accounts receivable will be made automatically from IDL payments if gross is sufficient.

Per CCP 688.030, IDL payments are exempt from salary garnishments except for support order filed under FC 150, 5200; CCP 706.030 and PC 3088.

The following deductions will NOT be withheld from IDL payments:

Additional withholding for taxes (codes 094, 095, 096, 099)
Deferred compensation/administrative charge (codes 028, 029)
Tax sheltered annuity (code 027, 030, 040)
Flexible Benefits (various).

When an employee with flexible Health/Dental benefits is placed on IDL, the employee's flex deductions are canceled and the employee is placed into traditional health and/or dental plans. Once the employee returns to active status, the employee's flex deductions are re-established, if a valid Flex enrollment exists.

For employees with the cash option, a separate warrant will be issued after IDL pay has issued. Once the employee returns to active status, the cash option will be applied to regular pay, if a valid FlexElect enrollment exists.

COMPUTATION OF BENEFIT AMOUNT **E 409**
(Revised 04/99)

IDL benefit amounts are determined based on the employee's salary rate, number of days in a pay period and the time authorized as IDL in that pay period. This results in the amount of gross pay used to calculate both IDL "full and 2/3 pay".

Example: Employee is due 15 days of IDL for the 08/99 pay period. Salary rate is $2865.00.

$2865.00 ÷ 22 days in pay period x 15 days IDL = $1953.41 gross pay

Example: Employee is due 12 days, 5 hours for the 06/99 pay period. Salary rate is $2618.00.

$2618.00 ÷ 176 hours in pay period x 101 hours IDL = $1502.38 gross pay

NOTE: When time to be paid is days AND hours, convert time into hours; 12 days, 5 hours = 101 hours and convert number of days in the pay period to the equivalent number of hours; 22 days = 176 hrs./21 days = 168 hrs.

Special Pay Provisions

An employee is entitled to special pay when he/she is on IDL. If the pay is ongoing, the employee's IDL calculation includes the special pay. However, if the special pay is task-related (e.g., diving pay) and the task must be performed to receive the pay, then IDL pay will include the special pay only if the employee was scheduled to perform the task. (Refer to Section 16 of the Pay Scales.)

An employee on IDL is entitled to shift differential, if the employee was receiving a shift differential at the time of the injury. However, if there is a regular shift rotation and the employee remains on IDL when his/her shift would normally change to a shift without a differential, the IDL should be recalculated to exclude shift pay.

Refer to PPM Section G 004 to determine if a special/premium pay should be included/excluded in the salary rate when computing gross pay.

IDL benefit payments are based on the employee's full salary for the first 22 working dates of disability. Thereafter, the payments are based on two-thirds (2/3) of the employee's normal gross salary. Even though IDL is not taxable, the gross amount for IDL during the first 22 working dates is reduced by the amounts which would have been taken for taxes (Federal, Social Security/Medicare and State). This is called the "reduced gross" and it is the amount reflected on the warrant register as well as the earnings statement. This reduced gross is calculated, because the statutory intent of the IDL benefit is continuation of the employee's net compensation for a period while he/she is disabled and unable to work. It is not designed to provide the employee with more money on disability than he/she would otherwise make working. On the 23rd working date, the IDL pay is based on two-thirds of the employee's gross salary without any reduction for taxes.

NOTE: For EPMC eligible employees (refer to PPM Section H 209), Federal and State Income Tax withholding amounts are computed based on the employee's gross pay LESS any retirement contribution amount deducted.

Retirement is computed based on the full gross pay. Employees continue to earn vacation, sick leave and state service credits while on IDL.

IDL payments are considered non-taxable staff benefits.

The gross amount of "full pay" IDL payments are determined by:

a) Totaling the days and hours of disability,
b) Dividing the employees salary rate by the total number of hours in the pay period, and
c) Multiplying by the number of hours on IDL.

Example: Employee is due 12 days, 4 hours (100 hours) of IDL for the 12/90 pay period. Salary rate is $3000.00.

$3000.00 ÷ 176 hours in pay period = $17.045454 X 100 = $1704.55 gross pay

Gross	Federal	State	Social Security	Medicare
$3000.00 salary	$ 337.60	$ 54.10	$ 186.00	$ 43.50
-1295.45 regular pay	- 94.70	- 2.36	- 80.32	- 18.78
$1704.55 IDL	(-)242.90	(-)51.76	(-)105.68	(-)24.72

= $1279.51 IDL "full pay"

NOTE: When reporting IDL pay during the first 22 working dates of disability, the hours of absence due to the disability on EACH date would be paid as full IDL.

Employees on EIDL will receive "full pay IDL" for a period not to exceed one year from the occurrence of that injury. If an employee is still disabled (as certified via SCIF Form 3290) he/she may still be eligible for IDL at 2/3 pay.

<u>Intermittent</u>

If the employee is scheduled to work in the future, the agency should compensate the employee for what he/she was scheduled to work. If the employee was not scheduled to work in the future, the agency should use the average number of hours worked each month for the last 12 months. If there is less than 12 pay periods, use the number of pay periods available to find an average as follows:

1) Total the hours of all intermittent time paid for the previous 12 pay periods or pay periods available. Divide the total hours by the applicable number of pay periods to determine the average hours of pay each month.

Example: 1500 hrs. ÷ 12 pay periods = 125 average hrs.
or
960 hrs. ÷ 6 pay periods = 160 average hrs.

2) During the previous 12 pay periods, the employee worked a total of 1025 hours; however, there were no hours worked during May, June and July of this period. If the employee is on a set schedule, do not go back 12 pay periods. Pay the employee based on what he/she was scheduled to work.

Example: 1025 hrs ÷ 9 = 114 average hrs.

3) If the employee's current time base is intermittent but the previous pay periods worked were on a full-time or part-time basis, convert the full/part-time pay periods t to hours on the basis of 173.33 hours for full-time or the part-time fraction of 173.33 hours for each pay period. Add these numbers to determine hours worked and divide by the applicable number of pay periods to arrive at the average hours of pay each month.

If the employee's time base is indeterminate, the payment is based on the appointment agreement or as an intermittent time base.

EXAMPLES: Use tax chart effective 1/1/95. Employee is married, 0 exemptions, 5% retirement

1. Employee would receive $1,766.22 ($1,613.22 if Social Security and Medicare member or $1,737.22 if Medicare only member) as full IDL pay if entitled to 22 days with the $2,000.00 gross reduced by $208.22 and $25.56 (and $124.00 and $29.00 Social Security and Medicare member or $29.00 if Medicare only member).

	Days	Gross	Federal	State	Social Security	Medicare	Reduced Gross
Regular Pay	**22**	**$2,000.00**	**$208.22**	**$25.56**	**$124.00**	**$29.00**	**$1,613.22**
Full IDL Pay (non-Social Security and Non-Medicare member)	**22**	**$2,000.00**	**$208.22**	**$25.56**			**$1,766.22**
Full IDL Pay (Social Security and Medicare)	**22**	**$2,000.00**	**$208.22**	**$25.56**	**$124.00**	**$29.00**	**$1,613.22**
Full IDL Pay (Medicare member)	**22**	**$2,000.00**	**$208.22**	**$25.56**		**$29.00**	**$1,737.22**

2. The full IDL gross for 11 days is reduced by the difference between withholding for Federal and State Income Tax, Social Security and Medicare for the $2,000.00 gross and $1,000.00 gross for 11 days regular pay.

Social Security and Medicare Member	Gross	Federal	State	Social Security	Medicare	Reduced Gross
22 days total pay	**$2,000.00**	**$208.22**	**$25.56**	**$124.00**	**$29.00**	**$1,613.22**
11 days total pay	**$1,000.00**	**$ 65.22**	**$ 7.55**	**$ 62.00**	**$14.50**	**$ 850.23**
11 days full IDL pay	**$1,000.00**	**$142.50**	**$18.01**	**$ 62.00**	**$14.50**	**$ 762.99**
Medicare Member						
22 days total pay	**$2,000.00**	**$208.22**	**$25.56**	**--**	**$29.00**	**$1,737.22**
11 days regular pay	**1,000.00**	**65.72**	**7.55**	**--**	**14.50**	**912.23**
11 days full IDL pay	**1,000.00**	**142.50**	**18.01**	**--**	**14.50**	**824.99**
Non-Social Security and Non-Medicare Member						
22 days total pay	**$2,000.00**	**$208.22**	**$25.56**	**--**	**--**	**$1,766.22**
11 days regular pay	**1,000.00**	**65.72**	**7.55**	**--**	**--**	**926.73**
11 days full IDL pay	**1,000.00**	**142.50**	**18.01**	**--**	**--**	**839.49**

CHANGE IN BENEFITS **E 410**
(Revised 04/99)

Refer to E 003.1 for approved injury options for Civil Service employees.

SPECIAL PROCESSING **E 411**
(Revised 04/99)

Payroll Operations is required to do special processing any time an employee received pay for another payment type and it is later determined that it should be for an IDL payment type.

A common occurrence is when an employee receives regular pay (payment type 0) and it should now be an IDL (payment type 6 or N).

Examples:

<u>Regular pay to IDL</u>

Originally, the regular pay was issued with taxes and Social Security and Medicare (for members) withheld from this pay. Following are the steps that must be taken to correct the pay:

1. Transfer funds from regular pay to IDL full pay. This corrects the taxable income for the year and will generate a W-2C if regular pay was issued in a prior tax year.

2. Account receivable will be established against the IDL pay:

   a) This corrects the gross because the IDL gross is reduced by federal, state, Social Security and Medicare amounts (payment type 6) or if 2/3 pay (payment type N).

b) Taxes are credited to correct the withholding for the pay period based on the reduced taxable income (deduction codes 099 Federal and 095 California Income Tax).

c) Social Security (deduction code 097) and Medicare (deduction code 092) is credited if withheld from regular pay because IDL is not subject.

NOTE: B and C correct W-2 withholding totals for the year and will generate a W-2C if issue date of regular pay was in a prior tax year. The employee should be advised of this when possible.

3. Refund deduction codes 028, 029, 095, and 099 when the taxable income remaining after the transfer is less than these deductions and they were originally withheld from regular pay.

4. Special processing

Regular pay to IDL

Employee received 22 days regular pay and is entitled to 22 days full IDL pay.

Salary rate $2,000.00, pay period 3/99, married with 0 exemptions; retirement 5%; Social Security and Medicare member.

Step 1 Transfer $2,000.00 out of regular pay into full IDL which reduces taxable income on W-2.

Step 2 Establish an A/R against IDL pay for $386.78 which corrects IDL gross pay ($2,000 less federal tax of $208.22, state tax of $25.56, Social Security of $124.00 and Medicare of $29.00 = $1,613.22 IDL reduced gross)

Step 3 Credit ALL Federal and State Income Taxes ($208.85 and $26.59) because there is no taxable income left in the pay period.

Step 4 Credit Social Security and Medicare ($124.00 and $29.00) because IDL is not subject.

Transfer	$2,000.00	Reduced W-2 taxable income
A/R amount	386.78	Corrects IDL gross
Credits:		
Federal tax	208.22	Reduced W-2 tax
State tax	25.56	withholding amounts
Social Security	124.00	Social Security gross subject
Medicare	29.00	Medicare gross subject
	$ .00	A/R net

NOTE: The net amount of the A/R against payment type 6 will normally be 0.

NDI to IDL

Employee received 30 days NDI for a gross of $578.57.
Employee is entitled to 22 days full IDL.

Salary rate $2,000, pay period 3/99
Married with 0 exemptions, retirement 5%, Social Security and Medicare member.

Calculations based on taxable gross - $2,000 - $74.35 (Retirement) = $1,925.65.

Step 1 Calculate the reduced gross for 22 days of full IDL ($2,000 less $208.22, $25.56, $124.00 and $29.00) = $1,613.22 reduced gross)

Step 2 Transfer 30 days and $578.57 of NDI to full IDL for 8 days, which will reduce taxable income on W-2.

Step 3 Establish an A/R against IDL pay for $50.42 which corrects IDL gross pay ($578.57 less Federal Income Tax of $6.16, State Income Tax of $0, Social Security of $35.87 and Medicare of $8.39 = $528.15 IDL reduced gross).

Step 4 Issue adjustment of 14 days IDL with a reduced gross of $1,085.07. Retirement is adjusted in the retirement field on this payment and includes the $578.57 which was not originally reported to PERS because NDI was not subject.

Submit form STD. 674D:

Transfer	$578.57	Reduced W-2 taxable income
A/R amount	50.42	Corrects IDL gross
Credits:		
Federal tax	6.16	Reduced W-2 tax
State tax	00.00	withholding amounts
Social Security	35.87	Social Security gross subject
Medicare	8.39	Medicare gross subject
	$ .00	A/R net

SUBMISSION OF FORM STD. 674D **E 412**
(Revised 04/99)

Most IDL pay requests can be documented on the Miscellaneous Payroll/Leave Actions form, STD. 671 and keyed via the PIP Miscellaneous Detail screen. See Section E 006 for PIP Exceptions that must be documented on the Industrial/Nonindustrial Disability Pay/Adjustment Request, form STD. 674D.

Employment History must be updated via PAR when placing an employee on IDL (refer to PAM Section 5.33). In order for Payroll Operations to process the form STD. 674D, it is imperative the information on Employment History is accurate as this is the foundation for auditing and verification purposes.

After Employment History has been updated, a form STD. 674D, must be submitted for each pay period and position number.

IDL pay requests can be documented on the Miscellaneous Payroll Leave Action form STD. 671 and keyed via the PIP System Miscellaneous Detail Screen. See PPM E 006 for exceptions and E 007 for form STD. 671 completion instructions. DO NOT send forms STD. 671 to SCO Disability Unit.

When a summarized warrant is returned for redeposit, IDL pay can be reissued as follows:

- After the redeposit appears on Payment History (HIST) or after the Warrant Register for the redeposit is received, document the IDL pay request on form STD. 671 (see Section E 007 for completion instructions) and key the request via the PIP Miscellaneous Detail screen.

- If the IDL pay is a PIP Exception (see Section E 006) and therefore, cannot be keyed, a form STD. 674D must be submitted. IDL pay will only be rescheduled according to the information provided in Item(s) 6, 7, and/or 10 for the pay period.

  To reschedule IDL pay for other pay periods redeposited on the summarized warrant, which cannot be keyed via PIP, submit form STD. 674D for each pay period.

Refer to PPM Section I 316, for completion instructions on returning summarized warrants. These instructions are specific to the Payroll Adjustment Notice, form STD. 674, but can also apply to form STD. 674D.

If SCIF has indicated the last day of eligibility is in a subsequent pay period, form STD. 674D should be submitted at the BEGINNING of EACH MONTH to ensure issuance of pay with a payroll master issue date.

COMPLETION OF FORM STD. 674D **E 413**
(Revised (03/02)

Form STD. 674D to request IDL pay is to be completed as follows: (see Section Z, Attachment E-4 Samples)

ITEM	ENTER:
1	CBID
2	Social security number
3	First and middle initials and last name (delete hyphens and enter as one name).
4	Regular position number on Line 1. If there is a mid-month Position Number change, enter new Position Number on Line 1 and old Position Number on Line 2.
5	Pay Period Type (refer to PPM Section B 007), Month and Year.
6	Intervening Activity/Working While on Disability Complete ONLY when employee is working while on disability or leave credits charged in lieu of regular time **scheduled to work.** DO NOT SHOW TIME PRIOR TO OR AFTER A RETURN FROM A DISABILITY. Enter the number of hours with corresponding code ("W" for worked, "L" for dock and "C" for IDL): Example:

6. INTERVENIING 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	
	4C 4W	6C 2W	8W	1L 4C 3W	8C																											

7 Industrial Disability (IDL)

a. Enter all inclusive dates employee is entitled to IDL benefits. If there is a break between dates, please make this clear.

Example:

"Employee on IDL from 1/3 - 1/15 and 1/23 through 1/30".

NOTE: DO NOT COMPLETE this item if the employee is working while on disability. IDL time should already be shown in item 6.

b. If the employee has locked-in special pay(s) that is/are excluded from the IDL benefit calculation (refer to PPM Section G 004), enter the Earnings ID(s) and rate(s).

c. Check this item if employee is entitled to enhanced IDL.

8 Nonindustrial Disability (NDI)

Complete only when employee is due NDI in the same pay period (refer to PPM Section E 113 for completion instructions).

9 Payment Per Controller

Enter Issue Date, PAYMENT TYPE, Time Worked (either 21 or 22 days for a standard month), and Warrant/Direct Deposit Payment Number and/or Account Receivable Number for all payments, transfer of funds, and accounts receivable. DO NOT INCLUDE payments which have been previously returned. If a warrant is attached for redeposit, check the "RET" box, otherwise leave blank.

Reminder: If a warrant is attached to form STD. 674D for redeposit, the warrant and form must be sent to the Division of Disbursements.

10 Payment Should Be (Total time for the pay period must be completed.)

Enter number of days and/or hours for each type of pay being requested. Enter timebase fraction ONLY when regular pay is less than full-time.

NOTE: To request additional type(s) of pay not listed (i.e., supplementation), use the second line.

For shift differential, enter the shift code, number of hours and shift rate (refer to PPM Section Z, Attachment G-1).

Verify that the amount of time requested in each type of pay corresponds with the dates and/or hours reflected in items 6, 7a, 8a and/or 11.

If there are two different injuries being reported, color code to define what is being requested for each injury.

11 Additional Information

The following must be reflected in this item, when applicable:

A. If employee is receiving payments from other benefit programs, enter:

"Reduce IDL pay by $_____received from other benefit programs."

B. If account receivable is to be established as payroll deduction, enter one of the following:

"Establish payroll deduction A/R for 1 deduction from next applicable pay period."

"Establish payroll deduction A/R for_____(enter number) deductions to start with next applicable pay period (not to exceed 12 pay periods)."

"Establish payroll deduction A/R for 2% of salary rate or 1/12 of account receivable net."

C. If employee has dock and time certified in item 10 (Payment Should Be) differs from time shown on Employment History, enter:

"Employee on dock (enter date(s) and number of hours)."

D. If employee is entitled to Temporary Disability in the same pay period, enter:

"Employee on TD (enter all inclusive dates)."

NOTE: Attach completed form STD. 674 for Temporary Disability along with form STD. 674D and submit as a package (refer to PPM Section E 312 for completion instructions).

E. If a mid-month salary rate change occurs, enter:

"Employee due (enter days/hrs. at 1st salary rate) and (enter days/hrs. at 2nd salary rate)."

F. If employee has more than one disability/injury, enter:

"Employee has___(enter number) injuries, SCIF dates are___and_____."

G. If A/R(s) shown in item 9 needs to be adjusted, enter one of the following:

"A/R # ____ has been satisfied."

"A/R # ____ has not been satisfied."

H. Other - when applicable, enter:

"Employee is academic, 10/12 or 11/12."

"Employee has separated."

I. IDL Keyed or "Not Keyed".

12 Authorized Signature (must be original) and date.

13 Complete ONLY if different than Authorized Signature. Enter name.

14 Telephone Number of person to be contacted.

SUBJECT: IDL/S/CSU

E 425

REFERENCE
(Revised 04/99)

CSU IDL Administrative Guide

INTRODUCTION
(Revised 04/99)

CSU IDL Sick Leave Supplement Program

All CSU employees may elect to supplement 2/3 IDL pay with payments of accrued sick leave credits to bring their disability pay to the equivalent of their full pay.

"Full pay" is defined as the amount to which the employee's retirement contribution is applied. The employee's salary rate and number of days and hours for which he/she would have been paid had the disability not occurred will be used to determine "full pay."

ELIGIBILITY **E 426**
(Revised 04/99)

Employees whose disabilities are determined by the CSU to be work related shall have a one-time election to participate in the supplement program. This election must be made no later than 15 calendar days from the mailing of the Notice of Eligibility for IDL.

Employees may discontinue participation in the supplement program by providing a written notification at least 15 calendar days in advance of the supplemental termination date.

Sick Leave Supplementation is not allowed for the first 22 days of IDL, at which time, IDL payments are equivalent to "full pay." Supplementation is allowed beginning on the 23rd day of IDL and may continue until 1) the employee is no longer on IDL, 2) exhausts accrued sick leave credits or 3) elects to discontinue supplementation.

Supplementation is limited to the use of sick leave accrued up to the date of the work-related injury or the first day of disability (which may be different than the date of injury) for which IDL with supplementation is sought, except as indicated under the Catastrophic Leave program. If an employee is released to return to work but goes out on IDL at a later time for the same work-related injury, sick leave accrued during the time in work status may be used for supplementation purposes.

CATASTROPHIC LEAVE SUPPLEMENTATION **E 427**
(Revised 04/99)

Catastrophic leave donations may be used to supplement IDL benefits. An employee cannot waive IDL benefits at his/her option and still apply for catastrophic leave donations. An employee may only request participation in the Catastrophic Leave Program if all leave credits have been exhausted.

DEDUCTIONS **E 428**
(Revised 04/99)

Mandatory

Deductions for Federal and State Income Tax WILL BE made from the Sick Leave Supplementation payments. The supplementation payment gross and amount of tax withholding will be included on the Form W-2.

Social Security and Medicare WILL BE deducted from sick leave payments for Social Security and Medicare members unless the employee has reached the Social Security maximum for the year in which case, no Social Security will be withheld. The sick leave payment gross will be reported as Social Security and Medicare wages on the Form W-2.

Medicare WILL BE deducted from sick leave payments for Medicare members. The sick leave payment gross will be reported as Medicare wages on the Form W-2.

Retirement contributions will NOT be deducted from sick leave payments since retirement contributions deducted from the IDL payments are computed on the employee's "full pay" and reported to PERS/STRS for full service credit.

Voluntary Deductions and Salary Reductions

Voluntary miscellaneous payroll deductions and salary reductions (including flexible benefits) will be withheld automatically if not already taken and there is sufficient wages unless canceled by the employee.

COMPUTATION OF SUPPLEMENTATION AMOUNT **E 429**
(Revised 04/99)

The total gross payments for IDL, Sick Leave Supplementation, and regular pay may not exceed the employee's "full pay."

For Full Supplementation, the amount of sick leave charged against accrued credits for the supplementation pay is 1/3 of the time on 2/3 IDL within that pay period. The amount of sick leave to be charged is rounded to the nearest whole number.

EXAMPLE: Employee on 2/3 IDL for 10 days in the pay period.

- 10 days x 8 = 80 hours
- 1/3 of 80 hours = 26.6 hours, rounded to 27 hours
- 27 hours ÷ 8 = 3 days, 3 hours - which is the amount to be charged against accrued sick leave credits.

There is no correlation between the gross amount of the Sick Leave Supplementation payment and the number of Sick Leave hours an employee is to be charged. The supplemental payment is based on 1/3 of the employee's gross pay.

Number of Days in PPE On 2/3 IDL Pay:	Chargeable Sick Leave Hours 1/3 Salary Supplementation
1	3
2	5
3	8
4	11
5	13
6	16
7	19
8	21
9	24
10	27
11	29
12	32
13	35
14	37
15	40
16	43
17	45
18	48
19	51
20	53
21	56
22	59

Except in the pay period in which accrued sick leave credits are exhausted, employees may not supplement on a partial basis. That is, they may not supplement with an amount of sick leave that is less than the amount required for Full Supplementation.

For Full Supplementation, the gross amount of the Sick Leave Supplementation pay is the difference between the 2/3 IDL gross pay and the "full pay" gross for the time on 2/3 IDL (1/3 of full pay gross).

SUBMISSION OF FORM STD. 674D **E 430**
(Revised 04/99)

Reporting employees to or from the supplement program are documented on the PPT following the instructions in PIMS.

Sick Leave Supplementation payments may be keyed on form STD. 671.

Adjustments to IDL payments (correcting time on IDL or salary on which IDL payments were based) will require adjustments to Sick Leave Supplementation payments.

ATTENDANCE REPORTING **E 431**
(Revised 04/99)

For CSU employees on IDL, time for which sick leave pay is requested on form STD. 674D must NOT be included in the "Total Time Worked" column on Form 672.

SUBJECT: IDL/S/Civil Service

E 450

REFERENCES
(Revised 04/99)
GC 19875

INTRODUCTION
(Revised 04/99)

For periods of work related disability, eligible Civil Service employees (per MOU) may elect to supplement their basic IDL benefit with accrued leave credits (See E 003.1). IDL with Supplementation (IDL/S) allows the employee to supplement up to his/her full net pay.

Full net pay is defined as the employee's gross salary minus Federal and State Income Taxes, Social Security, Medicare and Retirement. Miscellaneous deductions are not factored into the calculation of the employee's full net pay. Gross salary includes any premium or shift pays that are currently included in IDL calculations.

Supplementation may begin no sooner than the 1st of the pay period stated in the MOU. However, for injuries occurring on or after the effective date of the IDL/S program, supplementation begins after the first 22 days of IDL Full (23rd day).

IDL/S is subject to all of the existing policies and procedures that pertain to regular IDL. Employees that are eligible for this benefit no longer have the option of electing Temporary Disability (TD) at any time during the 52 weeks that the IDL benefit is available. TD is only available to 1) employees who remain disabled after the IDL benefit is exhausted or 2) employees who are not members of PERS or STRS.

LEAVE CREDITS **E 451**
(Revised 04/99)

Employees may supplement IDL with any accrued leave credits. Leave balances needed for supplementation are drawn from the employee's leave balances in the following order unless the employee requests a different order.

- Sick Leave
- Compensating Time Off
- Vacation/Annual Leave
- Other Leave (e.g., Personal Leave, Holiday Credit

Employees may choose to supplement with less time, but once the level of supplementation is selected it may not be increased. Supplementation levels can not include fractions of an hour. An employee may decrease the supplementation amount or terminate supplementation at any point, but changes will be made on a prospective basis only.

The effective date of any change will be the first of the pay period following the pay period in which the employee's election for change is made.

If an employee's leave credits fall below the supplementation amount that was selected and he/she is still on IDL, the supplementation amount should be reduced to the amount of leave credits available each month (except that no fractions of an hour may be used), unless the employee wishes to stop supplementation completely.

If an employee is on IDL for a portion of the month and the amount of supplementation selected exceeds the amount necessary to obtain full net pay, then the supplementation amount must be adjusted to ensure that the employee's combined pay for the pay period does not exceed full net pay.

DOCUMENTATION **E 452**
(Revised 04/99)

Employment History must be updated to reflect the employee's election to supplement IDL via PAR Transaction 565, Line 9 Item 957 or Transaction 215 (refer to PAM sections 2.37 and 5.33 for conditions and documentation instructions). In order for Payroll Operations to process the supplementation payment, it is imperative the information on Employment History is accurate as this is the foundation for auditing and verification purposes. No Employment History update is required when the employee does not elect to supplement or when the employee elects to stop supplementation.

IDL Supplementation pay for current and prior (no more than 12 months) month is documented on form STD. 671 and keyed via the PIP Miscellaneous Detail screen. See Section E 006 for PIP Exceptions and E 007 for form STD. 671 completion instructions.

Form STD. 674D must be submitted for IDL PIP Exceptions. See Section E 456 for completion instructions.

DEDUCTIONS **E 453**
(Revised 04/02)

Federal and State Income Tax
Federal and State Income Tax deductions WILL BE withheld from IDL Supplementation payments. Taxes will be based on the flat tax rates of 27% federal, 6% CA, 7.35% NY, 3%.
IL. Supplementation gross amount and taxes withheld will be reported on Form W-2

Social Security and Medicare
Social Security and Medicare WILL BE withheld from IDL Supplementation payments unless the employee is not a Social Security or Medicare member or has reached the Social Security maximum for the year, then no Social Security will be withheld. The gross amount and Social Security and Medicare withheld will be reported on Form W-2.

Retirement
Retirement contributions WILL NOT be deducted from IDL Supplementation payments since the full retirement amount is deducted from IDL 2/3 and reported to PERS/STRS for full service credit.

Mandatory/Voluntary Deductions

All established mandatory and voluntary deductions will be withheld from supplementation pay if not already taken from another payment in the pay period and there is sufficient gross pay. For example, an employee who has a deferred compensation deduction would not have the deduction taken from the IDL 2/3 payment because deferred compensation is tax reducing deduction and IDL 2/3 is not considered taxable income. However, if the supplementation gross is sufficient, the deferred compensation would be deducted from the supplementation payment.

Employees must cancel those deductions they do not wish to have withheld from supplementation pay. Employees must request deduction cancellations by contacting the respective deduction company(s) or personnel/payroll office.

When an employee with flexible Health/Dental or POP (Premium Only Plan) benefits is placed on IDL with or without Supplementation, the employee's flex deductions are canceled and the employee is placed into a traditional health and/or dental plans. Once the employee returns to active status, the employee's flex deductions are re-established, if a valid Flex enrollment exists.

For employees with the cash option, a separate warrant will be issued after IDL pay has issued. Once the employee returns to active status, the cash option will be applied to regular pay, if a valid FlexElect enrollment exists.

IDL/S CALCULATION SPECIAL INSTRUCTIONS **E 454**
(Revised 04/99)

Personal Leave Program (PLP)
Time used to compute full net pay and regular pay gross net must reflect the appropriate PLP reduction.

Shift and Premium Pay - NOT LOCKED IN
Shift and prorated premium pay that are NOT locked in on Employment History but are included in IDL calculations may be supplemented. The calculation of IDL Shift Supplementation or IDL Premium Supplementation must be done separately. See Section E 457 for calculation instructions.

Salary Rate

IDL/S is computed using the employee's hourly rate plus any locked-in premiums or shift pay included in IDL calculations. For a negative employee, the hourly rate is determined by dividing the salary rate by either 168 or 176 (21 or 22 day month) hours.

Leave Credit Hours
The number of leave credit hours the employee must use is determined by dividing the gross supplementation amount by the employee's hourly salary rate and rounding to the whole hour. After determining the number of leave credit hours needed, convert the hours to days and hours for monthly salary employees when requesting supplementation on the form STD. 671 or form STD. 674D.

If an employee has more than one salary rate in the pay period, use an hourly rate based on the total gross for both salary rates to compute the leave credits.

EXAMPLE 1:

Employee on 2/3 IDL the entire pay period.

14 days are at $3,892.00 and 7 days are at $3,546.00

Gross net for each time span:
14 days = $2,594.67 IDL 2/3 gross net
7 days = $1,182.00 IDL 2/3 gross net.

Total gross net = $3,776.67

$3,776.67 ÷ 168 (hours in pay period) = $22.48 hourly rate

EXAMPLE 2:

Employee is on 2/3 IDL for part of the pay period at one salary rate and the remainder of the pay period (for other pay) is another salary rate. The salary rate used to compute leave credits will be based on the salary rate for the 2/3 IDL.

10 days 2/3 IDL at $2,300.00
12 days regular pay at $2,500.00

Hourly rate is based on $2,300.00 (IDL 2/3) ÷ 176 (days in pay period) = $13.07 hourly rate.

SUBMISSION OF FORM STD. 674D **E 455**
(Revised 04/99)

Employment History must be updated to reflect the employee's election to supplement IDL (IDL/S) via PAR Transaction 565, Line 9 Item 957 or Transaction 215 (refer to PAM Sections 2.37 and 5.33 for conditions and documentation instructions). In order for Payroll Operations to process the supplementation payment, it is imperative the information on Employment History is accurate as this is the foundation for auditing and verification purposes. If an employee does not elect to supplement or when the employee elects to stop supplementation, no Employment History update is required.

Form STD. 674D must be submitted for each pay period and position to request IDL Supplementation. IDL/S may be requested with other pay allowed on the form STD. 674D (such as IDL 2/3, IDL Full, regular pay, shift differential); however, IDL Supplementation pay will not issue until IDL 2/3 pay has been issued.

COMPLETION OF FORM STD. 674D **E 456**
(Revised 03/02)

For PIP Exceptions (see Section E 006), form STD. 674D is completed as follows to request IDL Supplementation pay (see PPM Section Z, Attachment E-5 Samples). Refer to Section E 400 for IDL completion instructions.

ITEM	ENTER:
1	CBID
2	Social Security Number
3	First and middle initials and last name (delete hyphens and enter as one name).

4 Position Number
Enter regular position number on Line 1. If there is a mid-month Position Number change, enter new Position Number on Line 1 and old Position Number on Line 2.

5 Pay Period
Enter Pay Period Type (refer to PPM Section B 007), Month and Year.

6 Intervening Activity
Complete per Section E 413 for IDL.

7 Industrial Disability
Complete per Section E 413 for IDL.

8 Nonindustrial Disability
Complete per Section E 113 for NDI due in the same pay period.

9 Payment Per Controller
When requesting an adjustment to supplementation, enter Issue Date, Payment Type **U;** Pay Suffix **N** (U/N), Time for supplementation pay, and Warrant or Accounts Receivable Number. If a warrant is attached for redeposit check the "RET" box, otherwise leave blank.

10 Payment Should Be

To request IDL supplementation pay:

TYPE: Enter **IDL/S**

PT: Enter **U**

TIME WORKED: Enter leave credit days and hours required to supplement **IDL.**

NOTE: Leave credit hours must be converted to days and hours for monthly salary employees.

TIMEBASE FRACTION: Enter the supplementation **GROSS** amount.

For supplementing Shift IDL that is **NOT** locked in, enter the following information in the margin below Item 10:

SHIFT: Enter **IDL/S** when requesting supplementation for Shift IDL pay that is not locked in on Employment History.

SHIFT CODE: Enter the appropriate shift code.

HOURS: Enter the number of leave credit hours required to supplement Shift IDL.

SHIFT RATE: Enter the shift rate and shift **GROSS** amount.

11 Additional Information

When supplementing premiums that are **NOT** locked in **AND** are included in IDL pay, indicate IDL/S and enter the Premium Earnings ID, premium rate, time and gross amount.

When requesting Partial Supplementation, please indicate **"Partial Supplementation Requested".**

When requesting IDL/S, enter: "IDL keyed" or "IDL NOT keyed". Supplementation pay will suspend until the IDL payment is processed.

SPECIALCONDITIONS **E 457**
(Revised 08/03)

Some conditions require special calculations to compute the IDL Supplementation amount. These conditions can not be calculated using the on-line calculator and must be done manually. Most conditions are calculated by following the manual computation formula steps outlined in Section E 458. Below are instructions for computing special conditions.

Conditions:

1 Employees who have premiums locked-in on Employment History that are NOT subject to retirement but are included in the IDL calculations.

2 Employees supplementing premium or shift pay that is not locked-in on Employment History.

- Compute full net pay for the premium/shift in the pay period.
- Compute gross net for the premium/shift for any time worked, **IDL** Full and/or IDL 2/3.
- Subtract the total premium/shift gross nets from the full net pay premium/shift to equal any supplementation shift or premium due.

NOTE: In most cases, premiums or shift cannot be supplemented due to 1) the IDL 2/3 shift/premium is normally more than full net pay for shift/premium or 2) the supplementation amount is equivalent to less than 1 hour of leave credits.

3 Second half pay period for semimonthly paid employee when the gross subject to retirement for the first half pay period was insufficient to satisfy the full monthly retirement exclusion amount:

Compute the 2nd half pay period following the formula steps but combine the 1st and 2nd half gross subject to retirement to determine the correct retirement and tax amounts:

EXAMPLE
Employee due 40 hours IDL 2/3 in a 11 day pay period. Salary rate $12.50; Married
with 0 exemptions; retirement ID 06/5%. First half pay period gross = $500; retirement exclusion amount of $513 not satisfied. Full net pay for 1st half $421.71.

A Compute full net pay for 2nd half pay period:

$12.50 x 40 hours = $500.00 gross

Retirement:
$ 500.00 1st half gross
+ 500.00 2nd half gross
$1,000.00 gross subject to retirement
- 513.00 exclusion amount
$ 487.00 X 5% = $24.35 retirement amount.

B $ 500.00 gross 2nd half
24.35 retirement
25.10 federal tax
3.28 state tax
31.00 social security
- 7.25 medicare
$ 409.02 **FULL NET PAY**

C Compute IDL 2/3 Gross net:

40 hours X $12.50 = $500.00 IDL 2/3.
$500.00 ÷ 3 x 2 = $333.33 IDL 2/3

$333.33
- 24.35 retirement
$308.98 IDL 2/3 gross net

D Compute gross net for IDL/S:

$409.02 Full net pay
308.98 IDL 2/3 gross net
$100.04 IDL/S gross net

E Compute IDL/S gross:

$100.04 ÷ .6635 (withholding factor) = $150.78 supplementation gross.

4 Employees subject to Illinois or New York state tax:

Follow the calculation formula rules except use the appropriate tax rates to compute the gross net amounts. Refer to Section H 118 for tax rate information. Use the mandatory withholding factor (E 458) for computing the supplementation gross amount.

5 Daily salary rate employees:

Follow the calculation formula rules except use the employees daily salary rate and number of days to compute by.

6 Retirement Account Code LO and the employee's retirement rate is 4%.

Follow the calculation formula rules using the PPM Section H for computing retirement deductions.

7 Employees having more than one salary rate or retirement plan during the pay period:

Follow the calculation formula rules and compute each time span individually using the appropriate salary rate or retirement plan in effect.

8 Employees who will exceed the Social Security maximum earnings limit in the pay period:

Follow the calculation formula rules. For Social Security, apply the amount up to the maximum.

9 Pay with issue dates of August 1 through August 6, 2001 must be calculated manually.

10 In order to have accurate calculations for pay which issued on June 1, 2003, the tax period 05/03 MUST be entered in the "TAX MONTH AND YEAR" field on the IDL/S Calculator.

IDL/S COMPUTATION FORMULA **E 458**
(Revised 08/03)

For manual calculations, follow the steps outlined on the next page. Manual calculations
are required for conditions that the on-line calculator cannot accurately compute. See PPM Section Z, Attachment E-5 for computation formula examples. See Section L 001 for IDL/S on-line calculator instructions.

IDL/S - COMPUTATION FORMULA

FULL SUPPLEMENTATION

1. Compute FULL NET PAY for total hours worked and on IDL in the pay period:
   a. Hours worked[1] + IDL Full hours + IDL 2/3 hours = total hours
   b. Total hours x hourly rate[2] = gross
   c. Gross - mandatory withholding[3] = FULL NET PAY

2. Compute GROSS NET for regular pay due for the pay period:
   a. Hours worked[1] x hourly rate[2] = gross
   b. Gross - mandatory withholding[3] = regular pay GROSS NET

3. Compute GROSS NET for IDL Full pay due for the pay period:
   a. IDL Full hours x hourly rate[2] = IDL Full gross
   b. Gross - mandatory withholding[3] = IDL Full GROSS NET

4. Compute GROSS NET for IDL 2/3 pay due for the pay period:
   a. IDL 2/3 hours x hourly rate[2] = IDL Full gross
   b. IDL Full gross ÷ 3 x 2 = IDL 2/3 gross
   c. IDL 2/3 gross - retirement = IDL 2/3 GROSS NET

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

6. Compute GROSS NET for IDL Supplementation pay:

a. Step 1 FULL NET PAY - step 5 GROSS NET = IDL Supplementation GROSS NET

7. Compute IDL Supplementation pay gross:
   a. IDL Supplementation GROSS NET ÷ appropriate mandatory withholding factor (See Next Page) = IDL Supplementation gross

8. Compute leave credit hours for IDL Supplementation:
   a. IDL Supplementation gross ÷ hourly rate[2] = leave credit hours (rounded to the nearest whole hour).

PARTIAL SUPPLEMENTATION

1. Hourly rate[2] x leave credit hours being used = IDL Supplementation gross

[1] Hours worked should reflect Personal Leave Program (PLP) reduction.

[2] Hourly rate plus any locked in premiums or shift pay included in IDL calculations. Set your calculator to 5 decimal places or floating decimal and determine hourly rate by dividing SALARY RATE by either 168 or 176 (21 or 22 day month) hours. If using a floating decimal, round the hourly rate to five decimal places. Round to the nearest cent when computing the number of leave credits.

[3] Federal/State withholding based on current marital status, exemptions, and tax rates using the aggregate method. Social Security and Medicare based on current tax rates. Retirement based on status in effect for the pay period of the pay using the aggregate method. The gross subject to retirement should NOT include locked in premiums not subject to retirement.

MANDATORY TAX WITHHOLDING FACTOR

(Revision 08/03)

1. MANDATORY WITHHOLDING AMOUNT is the amount by which the IDL Supplementation net is adjusted in order to derive the IDL Supplementation gross.

   IDL Supplementation gross = IDL Supplementation net ÷ mandatory withholding factor

2. IDL Supplementation pay is subject to the following mandatory withholding:

Mandatory Withholding for IDLS issued in tax year:	Federal Withholding Tax	State Withholding Tax	Social Security and Medicare	Medicare Only
1993	**20%**	**6%**	**7.65%**	**1.45%**
1994 to 6/1/95	**28%**	**6%**	**7.65%**	**1.45%**

Mandatory Withholding for IDLS issued in tax year:	Federal Withholding Tax	State Withholding Tax	Social Security	Medicare
6/2/95 to 8/6/01	**28.0%**	**6%**	**6.20%**	**1.45%**
8/7/01 to 12/31/01	**27.5%**	**6%**	**6.20%**	**1.45%**
1/1/02 to 06/02/03	**27.0%**	**6%**	**6.20%**	**1.45%**
06/03/03 and thereafter	**25.0%**	**6%**	**6.20%**	**1.45%**

3. MANDATORY WITHHOLDING FACTOR is the difference of 100% and the total mandatory withholding amount to which an employee is subject.

4. MANDATORY WITHHOLDING FACTOR to be used:

1993	EMPLOYEE SUBJECT TO FEDERAL AND STATE TAX	EMPLOYEE EXEMPT FROM FEDERAL AND STATE TAX	EMPLOYEE SUBJECT TO FEDERAL TAX AND EXEMPT FROM STATE TAX	EMPLOYEE SUBJECT TO STATE TAX AND EXEMPT FROM FEDERAL TAX
EMPLOYEE SUBJECT TO SOCIAL SECURITY AND MEDICARE	.6635	.9235	.7235	.8635
EMPLOYEE SUBJECT TO MEDICARE	.7255	.9855	.7855	.9255
EMPLOYEE NOT SUBJECT TO SOCIAL SECURITY OR MEDICARE	.7400	NONE	.8000	.9400

1994 to 08/06/01	EMPLOYEE SUBJECT TO FEDERAL AND STATE TAX	EMPLOYEE EXEMPT FROM FEDERAL AND STATE TAX	EMPLOYEE SUBJECT TO FEDERAL TAX AND EXEMPT FROM STATE TAX	EMPLOYEE SUBJECT TO STATE TAX AND EXEMPT FROM FEDERAL TAX
EMPLOYEE SUBJECT TO SOCIAL SECURITY AND MEDICARE	.5835	.9235	.6435	.8635
EMPLOYEE SUBJECT TO MEDICARE	.6455	.9855	.7055	.9255
EMPLOYEE NOT SUBJECT TO SOCIAL SECURITY OR MEDICARE	.6600	NONE	.7200	.9400
	EMPLOYEE	EMPLOYEE	EMPLOYEE	EMPLOYEE

08/07/01 to 12/31/01	SUBJECT TO FEDERAL AND STATE TAX	EXEMPT FROM FEDERAL AND STATE TAX	SUBJECT TO FEDERAL TAX AND EXEMPT FROM STATE TAX	SUBJECT TO STATE TAX AND EXEMPT FROM FEDERAL TAX
EMPLOYEE SUBJECT TO SOCIAL SECURITY AND MEDICARE	.5885	.9235	.6485	.8635
EMPLOYEE SUBJECT TO MEDICARE	.6505	.9855	.7105	.9255
EMPLOYEE NOT SUBJECT TO SOCIAL SECURITY OR MEDICARE	.6650	NONE	.7250	.9400

01/01/02 to 06/02/03	EMPLOYEE SUBJECT TO FEDERAL AND STATE TAX	EMPLOYEE EXEMPT FROM FEDERAL AND STATE TAX	EMPLOYEE SUBJECT TO FEDERAL TAX AND EXEMPT FROM STATE TAX	EMPLOYEE SUBJECT TO STATE TAX AND EXEMPT FROM FEDERAL TAX
EMPLOYEE SUBJECT TO SOCIAL SECURITY AND MEDICARE	.5935	.9235	.6535	.8635
EMPLOYEE SUBJECT TO MEDICARE	.6555	.9855	.7155	.9255
EMPLOYEE NOT SUBJECT TO SOCIAL SECURITY OR MEDICARE	.6700	NONE	.7300	.9400

06/03/03 To	EMPLOYEE SUBJECT TO FEDERAL AND STATE TAX	EMPLOYEE EXEMPT FROM FEDERAL AND STATE TAX	EMPLOYEE SUBJECT TO FEDERAL TAX AND EXEMPT FROM STATE TAX	EMPLOYEE SUBJECT TO STATE TAX AND EXEMPT FROM FEDERAL TAX
EMPLOYEE SUBJECT TO SOCIAL SECURITY AND MEDICARE	.6135	.9235	.6735	.8635
EMPLOYEE SUBJECT TO MEDICARE	.6755	.9855	.7355	.9255
EMPLOYEE NOT SUBJECT TO SOCIAL SECURITY OR MEDICARE	.6900	NONE	.7500	.9400

SUBJECT: NDI/CSU

E 500

REFERENCES
(Revised 04/99)

Unemployment Insurance Code 2781 - 2783

CSU

NDI Administrative Guide - Chancellor's Office
Education Code 89529.15

INTRODUCTION
(Revised 04/99)

NDI is a benefit for employees who become disabled due to a nonwork related injury or illness.

The Chancellor's Office has program responsibility for CSU employees.

EDD has administrative responsibility for the Nonindustrial Disability Insurance Program for CSU employees.

NDI payments are identified as payment type "T".

GENERAL NDI ELIGIBILITY E 501
(Revised 04/99)

NDI applies only to employees in compensated employment:

- All permanent or probationary full-time state officers/employees who are members of PERS/STRS.
- All part-time and permanent intermittent state officers/employees must have six monthly compensated pay periods of service within the 18 months immediately preceding the pay period in which the disability begins whether or not the employee is a member of PERS/STRS. The amount paid can be as little as one hour each month for six months. But, there must have been some compensation.

NOTE: "Full-time" employee includes one who is currently serving under a temporary or limited-term appointment, and has permanent or probationary status. Also included are employees in more than one position if the total of the employee's fractional appointments is full-time.

Refer to the CSU Benefits Chart in Section E 503 for specific eligibility requirements and/or benefits for CSU bargaining units.

ELIGIBILITY FOR BENEFITS E 502
(Revised 04/99)

To qualify for NDI pay all employees must serve a seven day waiting period.

The waiting period is waived if the employee is confined in a hospital or nursing home at least one day, or requires treatment in a hospital surgical unit or surgical clinic.

An employee must use all accrued sick leave credits before any NDI benefits may be paid. On the final day of sick leave, if the number of hours charged is four or less, the employee is eligible for NDI benefits for that date. If the number of hours charged is five or more hours, NDI benefits commence on the following date. The requirement to use sick leave credits before being eligible to receive NDI payments is conditional upon the employee's eligibility to use sick leave credits. For example, if an eligible employee is in multiple positions and is partially disabled and unable to work in one of the positions, normally the employee will not be required to exhaust sick leave credits in all positions prior to commencing NDI benefits.

Use of accrued vacation credits during a disability is optional with the employee. However, if the employee elects to use accrued vacation credits, all of the accrued vacation credits must be used before NDI benefits will be paid. If an employee elects not to use accrued vacation credits, then the accrued time may not be used until the employee returns to active employment (i.e., back on the job physically performing his/her regular or customary duties at the time base the employee held prior to the disabling injury or illness) for a minimum of one full work day. However, the campus has the discretion to approve an employee's request to use vacation after the end of the NDI period without requiring the employee to return to work.

Use of accrued CTO during a disability is optional with the employee. However, if the employee elects to use accrued CTO, all of the accrued CTO must be used before NDI benefits will be paid. If an employee elects not to use accrued CTO, the accrued time may not be used until the employee returns active employment (i.e., back on the job physically performing his/her regular or customary duties at the time base the employee held prior to the disabling injury or illness) for a minimum of one full work day. However, the campus has the discretion to approve an employee's request to use CTO after the end of the NDI period without requiring the employee to return to work.

An employee is eligible for NDI benefits for any period for which EDD has certified as an eligible period.

An employee is NOT eligible for NDI benefits with respect to any period for which an employee has received or is entitled to receive Unemployment Compensation benefits.

An employee is NOT eligible for NDI benefits for any day of unemployment and disability for which he has received, or is entitled to receive, other benefits (e.g., Temporary Disability) unless other such benefits are less than the amount the employee would otherwise receive as NDI benefits. The employee shall then be entitled to NDI for each full day, reduced by the amount of other such benefits.

An employee is NOT eligible for NDI benefits for any day on or after death; retirement; or, separation due to:

A. Resignation
B. Dismissal
C. Rejection during probation
D. Layoff
E. Expiration of a temporary appointment

NOTE: The expiration date of a temporary employee's appointment may not be extended, nor may the employee be reappointed during the period of NDI.

NDI BENEFITS CHART E 503

(Revised 04/99)

CSU - NDI BENEFITS CHART

BARGAINING UNIT	DISABLED DATE	WEEKLY MAX PAY	LIMITATION (% OF FULL SALARY)	WAITING PERIOD	MANDATORY SICK LEAVE USAGE
R01	07/01/89	$135	50%	7 DAYS	YES
R02, R05, R07, R09	01/01/88	$135	50%	7 DAYS	YES
R03, R04, R06, R08	11/01/76	$125	50%	7 DAYS	YES
UNREPS	11/01/76	$125	50%	7 DAYS	YES

NDI is payable monthly for a period not exceeding 26 weeks for any one disability. The 26-week benefit period shall be equivalent to 182 calendar days. Calendar days on NDI will be based on the "State Pay Period Calendar."

EXAMPLE: An employee is on NDI for the entire month of February 1999. Inclusive dates on NDI would be February 1 through March 1, 1999 and the employee would be due 29 days of NDI for the February 1999 pay period.

Academic employee days on NDI will also be based on the "State Pay Period Calendar" commencing with the first academic work day of the academic year and ending with the last academic work day of the academic year.

NDI benefits are computed based on the employee's salary rate at the inception of the benefit and are NOT modified by any subsequent salary increases or decreases.

DOCUMENTATION E 504

(Revised 04/99)

To file first claim for NDI, employees must obtain an EDD claim Form DE 8501, Nonindustrial Disability Insurance, and Information Collection and Access, Form DE 8545 NDI, from their campus Payroll/Human Resources office. The Payroll/Human Resources office will complete the top portion of Form DE 8501. The employee must complete the bottom portion of the Form DE 8501 and have the doctor complete the reverse side of the form and mail it to EDD.

NOTE: Consult PIMS Section 7.33 to determine if it is appropriate to process a PPT to document pending disability.

EDD will determine eligibility and notify the campus and the employee if the disability claim has been approved per Authorization to Pay Nonindustrial Disability Insurance, Form 8500A or disapproved per Notice of Determination, Form 8517c.

Upon notification of eligibility, a PPT must be processed to update the Employment History Record. See PIMS 2.30 and 9.15 for documentation procedures. NDI pay for current and prior (no more than 12 months) month is documented on form STD. 671 and keyed via the PIP Miscellaneous Detail screen. See Section E 006 for PIP Exceptions and E 007 for form STD. 671 completion instructions.

Form STD. 674D must be submitted for NDI PIP Exceptions. See Section E 114 for completion instructions.

WORKING WHILE ON NDI **E 505**
(Revised 04/99)

Employees may, at the discretion of the campus and upon medical verification, work while on NDI and receive benefits for the same dates, as long as their NDI benefits plus their regular pay does not exceed 100% of their gross pay for the pay period.

NDI pay for an employee who is working while on NDI may be requested via the PIP system, provided it is not listed as a PIP Exception in E 006. If listed as a PIP Exception, form STD. 674D must be submitted to request the pay. Enter in Item 6 the number of hours and Code "W" for worked, including holiday(s) if employee should be paid regular pay.

NOTE: If reinstated and the employee works less than 11 days in a pay period, it may be necessary to process a 715 transaction PPT. See PIMS 3.75 to determine if documentation is necessary.

Current Month

When an employee is being reinstated, a form STD. 603 may be processed to reduce the time reflected in "Time to be Paid" on the PPT (e.g., transaction A03, S49, A57). Form STD. 603 must only reflect the additional dock time.

HOLIDAY ON NDI **E 506**
(Revised 04/99)

Holidays will be paid as follows:

- Employee on S49 PPT status will be paid NDI pay for holidays.

- CSU employees with Item 957 Code 22 and Item 719 Code 96 completed on the PPT will be paid regular pay for holidays based on the time base at which they are REINSTATED and will receive NDI pay for the balance of the holiday.

EXAMPLE: An employee's time base before going on NDI was full-time. The employee is reinstated to half-time on PPT with Item 957 Code 22 and Item 719 Code 96 completed. The employee would be due one day regular pay and one day NDI for the holiday.

DEDUCTIONS **E 507**
(Revised 04/99)

Federal and State Income Tax deductions will be withheld provided there is enough taxable gross. Gross amount will be reported on Form W-2 as "Wages, tips, and Other Compensation."

NDI payments are subject to Social Security and Medicare and will appear on Form W-2 as Social Security wages and Medicare wages. If the employee has reached the Social Security maximum for the year, then only Medicare will be withheld.

No retirement contributions or survivors benefits will be withheld nor will state contributions be made.

Orders assigning salary or wages filed under FC 150, 5200; PC 3088 and Earnings Withholding Order for Support CC 706.030 will be withheld from NDI payments (per CCP 704.110 and 688.030).

If there is sufficient NDI gross, all miscellaneous deductions (including flexible benefit deductions) will be withheld unless canceled by the employee.

NOTE: Flexible benefit deductions may only be canceled by the participant if there is a permitting event. If an employee's health benefit, dental, vision, or life insurance deductions are withheld, the state contribution will also be made.

NDI GROSS SALARY COMPUTATION **E 508**
(Revised 03/02)

Refer to PPM Section G 004 to determine if a special/premium pay should be included/excluded in the gross base salary when computing NDI pay.

Shift Differential

When night shift differential is not locked into the salary rate AND the gross salary is less
than the maximum salary rate based on CBID (PPM Section E 103) and PPM Section Z, Attachment E-1, determine the employee's monthly shift rate (refer to PPM Section Z, Attachment G-1) and add to the gross salary.

Example: An employee's gross base salary is $900.00, CBID R01, and is entitled to night shift differential ($.35/hour). The NDI gross would be computed using $960.67 (900 + 60.67).

Full-Time

Full pay is defined as the salary earnable and subject to retirement contributions on the date disability begins.

Part-Time

When employment is regularly scheduled and is a fixed proportion of the established work week, the payments shall be determined on the basis of that proportionate part of the monthly rate.

Example: An employee is scheduled to work half-time. The employee's full total salary rate is $444.00, based on a salary rate of $888.00. The NDI gross would be computed using $444.00, full total salary rate.

When shift pay is not locked into the salary rate, see example under SHIFT DIFFERENTIAL to determine the hourly rate.

10/12 Pay Plan

Full pay is defined as the monthly rate multiplied by 12 and divided by 10 to calculate monthly gross salary.

Intermittent

Payments shall be determined on the basis of the proportionate part of a monthly rate established by the TOTAL hours ACTUALLY worked in the 18 monthly pay periods immediately preceding the pay period in which the disability began. This includes overtime hours worked at straight time only.

Example: An employee is appointed 18 months or more prior to the pay period in which the disability began. The employee worked 1,950 hours in the previous 18 pay periods. Salary rate when benefits began was $8.65/hour.

1,950 hours ÷ 18 pay periods = 108.33333
(average hours worked per pay period)
108.33333 X 8.65 = $937.08330 + .005 = $937.08 monthly salary rate.

The NDI gross should be computed using $937.08 as the monthly salary rate.

Example: An employee is appointed less than 18 months prior to the pay period in which the disability began. The employee was appointed January 20, NDI benefits began November 9, salary rate when benefits began was $8.65/hour, and hours worked were as follows:

January	10	June	120
February	80	July	120
March	0	August	120
April	160	September	140
May	0	October	100
		TOTAL	850 Hours

The month in which the disability begins is not counted.

850 hours ÷ 18 pay period = 47.22222
(average hours worked per pay period)
47.22222 X 8.65 = 408.47220 = $408.47

The NDI gross should be computed using $408.47 as the monthly salary rate.

NDI GROSS COMPUTATION **E 509**
(Revised 03/02)

The NDI gross may be computed by using the salary conversion tables (See PPM Section Z, Attachment E-1).

Use the gross base salary (see Section E 508) and the salary conversion table (See PPM Section Z, Attachment E-1) to find the corresponding NDI daily rate and proceed to Step 4.

For those employees whose salary rates are not included in the salary conversion tables because they are not "whole" numbers (e.g., 457.35; 583.75) round the actual salary to the nearest on the table and use the listed rates. For those salaries less than $350.00, follow steps 1 through 4 to compute NDI gross. For those salaries equal to or greater than the maximum listed, use the maximum rate.

Provided with each step is an example based on an employee whose gross base salary is $888.00 per month and is entitled to 26 days NDI benefits.

1. DETERMINE HOURLY RATE:

Divide monthly rate by 173.33, then add .005. Count two digits to the right of the decimal point and drop the remainder. Be sure not to round again; e.g., $888.00 ÷ 173.33 = 5.12317 + .005 = 5.12817 = $5.12

For academic employees, determine the hourly rate by dividing the annual salary rate by the number of academic days in the academic year, divide answer by 8 (5 decimal places), add .005 and drop the last three digits.

For daily rate employee, determine hourly rate by dividing the daily rate by 8.

2. DETERMINE WEEKLY RATE:

Multiply hourly rate by 40, then multiply by .50, then add .005. Count two digits to the right of the decimal point and drop the remainder. Be sure not to round again.

Example:
$5.12 x 40 x .50 = 102.40000 + .005 = 102.40500 = $102.40

3. DETERMINE NDI DAILY RATE:

Divide weekly benefit amount by 7 (5 decimal places).

Example:
$102.40 ÷ 7 = $14.62857

4. DETERMINE NDI GROSS:

Multiply NDI daily rate by the number of days the employee is entitled to NDI benefits (5 decimal places), then add .005.

Example: NDI PAY

$14.62857 x 26 days = 380.34282 + .005 = 380.34782 = $380.34 NDI gross

Example: REGULAR AND NDI PAY

During the October 1999 pay period, an employee is due NDI 10/1 through 10/3 and regular pay 10/4 through 11/1. The salary rate is $1,100.00 and NDI is computed based on that rate.

Regular pay - 20 days	=	$1,047.62
NDI pay - 3 days	=	57.86
TOTAL		$1,105.48
Monthly Salary Rate		1,100.00
Excess		5.48
Corrected NDI Gross		$ 52.38

Example: NOT ENTITLED TO NDI PAY

For the August 1999 pay period, an employee is eligible for NDI on 08/1. The employee returns to work on 08/2 through 08/31. The salary rate is $1,100.00 and NDI is computed on that rate.

Regular pay - 22 days	=	$1,100.00
NDI pay - 1 day	=	19.29
TOTAL		$1,119.29
Monthly Salary Rate		$1,100.00
Excess		$ 19.29

NOTE: Do NOT submit form STD. 674D to Payroll Operations when this situation occurs.

5. FRACTIONAL EMPLOYEE:

If employee has only one active position, calculate NDI gross based on the actual (fractional) salary rate following steps above.

If the employee has two or more active positions, follow the steps outlined below.

a. Add the salary rates of the positions together. If the combined salary rate is greater than the maximum salary rate based on CBID (Section E 503), refer to salary conversion table (See PPM Section Z, Attachment E-1) to determine weekly rate.

b. Divide the based-on daily rate by the combined salary rates and multiply by the actual salary rate of the position in which NDI is due.

c. Multiply fractional daily rate by the number of days the employee is entitled to NDI benefits (5 decimal places), then add .005 and count two digits to the right of the decimal point and drop the remainder. This is the NDI gross.

Example: NDI SPLIT FOR FRACTIONAL POSITIONS

Employee is 3/10 time base in one position, actual salary rate $307.50; 6/10 time base in another position, actual salary rate $615.00. Employee is entitled to 25 days NDI in the 3/10 position, and/or 25 days NDI in the 6/10 position.

Step 1: $307.50 + 615.00 = 922.50 ÷ 173.33 = 5.32221 + .005 = 5.32721 = $5.32 (hourly rate)

Step 2: $5.32 x 40 x .50* = 106.40000 + .005 = 106.40500 = 106.40 (weekly rate)

$5.32 x 40 x .60* (CBID R01) = 127.680000 + .005 = 127.68500 = $127.68 (weekly rate)

Step 3: $106.40 ÷ 7 = $15.20000 (based on daily rate)

Step 4: $15.20 ÷ 922.50 x 307.50 = $5.06667 (daily rate 3/10 position)

Step 5: $5.06667 x 25 = 126.66675 = $126.66 NDI Gross for 3/10 position.

Repeat Steps 4 and 5 for the 6/10 position as follows:

Step 4: $15.20 ÷ 922.50 x 615.00 = $10.13333 (daily rate 6/10 position)

Step 5: $10.13333 x 25 = 253.33325 = $253.33 NDI Gross for the 6/10 position

* Based on CBID Section E 503.

CATASTROPHIC LEAVE SUBSIDY **E 510**
(Revised 04/99)

If an employee is eligible for NDI Catastrophic Leave, it may be used to supplement the NDI. Refer to PIMS Manual Section 2.32 and the NDI Administration Guide for rules and regulations.

Example of NDI Catastrophic Leave Subsidy

Full Month Calculation

Employee's Salary: $2,500 NDI Daily Rate: $19.28571
Calendar Days in the Month: 30 Pay Period Work Days: 22

A. Subtract the NDI Gross from the Salary Rate to arrive at the NDI Catastrophic Leave Subsidy amount. Round to two decimal places.

$2,500.00/**Salary Rate** - $578.57/**NDI Gross**
= $1,921.43/**Catastrophic Leave Subsidy**

B. Divide the employee's Salary by the number of Hours in the Pay Period (168 or 176) to arrive at Hourly Rate. Round to two decimal places.

$2,500.00/**Salary** ÷ 176/**Hours** = $14.20545 = $14.20/**Hourly Rate**

C. Divide the Catastrophic Leave Subsidy by the Hourly Rate to arrive at the NDI Supplemental Catastrophic Leave Hours. Round to the nearest whole number and convert to days and hours.

$1,921.43/**Catastrophic Leave Subsidy** ÷ $14.20/**Hourly Rate**
= 135.21 or 135 hours/**Hours to Subsidize**

135 hours = 16 days 7 hours

Partial Month Calculation

Employee's Salary: $2,500 NDI Daily Rate: $19.28571
Calendar Days in the Month: 25 Pay Period Work Days: 17

A. Divide the Salary Rate by the number of Work Days in the Pay Period Days then multiply by the number of Work Days during the NDI Disability Period.

$ 2,500.00/**Salary Rate** ÷ 22/**Work Days in Pay Period** X 17/**Work Days during Disability Period** = $ 1,931.82/**Gross Salary**

B. Subtract the NDI gross from the Gross Salary to arrive at the NDI Catastrophic Leave Subsidy amount. Round to two decimal places.

$1,931.82/**Gross Salary** - $482.14/**NDI Gross**
= $1,449.68/**Catastrophic Leave Subsidy**

C. Divide the employee's Salary Rate by the number of Hours in the Pay Period (168 or 176) to arrive at Hourly Rate. Round to two decimal places.

$2,500.00/**Salary Rate** ÷ 176/**Hours in the Pay Period** = $14.20454
or 14.20/**Hourly Rate**

D. Divide the Catastrophic Leave Subsidy by employee's Hourly Rate to arrive at the NDI Supplemental Catastrophic Leave Hours. Round to the nearest whole number and convert to days and hours.

$1,449.69/**Catastrophic Leave Subsidy** ÷ $14.20/**Hourly Rate** = 102.09 = 102 hours
= 16 Days, 7 Hours/**Convert to Days and Hours**

Overpayment of Regular Pay

When a form STD. 674D requests an A/R for regular pay and the employee is due NDI pay in lieu of what was received, Payroll Operations will transfer funds to NDI and, if necessary, establish an A/R for the gross regular pay overpayment. Also, a "credit" adjustment for retirement will be made since NDI is not subject to retirement.

NOTE: For the three examples which follow, the assumption is made that the employee has account code 08 retirement.

Example:

Employee paid 22 days regular pay at	$1000.00
Due: 21 days regular pay	$ 954.55
1 day NDI	19.29

Overpaid	$ 26.16

Payroll Operations will transfer one day regular pay into one day NDI and will transfer $19.29 gross. An A/R will be established for $26.16 gross regular pay overpayment. The NDI gross of $19.29 plus the $26.16 overpayment of regular pay is not subject to retirement; therefore, 5% of $45.45, or $2.27, will be credited against the A/R.

NOTE: Be sure to complete item 11 on form STD. 674D describing desired method of collection. If employee is on leave status (PPT S49), the A/R will be established as agency collection.

Example:

Employee paid 16 days 7 hours regular pay at		$1000.00
	=	$ 767.04
Due 14 days regular pay		636.36
10 days NDI pay		192.86
Underpaid		$ 62.18

Payroll Operations will NOT establish an A/R in this situation, even though the employee is overpaid regular pay. Instead, a transfer of funds for 2 days 7 hours regular pay to 7 days NDI will occur for a gross of $130.68. This corrects the regular pay in the pay period. However, the employee is still due 3 more days of NDI for a gross of $62.18 which will be issued to the employee. Also, a "credit" adjustment of $6.53 (5% of $130.68) will be attached to the payment since the $130.68 gross transferred to NDI is not subject to retirement.

Overpayment of NDI pay

When a form STD. 674D requesting an A/R for NDI pay and the employee is due regular pay in lieu of what was received, Payroll Operations will transfer NDI to regular pay. Also, a "debit" adjustment for retirement will be made since regular pay is subject to retirement. The adjustment will be attached to any additional regular pay due after the transfer of funds.
Example:

Employee paid 31 days NDI pay at	$1000.00	
	=	$ 597.86
Due 27 days NDI pay		520.71
3 days regular pay		136.36
Underpaid		$ 59.21

Payroll Operations will transfer 4 days NDI pay to 2 days regular pay and will transfer $77.15 gross. An adjustment will be issued for 1 day regular pay and $59.21 gross. Attached to the adjustment will be a retirement deduction for $.00 amount in this case, because $136.36 regular pay is less than the $513.00 exclusion amount. However, $136.36 will be reported to PERS for service credit and state share purposes.

When a form STD. 674D requesting an A/R for NDI pay and the employee is due IDL or TD in lieu of what was received, Payroll Operations will follow a similar process described in E 600 and E 700.

NOTE: Do NOT document the TD request on form STD. 674D. Complete form STD. 674 as outlined in E 600 and submit as a package with form STD. 674D.

SUBMISSION OF FORM STD. 674D **E 512**
(Revised 04/99)

Most NDI pay requests can be documented on the Miscellaneous Payroll/Leave Action form STD. 671 and keyed via the PIP Miscellaneous Detail screen. See Section E 006 for PIP Exceptions that must be documented on the Industrial/Nonindustrial Disability Pay/Adjustment Request, Form STD. 674D.

Employment History must be updated via PPT when placing an employee on NDI Leave. (Refer to PIMS Manual Sections 2.30 and 9.15.) It is imperative the information on Employment History is accurate as this is the foundation for auditing and verification purposes.

After Employment History has been updated, if NDI pay is a PIP Exception and therefore cannot be keyed, a form STD. 674D must be submitted for each pay period and position number.

When a summarized warrant is returned for redeposit, NDI pay can be reissued as follows:

- After the redeposit appears on Payment History (HIST) or after the Warrant Register for the redeposit is received, document the NDI pay requests on form STD. 671 (see Section E 007 for completion instructions) and key the request via the PIP Miscellaneous Detail screen.

- If the NDI pay is a PIP Exception (see Section E 006 and therefore, cannot be keyed, a form STD. 674D must be submitted. NDI pay will only be rescheduled according to the information provided in Item 8 for the pay period.

  To reschedule NDI pay for other pay periods redeposited on the summarized warrant, which cannot be keyed via PIP, submit form STD. 674D for each pay period.

Refer to PPM Section I 316, for completion instructions on returning summarized warrants. These instructions are specific to the Payroll Adjustment Notice, form STD. 674, but can also apply to form STD. 674D.

COMPLETION OF FORM STD. 674D **E 513**
(Revised 03/02)

Form STD. 674D to request NDI pay is to be completed as follows: (See PPM Section Z, Attachment E-2 Samples)

ITEM	ENTER:
1	CBID
2	Social security number
3	First and middle initials and last name (delete hyphens and enter as one name).
4	Regular position number on Line 1. If there is a mid-month position Number change, enter new Position Number on Line 1 and old Position Number on Line 2.
5	Pay Period Type (refer to PPM Section B 007), Month and Year.
6	Intervening Activity/Working While on Disability

Complete ONLY when employee is working while on disability. DO NOT SHOW TIME PRIOR TO OR AFTER A RETURN FROM A DISABILITY.

ONLY enter the regular time worked or leave credits charged in lieu of regular time **scheduled to work.** DO NOT show time on NDI. Enter number of hours and code "W" (worked):

Example:

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	
																			5W	8W	3W	6W										

7 Industrial Disability (IDL)

Complete ONLY when an employee is due IDL in the same pay period (refer to PPM Section E 713 for completion instructions).

8 Nonindustrial Disability (NDI)

a. Enter all inclusive dates employee is entitled to NDI benefits. If there is a break between dates, please make this clear.

Example:

"Employee on NDI from 3/9 - 3/17 and 3/26 through 3/30".

b. Complete this item ONLY if employee's salary rate is below the NDI maximum rate for the CBID.

Enter shift differential code and shift rate that is to be included in the NDI benefit calculation (refer to PPM Section Z, Attachment G-1).

c. Enter the average number of hours worked in the previous 18 months for an intermittent employee (refer to PPM Section E 508 for computation procedures).

9 Payment Per Controller

Enter Issue Date, PAYMENT TYPE, Time Worked (either 21 or 22 days for a standard month), and Warrant/Direct Deposit Payment Number and/or Account Receivable Number for all payments, transfer of funds, and accounts receivable. DO NOT INCLUDE payments which have been previously returned. If a warrant is attached for redeposit, check the "RET" box, otherwise leave blank.

Reminder: If a warrant is attached to form STD. 674D for redeposit, the warrant and form must be sent to the Division of Disbursements.

10 Payment Should Be (Total time for the pay period must be completed.)

Enter number of days and/or hours for each type of pay being requested. Enter timebase fraction ONLY when regular pay is less than full-time.

NDI pay must be requested in "calendar days" - DO NOT convert to hours.

NOTE: To request additional type(s) of pay not listed (i.e., supplementation), use the second line.

Complete ONLY for regular non-locked in shift differential pay. Enter the shift code, number of hours and shift rate (refer to PPM Section Z, Attachment G-1).

Verify that the amount of time requested in each type of pay corresponds with the dates and/or hours reflected in items 6, 7a, 8a and/or 11.

11 Additional Information

The following must be reflected in this item, when applicable:

A. If account receivable is to be established as payroll deduction, enter one of the following:

"Establish payroll deduction A/R for 1 deduction from next applicable pay period."

"Establish payroll deduction A/R for _____ (enter number) deductions to start with next applicable pay period (not to exceed 12 pay periods)."

"Establish payroll deduction A/R for 2% of salary rate or 1/12 of account receivable net."

B. If NDI gross must be split between two or more fractional positions, enter:

"Adjust NDI per gross fractional positions."

NOTE: Separate forms STD. 674D for each fractional position must be submitted as a package, unless fractional positions are in different departments. However, above statement must always be referenced on form STD. 674D.

C. If the combination of regular pay and NDI will exceed the employee's salary rate, enter:

"Reduce NDI gross, to not exceed salary."

D. If employee has dock and time and certified in item 10 (Payment Should Be) differs from time shown on Employment History, enter:

"Employee on dock (enter date[s] and number of hours)."

E. If employee is entitled to Temporary Disability in the same period, enter:

"Employee on TD (enter all inclusive dates)."

NOTE: Attach completed form STD. 674 for Temporary Disability along with form STD. 674D and submit as a package (refer to PPM Section E 612 for completion instructions).

F. If a mid-month salary rate change occurs, enter:

"Employee due (enter days/hrs. at 1st salary rate) and (enter days/hrs. at 2nd salary rate)."

G. For CSU employees supplementing NDI, enter one of the following:

"Catastrophic Leave Supplementation."

H. If A/R(s) shown in item 9 needs to be adjusted, enter one of the following:

"A/R #____ has been satisfied."

"A/R # _____ has not been satisfied."

I. Other - When applicable, enter:

"CSU employee position has been reorganized."

"Employee is academic or 10/12."

"Employee has separated."

12 Authorized Signature (must be original) and date.

13 Complete ONLY if different than Authorized Signature. Enter name.

14 Telephone Number of person to be contacted.

REFERENCES
(Revised 04/99)

GC 19863, 19863.1, 19865.1, 19872
SAM 0480-0484, 8538-8538.61, 8582-8593.3

INTRODUCTION
(Revised 04/99)

A state employee who is unable to work because of a work related injury/illness may be entitled to Temporary Disability (TD).

Department of General Services, Office of Insurance and Risk Management, has overall program responsibility for Workers Compensation Temporary Disability (WCTD).

The State Compensation Insurance Fund (SCIF) is responsible for administering all work related disability claims. Campuses will be notified by SCIF that an injury/illness claim has been approved/disapproved as work related.

Temporary Disability payments are issued by SCIF and, based upon the direction provided by the campus, are sent directly to the employee or the campus. Most supplementation pay requests can be documented on form STD. 671 and keyed in via PIP Miscellaneous Detail screen. See Section E 006 for PIP Exceptions and E 007 for form STD. 671 completion instructions.

Form STD. 674 must be submitted for TD PIP Exceptions. See Section E 611 for completion instructions.

SUPPLEMENTATION OPTIONS **E 601**
(Revised 04/99)

Since SCIF payments frequently will not equal the employee's monthly salary, the employee may use leave and holiday credits to supplement SCIF payments. Options available are:

No Supplementation - Employee elects not to use holiday/leave credits and receives only the SCIF payment.

Partial Supplementation - Employee has insufficient holiday/leave credits to bring payment (supplementation plus SCIF) up to full salary.

Full Supplementation - Employee has sufficient holiday/leave credits for period of absence to receive regular full salary payments.

Supplementation payments and/or accounts receivable (A/R) are identified as payment type "U", payment type suffix "T".

A detailed explanation of each option follows.

<u>No Supplementation</u>

Employees who elect NOT to supplement SCIF payments are placed on inactive pay status (PPT Item 565 Injury Code 2) and a master payroll warrant is not created. These employees receive only SCIF payments during their absence; however, they do continue to accrue holiday/leave credits.

<u>Partial Supplementation</u>

Employees who do not have sufficient holiday/leave credits to cover their absence in a pay period or elect not to use all credits available, are placed on inactive pay status (PPT Item 565 Injury Code 2) and a master payroll warrant is not created. The SCIF payment will be released to the employee in lieu of the master payroll warrant.

If the employee elects to supplement the SCIF payment with holiday/leave credits, the TD Supplementation pay for current and prior (no more than 12 months) month is documented on form STD. 671 and keyed via the PIP Miscellaneous Detail screen. See Section E 006 for PIP Exceptions and E 007 for form STD. 671 completion instructions.

Partial Supplementation for semi-monthly employees should be requested for the second half to ensure deductions are applied. However, if the holiday pay occurs in the first half, that pay must be requested in the first half.

Form STD. 674 must be submitted for TD PIP Exceptions. See Section E 611 for completion instructions.

Full Supplementation (payment)

Employees who have sufficient holiday/leave credits to cover their absence in a pay period but did not receive a master payroll warrant as they are on inactive pay status (PPT Item 565 Injury Code 2), may receive the difference between the full month's gross and the SCIF payment. TD Supplementation pay for current and prior (no more than 12 months) month is documented on form STD. 671 and keyed via the PIP Miscelleneous Detail screen. See Section E 006 for PIP Exceptions and E 007 for form STD. 671 completion instructions. Instructions for calculating Full Supplementation pay is provided in Section E 310 and E 311.

Form STD. 674 must be submitted for TD PIP Exceptions. See Section E 311 for completion instructions.

Full Supplementation (accounts receivable)

Employees who have sufficient holiday/leave credits to cover their absence, remain on active status (PPT Item 565 Injury Code 1) and receive a master payroll warrant for each pay period. A SCIF payment is also issued; however, it may be held by the campus because Government Codes prohibit payments and benefits in excess of an employee's full salary.

Form STD. 674 is submitted to Payroll Operations to establish an A/R and restore the employee's leave credits which were covered by the SCIF payment. Calculation instructions for computing leave credits to be restored are provided in E 609 and E 611. The A/R is then cleared by the SCIF payment.

NOTE: Since holiday/leave credits used while on TD should not be reported to the Employment Development Department, Unemployment Insurance, it is necessary for Payroll Operations to do a transfer of funds from regular pay (payment type O) to TD Supplementation (payment type U, payment type suffix T). The leave credits charged, but not restored, must be shown on the form STD. 674, "Payment Should Be" on "SUPPL" line (see E 611 for completion requirements).

WAITING PERIOD **E 602**
(Revised 04/99)

TD is a benefit that is payable when an employee is unable to work due to a work related injury/illness for more than three calendar days. This period is referred to as the "Waiting Period." The waiting period begins the day following the injury date and need not be consecutive days. The employee receives full pay for the date of injury and no charge is made for absence. Absences for parts of a day due to the injury or illness may be accumulated to full days and count toward the waiting period.

Absences on regular work days during the waiting period must be charged to leave credits, or any holiday credits, if one occurs, during the three-calendar-day waiting period. However, the employee must be docked if he/she does not have time to cover the absences.

In most cases, SCIF will accept and count Saturday, Sunday, or holiday toward the three-calendar-day waiting period, provided this time is substantiated by the physician and meets certain criteria set by SCIF. All time approved for a disability period should be substantiated in writing by SCIF.

When a full-time employee's work schedule is other than an eight hour day, the employee should be moved to an eight hour five day schedule for determining the leave credits to be charged during the waiting period.

The waiting period is waived if the employee is a) hospitalized, b) unable to work for more than 14 days, or c) injured on the job as the result of a criminal act of violence against the employee.

DOCUMENTATION **E 603**
(Revised 04/99)

Upon notification of TD approval, process the following:

- PPT to update Employment History.
- Form STD. 671 to request current and prior (no more than 12 months) month pay.
- Form STD. 674 to request TD pay for PIP Exceptions, transfer of funds, and/or A/R.

If the pay period is prior to three years, a copy of either SCIF Form 290/3290 or a Workers Compensation Appeal Board decision must be attached to form STD. 674.

Payroll Operations has three years from the SCIF approval date to issue supplementation pay.

When the waiting period is waived after initially being served, process the following:

- PPT to update Employment History.
- Form STD. 674 to request the waiting period (TD pay), or transfer of funds and/or A/R.

Employees who exhaust their IDL benefits and do not return to work shall be placed on TD on the date following the termination date of IDL. Process the following:

- PPT to update Employment History.
- Form STD. 674 and form STD. 674D to request correct amount of pay for each benefit.
- Form STD. 671 to request Partial and Full Supplementation.

CHANGE OF BENEFITS **E 604**
(Revised 04/99

Refer to E 003 for change in benefit information for CSU employees.

ATTENDANCE REPORTING FOR EMPLOYEE ON TD **E 605**
(Revised 04/99)

For employees on active payroll status (PPT Item 565 Injury Code 1) supplementing and receiving full pay for the pay period, the attendance should show the following:

- For monthly employees paid negatively, enter standard on Form 672.
- For hourly/daily employees paid positively, enter total time to be paid on Form 672.

For employees on inactive payroll status (PPT Item 565 Injury Code 2), the attendance should show the following:

- Report ONLY the time actually worked in the pay period on Form 672.
- Leave credits requested for Full or Partial Supplementation, must NOT be included on Form 672.
- If an employee returns to work part-time with a doctor's consent DURING the TD period, the time actually worked must be included in the Total Time Worked column of Form 672.

  For employees reported on negative attendance, an entry on the Exception Notice, form STD. 666, will be required in order to reconcile attendance. A form STD. 674 MUST be submitted to request payment for this time. Submit form STD. 674 for each pay period an employee works while on TD indicating all dates and time worked in Item 5D - E 611.
- Employees who return to work part-time can qualify for partial SCIF payments computed on weekly wage loss basis. However, partial days off CANNOT be accumulated and reported as full days on TD. Contact the local SCIF office for further information. On form STD. 674, enter "wage loss" when applicable.

MANDATORY WITHHOLDING AMOUNTS **E 606**
(Revised 04/99)

Federal and State Income Tax deductions WILL BE withheld from TD Supplementation payments provided there is enough taxable gross. Gross amount and taxes withheld will be reported on Form W-2.

Social Security and Medicare WILL BE withheld from payments unless the employee is not a Social Security or Medicare member or has reached the yearly maximum payment for Social Security. The gross amount, Social Security and Medicare will be reported on Form W-2.

Note: Employees who are off work for a period of more than six consecutive calendar months and continue to receive TD Supplementation payments are entitled to a refund of their Social Security and Medicare taxes. The refund is based on the employee's sick leave, vacation, extra, holiday, and annual leave hours used to supplement the disability payments. For further information regarding this program, see Section H 257 on Social Security and H 280 on Medicare.

Retirement contributions WILL BE deducted from TD Supplementation payments provided there is sufficient gross pay. State share will be based on the gross amount of the payment.

MANDATORY/VOLUNTARY DEDUCTIONS **E 607**
(Revised 04/99)

All established mandatory and voluntary deductions will be withheld from supplementation pay if not already taken from another payment in the pay period and there is sufficient gross pay. The priority deduction table listed in Section H 008 will be applied.

Employees must cancel those deductions they do not wish to have withheld from supplementation pay. Employees must request deduction cancellations by contacting the respective deduction company(s) or personnel/payroll office. Cancellations must be received in Payroll Operations by the cutoff dates specified in Sections H 007 and H 014 - 016.

Employees who choose NOT to supplement leave credits are responsible for paying deductions and state share amounts directly. However, Deferred Compensation and Tax Sheltered Annuity deductions cannot be paid directly.

ABATEMENTS **E 608**
(Revised 04/99)

When an employee physically works the entire month or most of the month and SCIF approves, based on the Doctor's Certification, a weekend combined with the regular pay, would exceed the employee's salary. If this happens, an abatement occurs. The excess is abated per the State Administrative Manual (SAM) Section 8582 - 8593.3.

To report the excess amount, complete a Remittance Advice, Form CA21, and submit it to the Division of Accounting. The excess will be put in the agency support appropriation, personal services category.

To determine if a SCIF payment is in excess, compute the employee's pay for the period of absence due to the disability and compare to the SCIF payment.

- If the employee's pay for the absence is equal to or greater than the SCIF payment, there is no excess.

- If the SCIF payment is greater than employee's regular pay for the absence, then subtract the regular pay to arrive at the amount of excess or abatement amount.

EXAMPLES:

A. An employee on a Monday through Friday work schedule (22 day pay period) is injured and hospitalized on Thursday. Employee is absent from work on Friday due to the disability and returns to work the following Monday. The employee received a SCIF daily rate of $48.00 a day for Friday, Saturday, and Sunday totaling $144.00. The employee's salary rate is $2,999.00 and he would have received $136.32 for working that Friday. The difference between the SCIF payment of $144.00 and the work payment of $136.32 is $7.68, which would be abated. The $136.32 payment would be reported on form STD. 674 to Payroll Operations as SCIF payment.

B. An employee on a Monday through Friday work schedule is injured and hospitalized on Friday. The employee returns to work the following Monday. The employee is not charged leave credits for Friday, Saturday, or Sunday, but receives a SCIF payment of $96.00 for Saturday and Sunday. The entire $96.00 would be abated since the employee was not charged leave credits for the absence. NO form STD. 674 is submitted to Payroll Operations.

C. An academic pay plan employee works 10 months but receives salary in 12 installments. When an academic employee remains on TD after the end of the academic work period, he/she would NOT be entitled to the SCIF payments issued during this period since the employee is not working and is not charged leave credits during this nonwork period. The entire SCIF payment would be abated. NO form STD. 674 is submitted to Payroll Operations.

D. A 10/12 or 11/12 Pay Plan employee works 10 months or 11 months respectively and receives salary in 12 installments. When a 10/12 or 11/12 employee remains on TD after the end of the 10 or 11 month work period, he/she would not be entitled to the SCIF payments issued during this period since the employee is not working and therefore is not charged leave credits during this nonwork period. The entire SCIF payment would be abated. NO form STD .674 is submitted to Payroll Operations.

SCIF CALCULATIONS **E 609**
(Revised 04/99)

To determine leave credits to be restored or time covered by the SCIF payment, calculate as follows:

1) Divide employee's monthly salary by total hours in the pay period to determine hourly rate.

- For monthly employees, divide the salary rate by the total hours (168/176) in the pay period.
- For daily employees, divide the daily rate by 8.
- For fractional employees, use the BASED-ON-RATE and divide by the total hours (168/176) in the pay period.
- For academic pay plan employees, multiply the salary rate by 12, divide by the total academic days in the academic year, and then divide by 8.
- For 10/12 or 11/12 Pay Plan employees use the 12/12 salary rate and divide by the total hours (168/176) in the pay period.
- For hourly rate employees, proceed to step 2, unless they receive shift differential pay.
- Employees who receive shift differential pay (payment type 2) must have this pay included in the salary rate; e.g., employee receives $88.00 shift pay. Add this amount to the employee's monthly salary rate of $2,500 and use $2,588.00 to determine the hourly rate. For hourly employees, add the hourly shift rate to their hourly rate.

2) Divide SCIF payment by the hourly rate and round to the nearest whole number to determine the credit hours covered.

If the SCIF hours exceed the leave credit hours originally charged, the SCIF hours must be reduced accordingly.

EXAMPLE:

Employee is injured and hospitalized on Wednesday. Thursday is covered by eight hours leave credits, Friday is a holiday, and the employee returns to work the following Monday.

SCIF paid the employee $48.00 per day for Thursday, Friday, Saturday, and Sunday totaling $192.00. The employee's monthly salary is $3,350.00, and this is a 22 day pay period.

$3,350.00 ÷ 176 = $19.03 hourly rate
$ 192.00 ÷ $19.03 = 10.09 (round to 10 hours)

Hours reduced to 8 due to holiday. Note: Enter time in item 5BB on form STD. 674 (E 611).

3) Convert hours into days and hours (not required for hourly employees).

EXAMPLE:

Employee worked 64 hours and was absent on disability 112 hours. Had the employee not been absent on disability he/she would have earned a full month's pay. The employee's salary is $2,850.00, this is a 22 day (176 hours) pay period and the SCIF payment is $960.00.

$2,850.00 ÷ 176 = $16.19
$ 960.00 ÷ $16.19 = 59.30 (round to 59)
59 hours = 7 days 3 hours

(If fractional, convert to fractional time; i.e., half-time 59 hours = 14 days 3 hours.)

The results care the number of leave credit hours that should be restored or that was covered by the SCIF payment.

SUPPLEMENTATION **E 610**
(Revised 04/99)

Employees may either receive Full or Partial Supplementation if they have sufficient leave credit to cover the difference between the SCIF payment and their monthly gross wages.

Full Supplementation means employees do have sufficient leave credits while for Partial Supplementation they do not or have elected to not use all of their available credits.

<u>Full Supplementation calculation</u>

To calculate gross pay for Full Supplementation do NOT use the Fractional Pay Scale.

To determine if the employee can receive Full Supplementation do the following:

STEP 1 Determine hourly rate (see E 309 -1)
STEP 2 Divide the SCIF payment by the hourly rate to determine hours covered by this payment.
STEP 3 Subtract the SCIF hours from the hours for the pay period to determine leave credit hours needed to receive Full Supplementation.
STEP 4 Subtract the SCIF payment from the employees monthly salary or the gross pay (if less than a full month) to determine the supplementation amount.
STEP 5 Convert the supplementation time to days and hours based upon time base; i.e., 8 hours = 1 days for full time, 8 hours = 2 days for half time, etc. (not required for hourly employees).

EXAMPLES:

FULL PAY PERIOD ON TD

Employee's monthly salary is $2,000.00. The SCIF payment is $1,140.00 (30 days @ $38.00). This is a 22 day (176 hours) pay period.

Step 1. $2,000.00 ÷ 176 = $11.36
Step 2. $1,140.00 ÷ $11.36 = 100.35 or 100 SCIF hours
Step 3. 176 - 100 = 76 SUPPL hours
Step 4. $2,000 - 1140.00 = $860.00
Step 5. 76 hours = 9 days 4 hours

LESS THAN A FULL PAY PERIOD ON TD

Employee's monthly salary is $2,000.00. The SCIF payment is $798.00 (21 days at $38.00 per day). This is a 22 day (176 hours) pay period. SCIF covers 21 calendar and 15 work days (06/01/99 - 06/21/99).

Step 1. $2,000.00 ÷ 176 = $11.36
Step 2. $ 798.00 ÷ 11.36 = 70.25 or 70 SCIF hours
Step 3. 120 - 70 = 50 SUPPL hours
Step 4. $1,363.64 - 798.00 = $565.64
Step 5. 50 hours = 6 days 2 hours

Partial Supplementation calculation

EXAMPLE:

Employee's monthly salary is $2,000.00. This is a 22 day (176 hours) pay period and supplementing 34 hours leave credits.

$2,000 ÷ 176 x 34 = $386.36 Gross pay Partial Supplementation.

COMPLETION OF FORM STD. 674 **E 611**
(Revised 03/02)

Accounts Receivable - complete as follows when restoring leave credits:

ITEM	ENTER
1	Mark PPSD/Payroll Services box
2	Social security number
3	Employee name
4	Position number for the pay period of the request.
5	Remarks

I. Enter "Per GC 19863, employee absent on Temporary Disability from_____ through _____." (inclusive dates in pay period)

A. Enter monthly salary rate ÷ hours in pay period including any holiday(s) = hourly rate.

B. Enter SCIF payment ÷ hourly rate = SCIF hours. Round to the nearest whole number.

BB. Enter hours, if applicable. (E 609 - 2)

C. Enter hours to be restored from B or BB.

D. Enter hours from Line C and convert into days and hours based upon time base; i.e., 8 hours = 1 day for full time, 8 hours = 2 days for half time, etc. (not required for hourly employees).

II. Daily rate paid by SCIF. If daily rate changes during the pay period, enter both rates and indicate dates.

If SCIF amount is adjusted by wage loss, abatement or attorney fees, adjust SCIF daily rate accordingly.

NOTE: SCIF amount ÷ calendar days on TD = SCIF daily rate

- Enter amount of "Wage Loss" if SCIF payment was computed on a wage loss basis; otherwise, N/A
- Enter amount of abatement; otherwise, N/A. (E 608)
- If attorney fees are deducted from SCIF payment, delete wage loss or abatement item and enter "Atty. Fees" and amount.

6 Payment per Controller Warrant Register - must always be completed.

Lines 1 and 3	Enter payment(s) and adjustment(s) for the pay period including shift differential (payment type 2) and appointment fraction when applicable.
Line 2	Enter "SCIF" in salary rate and SCIF information in time and gross column.
Line 4	Total lines 1, 2, and 3. Then enter the results in time and gross column.

Payment Should Be - complete each line through gross column.

Line 1	TIME WORKED LINE - enter pay period type/month/year, "regular" for regular pay, time worked appointment fraction when applicable, payment type and gross columns.
Line 2	SCIF LINE - Enter "SCIF" in salary rate and SCIF information in time and gross columns.
Line 3	SUPPLEMENTATION LINE - Enter "SUPPL" in salary rate and supplementation information in time, payment type "U", payment type suffix "T" and gross columns.
Line 4	Total lines 1, 2 and 3. Then enter the results in time and gross columns.

Overpayment - Enter "SCIF", time worked, and gross in appropriate columns.

7 Overpayment to be recovered by: check appropriate box indicating method of collection. Most TD accounts receivable will be agency collection. If payroll deduction, enter pay period of collection.

Form completed by/telephone number
Agency name

Authorized signature/date

Supplementation Pay - for PIP Exceptions (See Section E 006) complete as follows when supplementing the SCIF payment (see PPM Section Z, Attachment E-3 Samples).

1 Mark PPSD/Payroll Services box.
2 Social security number.
3 Employee name.
4 Position number for the pay period of the request.
5 Remarks

I. Enter "Per GC 19863, employee absent on Temporary Disability from _____ through _____." (inclusive dates in pay period)

A. Enter Monthly Salary rate ÷ Hours in Pay Period (including any holiday[s]) = Hourly Rate
B. Enter SCIF Payment ÷ Hourly Rate = SCIF Hours; Round to the nearest whole number and convert into days and hours based upon time base; i.e., 8 hours = 1 day for full time, 8 hours = 2 days for half time, etc. (not required for hourly employees)
C. Enter "employee entitled to" and the number of days and/or hours the employee is supplementing. Enter "as" and either "Full" or "Partial" Supplementation
D. Enter dates and hours worked while on Temporary Disability during the pay period, if applicable; otherwise, N/A

Enter non-pay dates (e.g., dock, late start, suspension, etc.)

E. Enter the daily rate being paid by SCIF. If daily rate changes during the pay period, enter both rates and indicate dates

If SCIF amount is adjusted by wage loss abatement or attorney fees adjust SCIF daily rate accordingly

SCIF amount ÷ calendar days on TD = SCIF daily rate

- Enter amount of "Wage Loss" if SCIF payment was computed on a wage loss basis; otherwise, N/A.
- Enter amount of abatement; otherwise, N/A (E 608).
- If attorney fees are deducted from SCIF payment, delete wage loss or abatement item and enter "Atty. Fees" and amount.

6 Payment Should Be - Complete each line through gross columns.

Line 1 TIME WORKED LINE - enter pay period - type/month/year, "regular" for regular pay, time worked, appointment fraction (when applicable), payment type, and gross columns.
Line 2 SCIF LINE - enter "SCIF" in salary rate and SCIF information in time gross column.
Line 3 SUPPLEMENTATION LINE - enter "SUPPL" in salary rate and supplementation information in time, payment type "U", payment type suffix "T" and gross columns.

NOTE: Total time in lines 2 and 3 CANNOT exceed total work days on TD.

Line 4 Total lines 1, 2, and 3. Then enter the resulting time and gross columns.

NOTE: When TD and IDL are in the same pay period, do not include IDL time in "payment should be."

Underpayment – enter "SUPPL" or "regular" in salary rate and complete time, payment type, and gross information.

Form completed by/telephone number

Agency name

Authorized signature/date

SPECIAL PROCESSING **E 612**
(Revised 04/99)

When an employee changes benefits retroactively from IDL/NDI to TD, and IDL/NDI pay has already been issued and released, submit form STD. 674D to establish an A/R for the IDL/NDI pay. Form STD. 674 must be submitted to request TD Supplementation if the employee elected to supplement SCIF payments. These forms must be stapled together and sent to Payroll Operations, Disability Unit.

If the employee did not elect to supplement SCIF payments with leave credits, an A/R is established against the IDL/NDI pay. ONLY submit the form STD. 674D and indicate that employee chose "No Supplementation" in Remarks section.

If the employee elected to supplement SCIF payments with holiday/leave credits, an A/R will not automatically be established against the IDL/NDI pay. Instead, a transfer of funds from IDL (payment type 6 or N)/NDI (payment type T) to TD (payment type U, payment type suffix T) will be processed using information provided on the form STD. 674.

In these cases, an adjustment to the employee's gross (either an A/R or payment) may be necessary due to the different way in which IDL/NDI and TD benefits are computed. If an adjustment is necessary, it will be issued without further documentation from the campus.

If the transfer of funds is from IDL to TD, a one-time Social Security and Medicare deduction may be necessary since IDL payments are not subject to Social Security and Medicare.

If the transfer of funds is from NDI to TD, a one-time retirement deduction may be necessary since TD Supplementation is subject while NDI is not.

NOTE: A Form W-2C will be issued if the original IDL payment was issued in a prior year because the transfer is from nontaxable to taxable gross wages.

Regular pay to IDL and TD

EXAMPLE:

Employee received a standard warrant for $2,500.00 for the June 1992 pay period.

Due 10 days IDL full and 12 days TD with Full Supplementation.

Submit forms STD. 674D and 674.

SCIF paid $864.00, which covers 7 days, 5 hours.

Employee uses 4 days, 3 hours leave credits for Full Supplementation.

Married with 2 exemptions; employee is a Social Security and Medicare member.

Step 1 Transfer 10 days, $1,136.36 gross from payment type 0 (regular) to payment type 6 (IDL full).

Step 2 a. Establish A/R for $276.21 gross which is the difference between the $1,136.36 gross transferred to IDL and the $860.15* IDL benefit.

* $1,136.36 reduced by
$ 161.93 federal tax
$ 27.35 state tax
$ 70.45 Social Security
$ 16.48 Medicare

b. Attach code 099 (federal tax), code 095 (state tax), code 097 (Social Security) and code 092 (Medicare) credits to A/R, reducing the A/R net to zero.

Step 3 Transfer 12 days, $1,363.64 gross from payment type 0 (regular) to payment type U, payment type suffix T (TD Supplementation).

Step 4 Establish A/R for $864.00 gross, restoring 7 days 5 hours leave credits to employee.

Retirement, Social Security and Medicare "credit" amounts of $43.20, $53.57 and $12.53, respectively, will be applied to the A/R since SCIF payments are not subject.

<u>IDL to TD</u>

EXAMPLE:

Employee received a warrant for 22 days 2/3 IDL (payment type N), $1,666.67 gross for the June 1992 pay period.

Employee later elects TD with Full Supplementation beginning on the 23rd date, effective June 1, 1992.

Submit form STD. 674.

Salary rate is $2,500.00.

SCIF paid $1,440.00, which covers 12 days, 5 hours.

Employee will use 9 days, 3 hours leave credits for Full Supplementation - $1,060.00 gross.

Employee is a Social Security and Medicare member.

Step 1 Transfer 22 days, $1,666.67 gross from payment type N (IDL 2/3) to payment type U, payment type suffix T (TD Supplementation).

Step 2 a. Establish an A/R for 12 days, 5 hours*, $606.67 gross which is the difference between 22 days, $1,666.67 gross, IDL 2/3 paid, and the 9 days, 3 hours $1,060.00 gross, transfer to TD.

* This time represents the leave credits to be restored to the employee.

b. A retirement "credit" adjustment of $72.00 will be applied to the A/R since the $1,440.00 paid by SCIF is not subject to retirement.

c. Social Security and Medicare "debit" adjustments of $65.72 and $15.37 based on the $1060.00 TD Supplementation will be applied to the A/R.

NDI to TD

EXAMPLE:

Employee received a warrant for 30 days NDI, $578.57 gross for the June 1992 pay period. Disability is later determined to be work related and employee elects TD with Full Supplementation.

Submit form STD. 674.

Salary rate is $2,500.00.

SCIF paid $1,440.00 which covers 12 days, 5 hours.

Employee will use 9 days, 3 hours leave credits for Full Supplementation $1,060.00 gross.

Step 1 Transfer 30 days, $578.57 gross from payment type T (NDI) to 5 days payment type U, payment type suffix T (TD Supplementation).

$2,500.00 ÷ 22 = $113.64
578.57 ÷ 113.64 = 5.09
Rounded 5.09 to 5 days

Step 2 a. Issue a payment for $481.43, which is the difference between the $578.57 (gross transferred) and the $1,060.00 TD Supplementation gross.

The time on the payment will be for the 4 days, 3 hours still due (9 days, 3 hours TD Supplementation less the 5 days transferred to TD Supplementation).

b. A retirement "debit" adjustment (code 003) for $27.35 will be attached to the payment since TD is subject while NDI is not.

Education Codes	89529 - 89529.11
SAM	2580-2584
CSU	IDL Administrative Guide

INTRODUCTION
(Revised 04/99)

Industrial Disability Leave (IDL) applies only to members of the STRS or PERS.

Covered employees who are temporarily disabled on the job are entitled, regardless of length of service, to receive IDL payments (in lieu of TD) for a period NOT exceeding 52 weeks (365 calendar days) within two years from the first day of disability. The first date of disability is the first date of last time other than the date of injury. Since the day of injury is not part of the eligibility period for the purpose of receiving benefits, it would not be appropriate to include the date of injury as the beginning of the two year period. Employees will receive full pay for the first 22 working dates of disability and 2/3 pay thereafter.

Employees will be given a one-time opportunity to change benefits. At any time during the first 90 calendar days of absence, the disabled employee may notify his/her campus to change benefits from IDL to Workers' Compensation Temporary Disability benefits or vice versa. Such change shall be a one-time opportunity and shall be effective on the 90th calendar day of absence.

Enhanced Industrial Disability Leave (EIDL) is an extended benefit of the IDL program. For employees in Bargaining Unit 8, University Police Officers, the EIDL benefit is no longer limited to injuries received as a result of a criminal act of violence.

EIDL entitles employees to receive IDL "full pay" for a period not to exceed one to three years, depending on the Bargaining Unit, from the occurrence of that injury. If an employee becomes ineligible to continue receiving the enhanced benefit prior to the one to three year limit, but is still disabled (as certified via SCIF Form 3290) he/she may still be eligible for IDL at 2/3 pay.

The EIDL benefit does not apply to presumptive, stress-related disabilities, any psychiatric disability or any disability arising from a psychiatric injury.

The Chancellor's Office has program responsibility for CSU employees.

SCIF is responsible for administering all work related disability claims. Campuses will be notified by SCIF that an injury/illness claim has been approved/disapproved as work related.

IDL payments must be reduced by disability benefits received from other employer subsidized programs.

The disabled employee shall not receive sick leave with pay on TD for any day for which he receives IDL payments except for employees on Sick Leave Supplement Program.

IDL payments shall be contingent upon a) appropriate medical determination and, b) the agreement of the employee to cooperate and participate in a reasonable vocational rehabilitation plan when furnished by the state.

If a salary warrant is issued for time during which the employee was on IDL, the warrant must be returned to Administration and Disbursements Division. If such warrants are cashed, the employee's taxes, Social Security and Medicare will be reported incorrectly.

The gross IDL payment and state share for retirement, health, dental, and life insurance will be transferred from campus appropriations (personal service category, staff benefits).

IDL payments for EIDL and for full pay IDL will all be identified as payment type "6" and for 2/3 IDL pay as payment type "N".

WAITING PERIOD **E 701**
(Revised 04/99)

The disabled employee must serve a three calendar-day waiting period after the date of injury before becoming eligible for Industrial Disability Leave benefit payments unless:

1) The employee is disabled as a result of an injury growing out of a criminal act of violence against the employee, in which case the employee is eligible for IDL benefit payments from the first day of disability.

2) The employee is hospitalized on the date of injury, in which case the employee is eligible for IDL benefit payments from the first calendar day following the date of injury.

3) The employee is hospitalized later because of the disability, in which chase the employee is eligible for IDL benefit payments from the first day of the three calendar-day waiting period.
4) The employee is disabled for more than 14 calendar days, in which case the employee is eligible for IDL benefit payments from the first day of the three calendar-day waiting period.

The three calendar-day waiting period need not be consecutive. Partial days of absence relating to the disability shall be accumulated to full days toward the waiting period. On the date of injury, the disabled employee shall be compensated for the full amount of time he/she would have worked has the injury not occurred. The waiting period may begin on the day following the injury, or at a later date. The disabled employee shall be eligible for IDL benefit payments when the accumulation of time off completed the three calendar-waiting period. The waiting period may include weekend days. This can occur at any time during the day. The three calendar-day waiting period is equivalent to 24 hours of scheduled work for an employee on an eight-hour work day schedule, 30 hours of scheduled work for an employee on a ten-hour work day schedule and 36 hours of scheduled work for an employee on a twelve-hour work day schedule.

When a waiting period is waived after initially being served, the following must be documented:
- PPT to update employment history.
- Form STD. 647D to pay the waiting period.

If employee has received the first 22 working dates of full IDL, the three days waiting period will be issued as 2/3 IDL pay.

IDL RESTRICTIONS E 702

(Revised 04/99)

	IDL FULL	IDL 2/3	EIDL	CSU SUPPL.
Payment type/suffix	**6**	**N**	**6**	**U/C**
Member of PERS/STRS	**Yes**	**Yes**	**Yes**	**Yes**
Restricted BU	**No**	**No**	**CSU 08**	**No**
Effective Date	**1/1/75**	**1/1/75**	**Various**	**Various**
Benefit	**Full Pay Less Taxes, Social Security and Medicare**	**2/3 of Full Pay**	**Full Pay Less Taxes, Social Security and Medicare**	
Waiting period	**3 calendar days**	**Pay follows 22 days IDL Full**	**None EIDL pay begin on the 23rd day**	**Starts after IDL 22 days full pay**
Waiting period waived	**If: 1) Hosp., 2) Disabled more than 14 days, or 3) Injury due to criminal act of violence**	**No**	**No**	**No**
May receive sick leave with pay	**No**	**No**	**No**	**No**
Must exhaust sick leave credits	**No**	**No**	**No**	**Yes Section E425**
Entitled to WCTD or other benefits	**No**	**No**	**No**	**No**
Must use accrued leave credits	**No**	**No**	**No**	***No**

* Supplementation is limited to the use of sick leave accrued up to the date of the work-related disability.

IDL BENEFITS E 703

(Revised 04/99)

An employee temporarily disabled due to a work related disability is entitled to IDL payments for a period NOT to exceed 52 weeks (365 calendar days) within two years from the first day of disability. The first date of disability is the first date of lost time other than the date of injury.

Example: Benefits began on 12/22/90 and will end on 12/21/92.

When counting IDL dates for both the first 22 working and the 365 calendar, any part of a day on IDL equals one full date on disability. Although an employee is only paid 21/22 days each month, all calendar days go toward the 365. This is the equivalent of 260 paid dates.

Example: Employee approved for 3 hours of IDL for 11/30/90, which is counted as 1 date of the first 22 working dates and 365 calendar days.

NOTE: A full-time employee on an irregular work schedule (other than an eight-hour day, Monday through Friday), should be removed from the schedule at the beginning of the earliest possible week.

DOCUMENTATION **E 704**
(Revised 04/99)

Once an employee advises the employer of a possible work-related injury or illness and the employee has either lost time from work or been seen by a doctor, an employee's claim for Workers' Compensation Benefits, SCIF Form 3301, must be provided within 24 hours to the employee. The campus must submit the employer's first Report of Injury or Illness, SCIF Form 3067, to SCIF within five working days.

NOTE: Consult PIMS Section 7.27 to determine if it is appropriate to process a PPT to document pending disability.

SCIF will send a Notification of Approval, Form 3290, indicating periods of disability accepted as work related.

Employment History must be updated when placing an employee on Industrial Disability Leave (IDL) via PPT Transaction Code 565 (refer to PIMS Sections 2.16 and 7.29).

Most IDL pay can be documented on form STD. 671 and keyed via the PIP Miscellaneous Detail screen. See Section E 006 for PIP Exceptions and E 007 for form STD. 671 completion instructions.

Form STD. 674D must be submitted for IDL PIP Exceptions. See Section E 713 for completion instructions.

A PPT must be processed when a CSU employee on IDL returns to work, without missing work due to the disability and is effective on the date of return (refer to PIMS Section 2.16). IDL pay for current and prior (no more than 12 months) month is documented on form STD. 671 and keyed via the PIP Miscellaneous Detail screen. See Section E 006 for PIP Exceptions and E 007 for form STD. 671 completion instructions.

Form STD. 674D must be submitted for IDL PIP Exceptions. See Section E 713 for completion instructions.

ATTENDANCE REPORTING FOR EMPLOYEES ON IDL **E 705**
(Revised 04/99)

For employees who are reported "To IDL" by PPT, only the time the employee was in normal pay status during the pay period will be entered in the Time Worked box of the Time and Attendance Report, Form 672; i.e., applicable time before and/or after the IDL period plus any time actually worked during the IDL period.

Time for which IDL pay is requested on form STD. 671 or STD. 674D must not be included in the Time Worked box. For employees on IDL Sick Leave Supplement Program, time for which sick leave pay is requested on form STD. 671 or STD. 674D must not be included in the "Time Worked" box.

For monthly rate employees paid monthly, the Time Worked box must not have a check mark entered for standard scheduled time.

If an employee is released by the physician to work full- or part-time during the IDL period PPT Item 565 will be entered on the Employment History to return the employee FROM IDL, the time actually worked will be included in the Time Worked box. Employees reported on a negative attendance basis will require an entry on a Report of Exception, form STD. 666, because such time will not be included in the master payroll payments, and form STD. 671 must be documented and keyed via the PIP Miscellaneous screen. See Section E 006 for PIP Exceptions and E 007 for form STD. 671 completion instructions.

Form STD. 674D must be submitted for IDL PIP Exceptions. See Section E 713 for completion instructions.

NOTE: Employees that REMAIN on IDL even though they have partially returned to work, should NOT be entered on either Form 672 or form STD. 666 because they are not an exception to payroll due to "off payroll status."

WORKING WHILE ON IDL **E 706**
(Revised 04/99)

If an employee returns to work and IDL continues, use form STD. 674D and enter in Item 6 the number of hours and the corresponding Code ("W" for Worked, "L" for Dock and "C" for IDL) for each applicable date. Complete item 10 (Payment Should Be) certifying time for "REGULAR", "IDL FULL" and/or "IDL 2/3".

NOTE: This method should be used when a physician permits an employee to return to work partial days (4 hours a day) or a few days a week (e.g., Monday/Wednesday/Friday or Tuesday/Thursday). Employees released to work in this manner are entitled to receive regular pay for the time worked and IDL for the balance of time if approved by SCIF.

HOLIDAYS WHILE ON IDL **E 707**
(Revised 04/99)

Employees on IDL are entitled to IDL for holidays as they occur.

DEDUCTIONS **E 708**
(Revised 04/99)

<u>Federal/State Income Tax, Social Security and Medicare</u>

Deductions for Federal/State Income Tax, Social Security and Medicare will NOT be made from IDL payments because they are staff benefits rather than salary and wages. IDL payments are not reported as Taxable Wages or Other Compensation on Form W-2. However, an employee's full gross will be reduced by the amount of Federal and State Income Tax, Social Security and Medicare to establish IDL reduced gross.

Retirement

Retirement contributions WILL BE deducted from all IDL payments. The deduction amount will be computed at the employee's current rate on the "full pay" amount and the "full pay" amount will be reported to PERS/STRS for full service credit. The state share will be computed in the same manner.

Voluntary Deductions/Salary Reductions

Deductions for PERS survivor benefits, retirement arrears contributions/adjustments, miscellaneous voluntary deductions and accounts receivable will be made automatically from IDL payments if gross is sufficient.

Per CCP 688.030, IDL payments are exempt from salary garnishments except for support order filed under FC 150, 5200; CCP 706.030 and PC 3088.

The following deductions will NOT be withheld from IDL payments:

Additional withholding for taxes (codes 094, 095, 096, 099)

Deferred compensation/administrative charge (codes 028, 029)

Tax sheltered annuity (code 027, 030, 040) Flexible Benefits (various).

When an employee with flexible Health/Dental benefits is placed on IDL, the employee's flex deductions are canceled and the employee is placed into traditional health and/or dental plans. Once the employee returns to active status, the employee's flex deductions are re-established, if a valid FlexElect enrollment exists.

For employees with the cash option, a separate warrant will be issued after IDL pay has issued. Once the employee returns to active status, the cash option will be applied to regular pay, if a valid FlexElect enrollment exists.

COMPUTATION OF BENEFIT AMOUNT **E 709**
(Revised 04/99)

IDL benefit amounts are determined based on the employee's salary rate, number of days in a pay period and the time authorized as IDL in that pay period. This results in the amount of gross pay used to calculate both IDL "full and 2/3 pay".

Example: Employee is due 15 days of IDL for the 08/99 pay period. Salary rate is $2865.00.

$2865.00 ÷ 22 days in pay period x 15 days IDL = $1953.41 gross pay

Example: Employee is due 12 days, 5 hours for the 06/99 pay period. Salary rate is $2618.00.

$2618.00 ÷ 176 hours in pay period x 101 hours IDL = $1502.38 gross pay

NOTE: When time to be paid is days AND hours, convert time into hours; 12 days, 5 hours = 101 hours and convert number of days in the pay period to the equivalent number of hours; 22 days = 176 hrs./21 days = 168 hrs.

Refer to PPM Section G 004 to determine if a special/ premium pay should be included/excluded in the salary rate when computing gross pay.

The IDL payment for the first 22 working dates of disability will be at "full pay". IDL "full pay" is calculated on the amount of the employee's gross pay LESS federal and state withholdings, based on their marital and exemption status in effect on the date of disability, and/or LESS Social Security and Medicare withholding.

NOTE: For EPMC eligible employees (refer to PPM Section H 209), Federal and State Income Tax withholding amounts are computed based on the employee's gross pay LESS any retirement contribution amount deducted.

Retirement is computed based on the full gross pay. Employees continue to earn vacation, sick leave and state service credits while on IDL.

IDL payments are considered non-taxable staff benefits.

The gross amount of "full pay" IDL payments are determined by:

a) Totaling the days and hours of disability,
b) Dividing the employees salary rate by the total number of hours in the pay period, and
c) Multiplying by the number of hours on IDL.

Example: Employee is due 12 days, 4 hours (100 hours) of IDL for the 3/99 pay period. Salary rate is $3000.00.

$3000.00 ÷ 176 hours in pay period = $17.045454 X 100 = $1704.55 gross pay

Gross	Federal	State	Social Security	Medicare
$3000.00 salary	$ 350.72	$ 36.66	$ 186.00	$ 43.50
-1295.45 regular pay	- 107.82	- 0.00	- 80.32	- 18.78
$1704.55 IDL	$(-)242.90	$(-)36.66	$(-)105.68	$(-) 24.72

= $1294.59 IDL "full pay"

NOTE: When reporting IDL pay during the first 22 working dates of disability, the hours of absence due to the disability on EACH date would be paid as full IDL.

The gross amount of an IDL payment for dates after the first 22 working dates of disability will be at 2/3 of the employee's gross pay.

Employees on EIDL will receive "full pay IDL" for a period not to exceed one year from the occurrence of that injury. If an employee is still disabled (as certified via SCIF Form 3290) they may still be eligible for IDL at 2/3 pay.

Intermittent

In computing time to be paid for intermittent employees eligible for IDL, use an average of the previous 12 pay periods of time worked. If there is less than 12 pay periods, use the number of pay periods available to find an average as follows:

1) Total the hours of all intermittent time paid for the previous 12 pay periods or pay periods available. Divide the total hours by the applicable number of pay periods to determine the average hours of pay each month.

Example: 1500 hrs. ÷ 12 pay periods = 125 average hrs.

or

960 hrs. ÷ 6 pay periods = 160 average hrs.

2) During the pervious 12 pay periods, the employee worked a total of 1025 hours; however, there were no hours worked during May, June and July of this period. If the employee is on a set schedule, do not go back 12 pay periods. Pay the employee based on what he/she was scheduled to work.

Example: 1025 hrs ÷ 9 = 114 average hrs.

3) If the employee's current time base is intermittent but the previous pay periods worked were on a full-time or part-time basis, convert the full/part-time pay periods to hours on the basis of 173.33 hours for full-time or the part-time fraction of 173.33 hours for each pay period. Add these numbers to determine hours worked and divide by the applicable number of pay periods to arrive at the average hours of pay each month.

If the employee's time base is indeterminate, the payment is based on the appointment agreement or as an intermittent time base.

EXAMPLES: Use tax chart effective 3/1/99. Employee is married, 0 exemptions, 5% retirement

1. Employee would receive $1,766.22 ($1,613.22 if Social Security and Medicare member or $1,740.61 if Medicare only member) as full IDL pay if entitled to 22 days with the $2,000.00 gross reduced by $208.22 and $25.56 (and $124.00 and $29.00 Social Security and Medicare member or $29.00 if Medicare only member).

	Days	Gross	Federal	State	Social Security	Medicare	Reduced Gross
Regular Pay	**22**	**$2,000.00**	**$208.22**	**$25.56**	**$124.00**	**$29.00**	**$1,613.22**
Full IDL Pay (non-Social Security and Non-Medicare member)	**22**	**$2,000.00**	**$208.22**	**$25.56**			**$1,766.22**
Full IDL Pay (Social Security and Medicare)	**22**	**$2,000.00**	**$208.22**	**$25.56**	**$124.00**	**$29.00**	**$1,613.22**
Full IDL Pay (Medicare member)	**22**	**$2,000.00**	**$208.22**	**$25.56**		**$29.00**	**$1,737.22**

2. The full IDL gross for 11 days is reduced by the difference between withholding for Federal and State Income Tax, Social Security and Medicare for the $2,000.00 gross and $1,000.00 gross for 11 days regular pay.

Social Security and Medicare Member	Gross	Federal	State	Social Security	Medicare	Reduced Gross
22 days total pay	**$2,000.00**	**$208.22**	**$25.56**	**$124.00**	**$29.00**	**$1,613.22**
11 days total pay	**$1,000.00**	**$ 65.72**	**$ 7.55**	**$ 62.00**	**$14.50**	**$ 850.23**
11 days full IDL pay	**$1,000.00**	**$142.50**	**$18.01**	**$ 62.00**	**$14.50**	**$ 762.99**
Medicare Member						
22 days total pay	**$2,000.00**	**$208.22**	**$25.56**	**-**	**$29.00**	**$1,737.22**
11 days regular pay	**1,000.00**	**65.72**	**7.55**	**-**	**14.50**	**912.23**
11 days full IDL pay	**1,000.00**	**142.50**	**18.01**	**-**	**14.50**	**824.99**
Non-Social Security and Non-Medicare Member						
22 days total pay	**$2,000.00**	**$208.22**	**$25.56**	**-**	**-**	**$1,766.22**
11 days regular pay	**1,000.00**	**65.72**	**7.55**	**-**	**-**	**926.73**
11 days full IDL pay	**1,000.002**	**142.50**	**18.01**	**-**	**-**	**839.49**

CHANGE IN BENEFITS E 710

(Revised 04/99)

Refer to E 003 for changes in benefit information.

SPECIAL PROCESSING E 711

(Revised 04/99)

Payroll Operations is required to do special processing any time an employee received pay for another payment type and it is later determined that it should be for an IDL payment type.

A common occurrence is when an employee receives regular pay (payment type 0) and it should now be an IDL (payment type 6 or N). If a civil service employee elects to change benefits retroactively, this also requires special processing.

Examples:

<u>Regular pay to IDL</u>

Originally, the regular pay was issued with taxes and Social Security and Medicare (for members) withheld from this pay. Following are the steps that must be taken to correct the pay:

1. Transfer funds from regular pay to IDL full pay. This corrects the taxable income for the year and will generate a W-2C if regular pay was issued in a prior tax year.
2. Account receivable will be established against the IDL pay:
   a) This corrects the gross because the IDL gross is reduced by federal, state, Social Security and Medicare amounts (payment type 6) or if 2/3 pay (payment type N).

b) Taxes are credited to correct the withholding for the pay period based on the reduced taxable income (deduction codes 099 Federal and 095 California Income Tax).

c) Social Security (deduction code 097) and Medicare (deduction code 092) is credited if withheld from regular pay because IDL is not subject.

NOTE: B and C correct W-2 withholding totals for the year and will generate a W-2C if issue date of regular pay was in a prior tax year. The employee should be advised of this when possible.

3. Refund deduction codes 028, 029, 095, and 099 when the taxable income remaining after the transfer is less than these deductions and they were originally withheld from regular pay.

4. Do not refund 026.

5. Special processing

Regular pay to IDL

Employee received 22 days regular pay and is entitled to 22 days full IDL pay.

Salary rate $2,000.00, pay period 1/99, married with 0 exemptions; retirement 5%; Social Security and Medicare member.

Step 1 Transfer $2,000.00 out of regular pay into full IDL, which reduces taxable income on W-2.
Step 2 Establish an A/R against IDL pay for $386.78 which corrects IDL gross pay ($2,000 less federal tax of $208.22, state tax of $25.56, Social Security of $124.00 and Medicare of $29.00 = $1,613.22 IDL reduced gross).
Step 3 Credit ALL Federal and State Income Taxes ($208.22 and $25.56) because there is no taxable income left in the pay period.
Step 4 Credit Social Security and Medicare ($124.00 and $29.00) because IDL is not subject.

Transfer	$2,000.00	Reduced W-2 taxable income
A/R amount	386.78	Corrects IDL gross
Credits:		
Federal tax	208.22	Reduced W-2 tax
State tax	25.56	withholding amounts
Social Security	124.00	Social Security gross subject
Medicare	29.00	Medicare gross subject
	$ .00	A/R net

NOTE: The net amount of the A/R against payment type 6 will normally be 0.

NDI to IDL

Employee received 30 days NDI for a gross of $578.57.
Employee is entitled to 22 days full IDL.

Salary rate $2,000, pay period 3/99

Married with 0 exemptions, retirement 5%, Social Security and Medicare member.

Calculations based on taxable gross - $2,000 - $74.35 (Retirement) = $1,925.65.

Step 1 Calculate the reduced gross for 22 days of full IDL ($2,000 less $208.22, $25.56, $124.00 and $29.00) = $1,613.22 reduced gross).
Step 2 Transfer 30 days and $578.57 of NDI to full IDL for 8 days, which will reduce taxable income on W-2.
Step 3 Establish an A/R against IDL pay for $50.42 which corrects IDL gross pay ($578.57 less Federal Income Tax of $6.16, State Income Tax of $0, Social Security of $35.87 and Medicare of $8.39 = $528.15 IDL reduced gross).
Step 4 Issue adjustment of 14 days IDL with a reduced gross of $1,085.07. Retirement is adjusted in the retirement field on this payment and includes the $578.57, which was not originally reported to PERS because NDI was not subject.

Submit form STD. 674D:

Transfer	$578.57	Reduced W-2 taxable income
A/R amount	50.42	Corrects IDL gross
Credits:		
Federal tax	6.16	Reduced W-2 tax
State tax	0	withholding amounts
Social Security	35.87	Social Security gross subject
Medicare	8.39	Medicare gross subject
	$ .00	A/R net

SUBMISSION OF FORM STD. 674D **E 712**
(Revised 04/99)

Most IDL pay requests can be documented on the Miscellaneous Payroll/Leave Actions form, STD. 671 and keyed via the PIP Miscellaneous Detail screen. See Section E 006 for PIP Exceptions that must be documented on the Industrial/Nonindustrial Disability Pay/Adjustment Request, form STD. 674D.

Employment History must be updated via PPT when placing an employee on IDL (refer to PIMS Sections 2.16 and 7.29). In order for Payroll Operations to process the form STD. 674D, it is imperative the information on Employment History is accurate as this is the foundation for auditing and verification purposes.

After Employment History has been updated, a form STD. 674D, must be submitted for each pay period and position number.

IDL pay requests can be documented on the Miscellaneous Payroll Leave Action form STD. 671 and keyed via the PIP System Miscellaneous Detail Screen. See PPM E 006 for exceptions and E 007 for form STD. 671 completion instructions. DO NOT send forms STD. 671 to SCO Disability Unit.

When a summarized warrant is returned for redeposit, IDL pay can be reissued as follows:

- After the redeposit appears on Payment History (HIST) or after the Warrant Register for the redeposit is received, document the IDL pay requests on form STD. 671 (see Section E 007 for completion instructions) and key the request via the PIP Miscellaneous Detail screen.

- If the IDL pay is a PIP Exception (see Section E 006) and therefore, cannot be keyed, a form STD. 674D must be submitted. IDL pay will only be rescheduled according to the information provided in Item(s) 6, 7, and/or 10 for the pay period.

  To reschedule IDL pay for other pay periods redeposited on the summarized warrant, which cannot be keyed via PIP, submit form STD. 674D for each pay period.

Refer to PPM Section I 316, for completion instructions on returning summarized warrants. These instructions are specific to the Payroll Adjustment Notice, form STD. 674, but can also apply to form STD. 674D.

If SCIF has indicated the last day of eligibility is in a subsequent pay period, form STD. 674D should be submitted at the BEGINNING of EACH MONTH to ensure issuance of pay with a payroll master issue date.

COMPLETION OF FORM STD. 674D **E 713**
(Revised 03/02)

Form STD. 674D to request IDL pay is to be completed as follows: (see PPM Section Z, Attachment E-4 Samples)

ITEM ENTER:

1 CBID
2 Social security number
3 First and middle initials and last name (delete hyphens and enter as one name).
4 Regular position number on Line 1. If there is a mid-month Position Number change, enter new Position Number on Line 1 and old Position Number on Line 2.
5 Pay Period Type (refer to PPM Section B 007), Month and Year.
6 Intervening Activity/Working While on Disability

Complete ONLY when employee is working while on disability or leave credits charged in lieu of regular time scheduled to work. DO NOT SHOW TIME PRIOR TO OR AFTER A RETURN FROM A DISABILITY.

Enter the number of hours with corresponding code ("W" for worked, "L" for dock and "C" for IDL):

Example:

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	
	4C 4W	6C 2W	8W	3W 4C 1L	8C																											

7 Industrial Disability (IDL)
  a. Enter all-inclusive dates employee is entitled to IDL benefits. If there is a break between dates, please make this clear.

Example:

"Employee on IDL from 1/3 - 1/15 and 1/23 through 1/30".

NOTE: DO NOT COMPLETE this item if the employee is working while on

disability. IDL time should already be shown in item 6.
b. Leave blank.
c. Check this item if employee is entitled to enhanced IDL.

8 Nonindustrial Disability (NDI)

Complete only when employee is due NDI in the same pay period (refer to PPM Section E 513 for completion instructions).

9 Payment Per Controller

Enter Issue Date, PAYMENT TYPE, Time Worked (either 21 or 22 days for a standard month), and Warrant/Direct Deposit Payment Number and/or Account Receivable Number for all payments, transfer of funds, and accounts receivable. DO NOT INCLUDE payments which have been previously returned. If a warrant is attached for redeposit, check the "RET" box, otherwise leave blank.

Reminder: If a warrant is attached to form STD. 674D for redeposit, the warrant and form must be sent to the Division of Disbursements.

10 Payment Should Be (Total time for the pay period must be completed.)

Enter number of days and/or hours for each type of pay being requested. Enter timebase fraction ONLY when regular pay is less than full-time.

NOTE: To request additional type(s) of pay not listed (i.e., supplementation), use the second line.

For shift differential, enter the shift code, number of hours and shift rate (refer to PPM Section Z, Attachment G-1).

Verify that the amount of time requested in each type of pay corresponds with the dates and/or hours reflected in items 6, 7a, 8a and/or 11.

11 Additional Information

The following must be reflected in this item, when applicable:

A. If employee is receiving payments from other benefit programs, enter."

"Reduce IDL pay by $ ____ received from other benefit programs."

B. If account receivable is to be established as payroll deduction, enter one of the following:

"Establish payroll deduction A/R for 1 deduction from next applicable pay period."

"Establish payroll deduction A/R for___(enter number) deductions to start with next applicable pay period (not to exceed 12 pay periods)."

“Establish payroll deduction A/R for 2% of salary rate or 1/12 of account receivable net.”

C. If employee has dock and time certified in item 10 (Payment Should Be) differs from time shown on Employment History, enter:

"Employee on dock (enter date(s) and number of hours)."

D. If employee is entitled to Temporary Disability in the same pay period, enter:

"Employee on TD (enter all inclusive dates)."

NOTE: Attach completed form STD. 674 for Temporary Disability along with form STD. 674D and submit as a package (refer to PPM Section E 612 for completion instructions).

E. If a mid-month salary rate change occurs, enter:

"Employee due (enter days/hrs. at 1st salary rate) and (enter days/hrs. at 2nd salary rate)."

F. CSU employees supplementing IDL, enter:

"Sick Leave Supplementation"

G. If employee has more than one disability/injury, enter:

"Employee has ___(enter number) injuries, SCIF dates are_____ and _____."

H. If A/R(s) shown in item 9 needs to be adjusted, enter one of the following:

"A/R #_____ has been satisfied."

"A/R # _____ has not been satisfied."

I. Other - when applicable, enter:

"Employee position has been reorganized."

"Employee is academic, 10/12 or 11/12."

"Employee has separated."

J. IDL Keyed or "Not Keyed".

12 Authorized Signature (must be original) and date.

13 Complete ONLY if different than Authorized Signature.
Enter name.

14 Telephone Number of person to be contacted.

PAYROLL PROCEDURES MANUAL

SECTION F - ACADEMIC PAYMENTS INDEX
(Revised 03/02)

Academic Pay Plans 001

Student Assistants - CSU 100

Summer Session 200

Temporary Help – CSU 100

SUBJECT: ACADEMIC PAYMENTS

F 001

REFERENCES
(Revised 01/02)

Title 5 17602, 17606, 17627(a), 42800 – 42806

INTRODUCTION
(Revised 01/02)

This section covers only payroll information for state employees who are in class codes classified as "Academic" in CSU and Civil Service employees who are in “Academic” pay plans. This includes the Department of Education special schools, Department of Corrections, Department of Youth Authority and State Hospitals. Due to differences in time worked and resulting changes in computing any changes in time (dock, separation, etc.) other sections of the PPM do not apply to academic class codes.

If settlement examples provided in this manual do not apply to a specific class code/circumstance, refer to the MOU prior to computing the settlement adjustment.

ACADEMIC PAY PERIODS **F 002**
(Revised 01/02)

A) The president of each campus shall annually certify to the Chancellor's Office and to the State Controller:

- The academic pay periods of the campus.
- The number of academic workdays in the college year, semesters, or quarters.
- The academic pay periods (beginning and ending dates), and the number of academic workdays and holidays.

B) The administrator of a special school shall annually certify to the Superintendent of Public Instruction and to the State Controller for the school term and for summer school:

- The beginning and ending dates of the term.
- The number of teacher workdays.

- The number and dates of school holidays.
- The beginning and ending date of each pay period.
- Whenever there is a difference, certify separately the school term, teacher workdays, and school holidays for supervising teachers.

Despite the differences in pay period dates and days worked, academic employees are paid on the usual state pay dates as shown in Section D 200.

ACADEMIC PAY PLAN – CSU **F 003**
(Revised 01/92)

The academic pay plans for CSU are specified in California Administrative Code, Title 5, Sections 42800 through 42806. For pay plan purposes, the following classes of employees are established:

Classification	Attendance	Vacation Leave	Reduction For Dock	Overtime	Final Settlement
Academic Year Employee	**Academic Year, Semester, Quarter(s)**	**No**	**1/210 of annual salary per 5 Cal. Adm. Code 42804(a)**	**None**	**Yes**
Ten-Month Academic	**Normal state work days (or days in place of) during a 10-month period**	**Yes**	**Same as regular state employee**	**Academic - may have supplemental payment (not overtime) for excess over 10 months worked**	**Yes**
Other Ten-Month Employee		**Yes**		**Non-academic-separation lump sum only**	**No**
10/12 Pay Plan		**Yes**	**Calculated on 10 month salary**		**Yes**
11/12 Pay Plan	**Normal state work days (or days in place of) during an 11-month period**	**Yes**	**Calculated on 11 month salary**		**Yes**
Twelve-Month Academic or Other Twelve-Month Employee	**Normal state work days (or days in place of) during a 12-month period**	**Yes**			**No**

CIVIL SERVICE ACADEMIC **F 004**
(Revised 01/02)

The academic pay plans for Civil Service Academic are specified in Title 5 Section 17602. For pay plan purposes, the following classes of employees are established:

Classification	Attendance	Vacation Leave	Reduction for Dock	Final Settlement
Teacher	Academic Calendar	Yes (between semesters)	1/210 X 8 of Annual Salary	Yes
Supervising Teacher	Academic Calendar	Yes (between semesters)	1/210 X 8 of Annual Salary	Yes
9/12 Pay Plan	Normal state work days (or days in place of) during a 9-month period	Yes	Calculated on 9 month salary	Yes
10/12 Pay Plan	Normal state work days (or days in place of) during a 10-month period	Yes	Calculated on 10 month salary	Yes
11/12 Pay Plan	Normal state work days (or days in place of) during an 11-month period	Yes	Calculated on 11 month salary	Yes

LUMP SUM PAYMENTS **F 005**
(Revised 01/02)

Academic year employees never accrue vacation credits and may not receive a lump sum vacation payment.

Ten-month and twelve-month academic employees accrue vacation and may receive lump sum payment for unused vacation upon separation. Ten-month academic employees may also receive a final settlement payment.

Lump sum payment of accumulated vacation may be made to an employee being appointed to an academic year position whether or not there was a break in service immediately preceding the appointment.

SABBATICAL LEAVE FORFEITURES **F 006**
(Revised 01/02)

Sabbatical leave forfeitures are not processed through the USPS. Questions regarding collection procedures should be referred to the Chancellor's Office.

CIVIL SERVICE ACADEMIC DOCK **F 007**
(Revised 01/02)

Docks for Civil Service academic employees shall be reported on form STD. 603 for each pay period and each attendance unit in which an employee has had a noncompensable absence (dock).

Docks for academic employees at the special schools shall be computed in increments of one hour.

The annual salary for dock computations shall be the monthly salary rate in effect at the time of dock multiplied by twelve.

The gross wages for the pay period of a dock will be the monthly salary rate minus the amount of dock. The amount of dock shall be computed as follows:

$$\text{Amount of dock} = \frac{\text{monthly salary} \times 12 = \text{annual salary} \times \text{number hours on dock}}{210 \times 8 = 1{,}680}$$

If the amount of dock is greater than the employee's monthly salary rate, dock pay shall be computed as follows:

$$\text{Amount of salary} = \frac{\text{monthly salary} \times 12 = \text{annual salary} \times \text{number hours worked}}{210 \times 8 = 1{,}680}$$

CSU ACADEMIC DOCK **F 008**
(Revised 01/02)

Docks for CSU academic year employees shall be reported on STD. 603 for each pay period and attendance unit in which an employee has had a noncompensable absence (dock).

Docks for CSU academic employees shall be computed as prescribed in Title 5. There is no authorization for docks of academic employees except in units of 1/210 of annual salary; therefore, a fraction of a day may not be reported on the form STD. 603. Less than full day docks may be keyed as a year end adjustment on a form STD. 671 or computed in the final settlement pay at time of separation.

The annual salary for dock computations shall be the monthly salary rate in effect at the time of dock multiplied by twelve.

The gross wages for the pay period of a dock will be the monthly salary rate minus the amount of dock. The amount of dock shall be computed as follows:

$$\text{Amount of dock} = \frac{\text{annual salary} \times \text{number of days on dock}}{210}$$

If the amount of computed dock is greater than the employee's monthly salary rate, dock pay shall be computed as follows:

$$\text{Amount of salary} = \frac{\text{annual salary} \times \text{number of academic days worked}}{210}$$

LATE APPOINTMENTS **F 009**
(Revised 01/02)

When the effective date of appointment, of an academic year employee, is after the first academic work day in a pay period, the reduced amount of salary payment for this period shall be computed on the dock method.

The number of days the employee did NOT work in the period, must be entered according to instructions in the PAM/PIMS.

CHANGE IN TIME BASE OR SALARY RATE **F 010**
(Revised 08/93)

When an academic time base change, effective after the first academic work day of a pay period, is submitted after the master warrant for that pay period is released, a salary period, is submitted after the master warrant for that pay period is released, a salary adjustment will be computed. The dock method is used for each fractional position except when this computation results in an overpayment. In this case, the adjustment will be computed using the dock method for the difference in the time base.

Payments shall not be adjusted for changes in salary rates that are effective subsequent to the end of an employee's academic year or his required service, except under the following conditions:

a. Lecturers (class code 2358) if on active status on or after the effective date of the salary increase.
b. FERP employees (Faculty Early Retirement Plan)
c. Reappointed in the next academic year.
d. Retirement
e. Retirement within 120 days.
f. Going on leave of absence.
g. Accepting Extra Quarter Assignment (class codes 2367, 2368).

Summer session and/or extension teaching assignments do not constitute reappointment for determination of salary increases.

ADJUSTMENT (SETTLEMENT) OF ANNUAL WAGES **F 011**
(Revised 08/93)

Adjustment of annual wages is referred to as a "settlement." A settlement shall be certified for each academic year employee or ten-month academic employee whose pay has been adjusted during the period of employment due to a late start, dock, transfer between positions or a separation. When settlements are submitted, adjustments will be made for work at two or more time bases or salary rates.

There are two types of settlement for academic employees – Year-End Settlement and Final Settlement.

YEAR-END SETTLEMENT **F 012**
(Revised 01/02)

A Year-End Settlement adjustment is for an employee who is not separating but must have a salary adjustment after the close of the school year due to the reasons mentioned in F 008, F 009, and/or F 010.

A STD. 671 or Form 672 may be used when a Year-End Settlement adjustment is required but separation does not occur; exceptions require submission of a STD. 674. There are two types of Year-End Settlement, the Reduced Master and the Increased Master. Refer to PPM Sections F 012.1 and F 012.2 for STD. 671 and Form 672 completion instructions.

Although year-end adjustment may be submitted/processed during July and August, it is preferable that the adjustment request (using the appropriate form) be submitted/processed during August of each year.

If the settlement pay is for August and is less than the gross wage for August, the adjustment request must be keyed BEFORE August Master Payroll Cutoff to reduce the master payroll warrant.

If the settlement pay is for August and is greater than the gross wages for August, the adjustment should be keyed AFTER the master payroll warrant for August has been issued. A supplemental warrant for the difference will be issued.

Only one month of the year can be adjusted for a year end adjustment (e.g., if an adjustment is keyed to reduce the July pay period, do not request any adjustment for the August pay period).

When separate settlement amounts are computed and an employee has been employed at two or more time bases or has had two or more salary rates in the academic year, semester, quarter, or summer quarter, separate salary settlement shall also be computed for completed semesters and academic quarters prior to the semester or academic quarter in which separation occurs. The separate settlement calculations shall then be added together to determine the total settlement amount due the employee for all time bases and rates combined.

COMPLETION OF STD. 671 **F 012.1**
(Revised 01/02)

REDUCED MASTER

Complete the STD. 671, Miscellaneous Payroll/Leave Actions as follows:

PAY PERIOD - Type (one digit), month (two digits) and year (two digits).

AGENCY NAME
SOCIAL SECURITY NUMBER
INITIALS
NAME – Surname
AGENCY – Campus agency code
UNIT – Reporting Unit
CLASS
SERIAL
EARNING ID - Enter D
TIME TO PAY - Must show time to pay per academic calendar, or, if there is no academic calendar for the pay period, use the regular state calendar.
ALT FUND CODE - DO NOT use for settlement pay.
RATE - Enter the reduced gross amount (the amount keyed is the amount that pays)
WORK WEEK - Leave BLANK
ALTERNATE FUNDING - DO NOT use for settlement pay.
AUTHORIZED SIGNATURE - Must be completed

Key the completed STD. 671 BEFORE Master Payroll Cutoff (refer to SCRATCH BATCHES, PPM Section K 200)

COMPLETION OF FORM 672-STD. 671 **F 012.2**
(Revised 09/96)

INCREASED MASTER - KEYED BEFORE MASTER PAYROLL CUTOFF

Complete the STD. 671, Miscellaneous Payroll/Leave Actions or Form 672 as follows:

PAY PERIOD - Type (one digit), month (two digits) and year (two digits).
AGENCY NAME
SOCIAL SECURITY NUMBER
INITIALS
NAME - Surname
AGENCY - Campus agency code
UNIT - Reporting Unit
CLASS
SERIAL
EARNING ID - Ener D
TIME TO PAY - Must show time to pay per academic calendar; or, if there is no academic calendar for the pay period, use the regular state calendar.

ALT FUND CODE - DO NOT use for settlement pay.

RATE - Enter the increased amount (including gross from Master). (The amount keyed is the amount that pays.)

WORK WEEK - Leave BLANK
ALTERNATE FUNDING - DO NOT use for settlement pay.
AUTHORIZED SIGNATURE - Must be completed

Key the completed STD. 671 (refer to SCRATCH BATCHES, PPM Section K 200).

COMPLETION OF FORM 672/STD. 671 **F 012.3**
(Revised 09/96)

INCREASED MASTER - KEYED AFTER MASTER PAYROLL CUTOFF

Complete the STD. 671, Miscellaneous Payroll/Leave Actions or Form 672 as follows:

PAY PERIOD - Type (one digit), month (two digits) and year (two digits).
AGENCY NAME
SOCIAL SECURITY NUMBER
INITIALS
NAME – Surname
AGENCY - Campus agency code
UNIT - Reporting Unit
CLASS
SERIAL
EARNING ID - Enter D
TIME TO PAY - Must be blank
ALT FUND CODE - DO NOT use for settlement pay.
RATE - Enter the increased amount (do not include gross from Master). (The amount keyed is the amount that pays.)
WORK WEEK - Leave BLANK
ALTERNATE FUNDING - DO NOT use for settlement pay.
AUTHORIZED SIGNATURE - Must be completed

Key the completed STD. 671 or Form 672 NO EARLIER than the following period (refer to SCRATCH BATCHES, PPM Section K 200 OR PRELOADED BATCHES, PPM Section K 100).

COMPLETION OF FORM 672/STD. 671 **F 012.4**
(Revised 09/96)

ADJUSTMENT TO YEAR-END SETTLEMENT

Complete the STD. 671, Miscellaneous Payroll/Leave Actions or Form 672 as follows:

PAY PERIOD - Type (one digit), month (two digits) and year (two digits).

AGENCY NAME
SOCIAL SECURITY NUMBER
INITIALS
NAME – Surname
AGENCY - Campus agency code
UNIT - Reporting Unit
CLASS
SERIAL
EARNING ID - Enter D
TIME TO PAY - Must be blank
ALT FUND CODE - DO NOT use for settlement pay.
RATE - Enter the increased amount (do not include gross from Master or amount of previous year-end pay).
WORK WEEK - Leave BLANK
ALTERNATE FUNDING - DO NOT use for settlement pay.
AUTHORIZED SIGNATURE - Must be completed

Key the completed STD. 671 or Form 672 NO EARLIER than the following period (refer to SCRATCH BATCHES, PPM Section K 200 OR PRELOADED BATCHES, PPM Section K 100).

FINAL SETTLEMENT **F 013**
(Revised 09/96)

Final settlements are for separating employees who require an adjustment of annual wages earned.

A PAR/PPT must be completed to separate academic employees who have not been reappointed. The final settlement calculation must be in accordance with the criteria specified in F 010.

WORKED FULL SCHOOL YEAR – NO CHANGE **F 014**
(Revised 01/02)

A simple final salary calculation is required when an academic year or 10-month academic employee is separated at the close of an academic year, semester, or quarter after having completed all service required for such period, provided a salary settlement is not required.

Example of settlement on a PPT submitted after 12th installment was released to a part-time academic year employee (annual salary $14,400 employed 1/2 time) who, starting in September, worked 2 semesters or 3 quarters with no change in salary rate:

12 x $600 (Sept. - Aug.)		$7,200.00
Paid through August	-	7,200.00
Due		0

WORKED SUMMER QUARTER ONLY **F 015**
(Revised 01/02)

Statement of Fact

A Lecturer is appointed full-time for the Summer Quarter ONLY in 06/2000. The Employment History Data Base reads as follows:

TRANSACTION	EFFECTIVE DATE	ACTUAL MONTHLY SALARY RATE	BASED ON SALARY RATE
S31	09/05/2000	4,351	4,351
GEN	07/01/2000	4,351	4,351
A52	06/19/2000	4,200	4,200

Academic Work Days: 55 days in the summer

SUMMER MONTH	QUARTER DAYS
June	10
July	20
August	25
	55

Example of settlement on a PPT completed after payment of third installment:

SUMMER QUARTER

1 month @ $4200 (June)	= $	4,200
3 months @ $4351 (July through Sept)	= $	13,053
Total earned for Summer Quarter	= $	17,253
Amount paid through August (4200, 4351, 4351)	= $	12,902
Settlement due	$	4,351

MID-MONTH TIME BASE CHANGE AND YEAR-END SETTLEMENT PAY **F 016**
(Revised 01/02)

Statement of Fact

An instructional faculty is appointed at 003/004 time base at the beginning of the fall semester in September 1999. In mid-October, the employee changes time base to full-time. The transaction is keyed after the master payroll warrant has been released for the October pay period. The Employment History Data Base reads as follows:

TRANSACTION	EFFECTIVE DATE	ACTUAL MONTHLY SALARY RATE	BASED ON SALARY RATE
GEN	07/01/2000	3,998	3,998
SCR	06/01/2000	3,859	3,859
SCR	01/01/2000	3,675	3,675
405	10/15/1999	3,500	3,500
A50	08/21/1999	2,625	2,625

Academic Work Days - The academic year has 176 work days—88 days in the fall semester and 88 Days in the spring semester.

FALL SEMESTER

MONTH	DAYS
September	29
October	22
November	20
December	15
January	2
TOTAL	**88**

SPRING SEMESTER

MONTH	DAYS
February	26
March	21
April	16
May	25
	88

Interim Adjustment Pay for October:

The employee is due 10 days at 003/004 time base and 12 days at full-time base.

Step 1 - Compute salary due per dock method.

FORMULA

Annual Salary (Actual Monthly Rate x 12) x number of days docked ÷ 210 = dock amount

Actual monthly salary rate - dock amount = amount due.

COMPUTATION

003/004 time base:
$31,500 x 12 ÷ 210 = $1,800 (dock amount)
$ 2,625 - $1,800 = $825 (October payment)

Full-Time Base:

$42,000 x 10 ÷ 210 = $2,000 (dock amount)
$ 3,500 - $2,000 = $1,500 (October payment)

$ 825.00 amt. due for 10 days at 003/004 time base
+ 1,500.00 amt. due for 12 days at full-time base

$ 2,325.00 total amt. due for October 1999 pay period

If the total amount due for the pay period is less than the master payroll warrant released to the employee, use computation in Step 2. In this example, the total amount due ($2,325) is less than the amount paid ($2,625 - full month at 003/004 time base).

Step 2 - Compute Salary per Dock Method using the difference in time base.

Time base difference:
Full-time - 003/004 = 001/004

Salary rate calculation:
001/004 x $3,500 = $875

Amount due for October pay period:
$10,500 x 10/210 = $500.00 (dock amount)
$ 875 - $500.00 = $375.00 (amount due for 12 days at difference in time base - 001/004)

Year-End Settlement Calculation for August:

A separate calculation of earnings is made for each semester:

FALL Semester

4 months @ $3,500 (September to December 1999)	= $ 14,000
1 month @ $3,675 (January 2000)	= $ 3,675
1 month @ $3,998 (August 2000)	= $ 3,998
Salary for semester	= $ 21,673
$21.673 x 3/4 x 39/88	= $ 7,204
$21.673 x 49/88	= $ 12,068
Total earned for Fall semester	= $ 19,272

SPRING Semester

4 months @ $3,675 (February to May 2000)	= $ 14,700
1 month @ $3,859 (June 2000)	= $ 3,859
1 month @ $3,998 (July 2000)	= $ 3,998
Total earned for Spring semester	= $ 22,557
Total amount earned for Academic Year	= $ 41,829
Amount paid through July 2000	= $ 39,732
September 1999	$3,500
October 1999	$2,625 + 375
November 1999	$3,500
December 1999	$3,500
January 2000	$3,675
February 2000	$3,675
March 2000	$3,675
April 2000	$3,675
May 2000	$3,675

June 2000	$3,859
July 2000	$3,998
Pay due for August 2000:	= $ 2,097

For a year-end settlement, per the example shown, key a form STD. 671 BEFORE Master Payroll Cutoff to ensure that the Master Payroll Warrant is written for the correct gross (which is less than the regular monthly amount).

TIME BASE CHANGE AND YEAR-END SETTLEMENT PAY REQUEST INJULY **F 017**
(Revised 01/02)

Statement of Fact

An academic year employee is appointed full-time at the beginning of the fall semester in September 1999. At the beginning of the spring semester, February 2000, the employee has a time base change. The Employment History Data Base reads as follows:

TRANSACTION	EFFECTIVE DATE	ACTUAL MONTHLY SALARY RATE	BASED ON SALARY RATE
GEN	07/01/2000	2,250	4,500
SCR	06/01/2000	2,000	4,000
405	01/15/2000	1,750	3,500
SCR	01/01/2000	3,500	3,500
A50	08/26/1999	3,000	3,000

Academic Work Days: The academic year has 170 work days-84 days in the Fall semester and 86 days in the Spring semester.

FALL SEMESTER		SPRING SEMESTER	
MONTH	DAYS	MONTH	DAYS
September	25	February	31
October	22	March	16
November	20	April	22
December	17	May	17
TOTAL	**84**	**TOTAL**	**86**

A separate calculation of earnings is made for each semester:

FALL Semester

4 months @ $3,000 (September to December)	= $ 12,000
1 month @ $3,500 (Jan)	= $ 3,500
1 month @ $4,500 (July)	= $ 4,500
Total earned for Fall semester	$ 20,000

SPRING Semester

4 months @ $1,750 (February to May)	= $ 7,000

1 month @ $2,000 (June)		= $ 2,000
1 month @ $2,250 (August)		= $ 2,250
Total earned for Spring semester		= $ 11,250
Total amount earned for Academic Year		= $ 31,250
Amount paid through July 2000		= $ -26,750
September 1999	$3,000	
October 1999	$3,000	
November 1999	$3,000	
December 1999	$3,000	
January 2000	$3,500	
February 2000	$1,750	
March 2000	$1,750	
April 2000	$1,750	
May 2000	$1,750	
June 2000	$2,000	
July 2000	$2,250	
Year-end amount due		= $ 4,500
August Master Payroll Warrant will be		$ - 2,250
July adjustment due		= $ 2,250

Key a form STD. 671 AFTER the July Master Payroll Warrant is issued if a year-end adjustment is desired for July. The amount of adjustment requested will be $2,250. The August Master Payroll Warrant in the amount of $2,250 will be correct.

DOCK AND FINAL SETTLEMENT PAY **F 018**
(Revised 01/02)

Statement of Fact

A Lecturer, class 2358, is appointed full-time at the beginning of the academic year. The Employment History Data Base reads as follows:

TRANSACTION	EFFECTIVE DATE	ACTUAL MONTHLY SALARY RATE	BASED ON SALARY RATE
S31	07/01/2000 BOB		
GEN	07/01/2000	2,500	2,500
GEN	06/01/2000	2,000	2,000
GEN	01/01/2000	1,500	1,500
A52	08/26/1999	1,000	1,000

The employee is absent without pay three days in October and four days in April.

Academic Work Days: The academic year has 174 work days-84 days in the Fall semester and 90 days in the Spring semester.

FALL SEMESTER		SPRING SEMESTER	
MONTH	DAYS	MONTH	DAYS

September	25	February	26
October	22	March	16
November	20	April	22
December	15	May	21
January	2	June	5
TOTAL	**84**	**TOTAL**	**90**

Dock pay for October and April

October Payment

$12,000 x 3/210 = $171.32 (dock amount)
$ 1,000 – 171.43 = $828.57 (October payment)

April Payment

$18,000 x 4/210 = $ 342.86 (dock amount)
$ 1,500 - $342.86 = $1,157.14 (April payment)

Final settlement payment for July

A separate calculation of earnings is made for each semester.

FALL SEMESTER

4 months @ $1,000 (September to December)	= $ 4,000
1 month @ $1,500 (January)	= $ 1,500
1 month @ $2,500 (July)	= $ 2,500
Salary for semester	= $ 8,000
Amount earned for FALL semester $8,000 x 81/84	= $7,714.29

SPRING SEMESTER

4 months @ $1,500 (February to May)	= $ 6,000
1 month @ $2,000 (June)	= $ 2,000
1 month @ $2,500 (July)	= $ 2,500
Salary for Semester	= $ 10,500
Amount earned for SPRING semester $10,500 x 86/90	= $ 10,033.33
Total amount earned for Academic Year	= $ 17,747.62
Amount paid through June 2000	= $- 12,985.71

September 1999	$1,000.00
October 1999	$ 828.57
November 1999	$1,000.00
December 1999	$1,000.00
January 2000	$1,500.00
February 2000	$1,500.00
March 2000	$1,500.00
April 2000	$1,157.14

May 2000	$1,500.00
June 2000	$2,000.00

Final Settlement Due = $ 4,761.91

Subject: CSU STUDENT ASSISTANT / TEMPORARY HELP

REFERENCES **F 100**
(Revised 09/95)

SUAM 6312.05, 6343.05
PIMS 5.49

INTRODUCTION
(Revised 09/95)

A special payment plan for paying student workers is used for the following CSU classes:

Title	Class code
Student Assistant	1870
Student Trainee, Work Study/On Campus	1871
Student Trainee, Work Study/Off Campus	1872
Youth Summer Aid	0100

APPOINTMENTS **F 101**
(Revised 09/95)

Since the above classes are not considered state employees, the PPT is not used to enter personnel information on Employment History. Instead, these classes are entered on a mini-data base by means of Student Payroll Action Request (SPAR) Form 457. Payments will not be issued until the SPAR is processed.

PAY REQUEST FORM **F 102**
(Revised 03/02)

Student Assistant Attendance Report, Form CD 048 is the positive attendance document used to report the hourly rate of pay as well as the number of hours a student worked during the pay period. In addition to the CD 048, Student Assistant Pay can also be requested on the STD. 671, Miscellaneous Payroll/Leave Actions (available on DGS Web Site or from DGS stores). See PPM Section F 107 for STD. 671 completion instructions. The classes are not eligible for overtime or holiday pay.

Exceptions:

DO NOT request Student Assistant Pay on a CD 048 or a STD. 671 in the following situations; submit on a STD. 674 to Personnel/Payroll Services.

- Request for payments prior to 12 months Payment History.

Example: Prior year December pay period is beyond Payment History for decentralized keying as of the current year December master payroll cutoff.

PAY ADJUSTMENTS KEYED VIA PIP **F 102.1**
(Revised 03/02)

Adjustments to pay previously issued are processed via PIP using a form STD. 683 (available on DGS Web Site or DGS stores).

See PPM Section K for PIP System instructions.

EXCEPTIONS TO FORM STD.683 **102.2**
(Revised 12/00)

- Pay period prior to current month plus 12 months
- When an overtime payment is issued without Payment Suffix F, (e.g., Earnings ID computed rate with Payment Suffix F (e.g., Earnings ID OF6 – submit form STD. 674).
- Mid month salary adjustment.
- Payment other than Ø, 1, 2, Y or L
- Payment Type Ø, Roll Code 1 or 2
- A/Rs – adjustment is less than original payment

COMPLETION OF FORM STD. 683 **102.3**
(Revised 12/00)

Item #	Completion Requirements
1-5	Must be completed
6-8	For your use
9-13	Must be completed. NOTE: Position number (Items 1, 2, 12 and 13) must match position number of payment being adjusted.
14	For your use
15	Salary Rate per Warrant Register
16-17	As applicable per Warrant Register NOTE: If pay has already been adjusted, combine totals.
18	As applicable per Warrant Register
19	Must be completed per Warrant Register
20	As applicable per Warrant Register
21	Required with Payment Type Ø only
22-24	Complete pay as should be
25	Complete if applicable
26-28	Total of columns 22, 23, 24

PAY PERIODS **F 103**
(Revised 12/00)

CD 048's are processed for state pay periods, unless the campus has established special pay periods. Special pay periods may be established only when authorized by the Chancellor's Office and PPSD.

CD 048 shall not be processed for payment before the close of the pay period.

PREPRINTED CD 048 **F 104**
(Revised 12/00)

SCO will prepare Preprinted Student Assistant Attendance Report, Forms CD 048, if the campus requires them. The preprinted CD 048 is sent to the campus by the sixth of the month. The attendance report will include the names of all students who received a payment during the previous business month for the previous pay period. A separate CD 048 will be furnished for each pay period, agency code and reporting unit. Names will be listed alphabetically by class and unit with the highest salary rate paid in that business month appearing as the hourly rate for the employee in the new pay period. If an employee works in several units, the name will appear on the attendance report for each of the units at the highest rate paid in that unit.

Preprinted names should be lined off the listing if no time is worked in the pay period. Corrections to salary rate may be made by lining out the preprinted rate and writing the correct salary rate above the old salary rate. In each instance, the correction MUST BE initialed by the person signing the attendance report.

Employees terminating during the month may be paid immediately by the processing of a Form SC 048. In this instance, the employee's name should be lined off the CD 048.

"Positive Attendance Reconciliation Totals" for employees paid monthly will print on the Warrant Register in the "Monthly Hours" box. The total will consist of all earnings paid in a cycle.

- If the total on the Form CD 048 agrees with the "Positive Attendance Reconciliation Totals" on the Payroll Warrant Register, it is an indication that the payroll issued is correct.

- If the total on the Form CD 048 does not agree with the "Positive Attendance Reconciliation Totals" on the Payroll Warrant Register, it is an indication that a line by line reconciliation is required. A Payroll Adjustment Notice, STD. 674, (see Section D 010) may be necessary.

CD 048 COMPLETION **F 105**
(Revised 12/00)

THE CD 048 WILL BE PREPRINTED WITH THE FOLLOWING ITEMS COMPLETED:

Name of Campus	- Header information
SSN	- Social Security Number
Name	- Initials and surname
Class	- Class Code
Serial	- Serial number

Salary Rate - Highest rate paid from the previous pay period
Agency - Agency number
Unit - Reporting unit number
Pay Period - Month and year
Page - Page number
Batch ID - System generated Batch ID Number
No. of employees - Total number of employees within a given reporting unit (printed on the last page

COMPLETE THE REMAINING ITEMS AS FOLLOWS:

Total Hours - Hours to be paid (fractional hours in hundredths)
Totals For This Page - Complete on each page
- Total Hours for this page only
- Total Rate for this page only

Totals-This Batch - Complete on last CD 048 page for each batch:
- Total Hours for this batch
- Total Rate for this batch

Authorized Signature - Must be completed
Date - Must be completed
Telephone - Must be completed

WHEN ADDING A NON-PREPRINTED STUDENT **F 106**
(Revised 12/00)

When adding a student who is not preprinted on the CD 048, complete all fields that would be preprinted. (Must be the same agency, reporting unit and pay period.)

NOTE: Earnings ID "L" must be entered for all non-preprinted entries.

Refer to PPM Section K for CD 048 keying instructions.

STD. 671 COMPLETION REQUIREMENTS **F 107**
(Revised 12/00)

Complete form STD. 671 as follows:

Item	Enter
	Pay Period
1	Type
2	Month (two digits)
3	Year (two digits)
4	Agency name
8	Social Security Number
9	Initials
10	Name (surname)
	Position
11	Agency (Campus agency code)
12	Unit (Reporting Unit)
13	Class
14	Serial
15	Earnings ID - Must be complete with Earnings ID "L" Time to pay
16	Days - Leave blank

17 Hours/Hdths - Complete with hours (fractional hours in hundredths)
18 Alt Fund Code - DO NOT use with Earnings ID "L"
19 Rate - Complete with salary rate
20 Work Week - Leave Blank
21 Alternate Funding - DO NOT use with Earnings ID "L"
22 Total Time - Complete for each batch entry control
23 Total Rate - Complete for each batch entry control
Authorized Signature/Phone/Date - Must be complete

SUBJECT: SUMMER SESSION PAYROLL

F 200

REFERENCES
(Revised 12/85)

TITLE 5 17607

INTRODUCTION
(Revised 12/85)

CSU and DOE (special schools) have special procedures to pay summer session teachers. The class codes will vary, but the classes involved are all academic and appointments/separations must coincide with the special summer session academic calendars for each institution.

DOCUMENTATION **F 201**
(Revised 12/85)

Payments are issued based on PAR/PPT documentation. Pay for CSU is expressed in units, while the special school pay is in work days--20 work days is the equivalent of one month pay.

In general terms, the payment of summer session teachers is to be handled in the manner of emergency appointments. The agency must certify the identification information including position number, the time worked, the retirement rate (if involved), and whether the teacher is concurrently a regular employee. For teachers working a full summer session term, the beginning date of the term should be the effective date and the ending date of the term should be the date last worked. EARS should be submitted for teachers who do not have one on file in EHDB.

ADVANCE ISSUANCE OF WARRANTS **F 202**
(Revised 12/85)

As in the case of emergency appointments, SCO may draw warrants in advance (in accordance with certified documents) for delivery to the employees on the last day of the summer session term on the condition that they have worked the full time which was certified. It is the responsibility of the agency/campus not to release such warrants until the work has actually been performed and the salary payment has been earned.

EMPLOYMENT IN TWO OR MORE SEPARATE TERMS **F 203**
(Revised 12/85)

Some of the teachers may be employed in the summer session to teach in two or more terms simultaneously. Under these circumstances, if there are several terms which do not have the same beginning and ending dates, the attendance and the claims for payment should be made as explained above, except the attendance shall be reported separately for each term and a separate warrant shall be written in payment of service performed in each term.

NUMBER OF PAYMENTS DURING A TERM **F 204**
(Revised 06/89)

Since summer session terms are not limited to the 30-day period of an emergency appointment, SCO may issue two warrants for summer session to pay each teacher. One warrant will be for June pay period and one for July (or July and August if the term ends in August). In no event shall the warrants be more frequent then twice during the entire period of the summer session.

If campus/special schools elect to have payments made in this manner, they must submit the documentation, as explained above, for each of the periods for which payment is requested. On the first document, the effective date would be the beginning date of the term and the last date worked would be an arbitrary date such as the end of the pay period. On the second document, the effective date would be an arbitrary date such as the first of the subsequent pay period, and the last date worked would be the ending date of the term.

Where the payment for the summer session is made in two parts, for CSU the fraction of the total pay, the pay period, and the fractional amount to be paid for each part shall be shown in addition to the gross amount to be paid for the session. All such cases must conform with the approved pay schedule for summer session teachers and rules for their payment.

For special schools, if two payments are wanted, two emergency type PARS must be submitted -- one for June, the second for July/August.

CSU ONLY **F 205**
(Revised 06/89)

Temporary Appointment, Special Payment Transaction (A54)

A payment is made when an A54 transaction processes. However, correcting A54 transactions requires special processing. All payment requests keyed on the same date as a correction must be manually processed. To avoid delays, we recommend that correcting A54 transactions be keyed on a different day than the original A54 transaction.

TAX DEDUCTIONS **F 206**
(Revised 06/95)

If a teacher is not concurrently a regular employee and an EAR is submitted, the certified exemptions shall be allowed in computing taxes.

For CSU summer session teachers, exemptions will be allowed and taxes computed for each class code separately.

Where the information submitted for a summer session teacher indicates the teacher is concurrently a regular employee, either full-time or fractional, tax will be computed on the aggregate salary if payment has already been made from the regular position.

Social Security and Medicare will be deducted if applicable. If the employee has reached the Social Security maximum for the tax year, then only Medicare will be withheld.

RETIREMENT DEDUCTION **F 207**
(Revised 06/95)

If a summer session teacher is a member of PERS/STRS and is not regularly in employment concurrently with the summer session employment, the retirement rate must be stated. If no retirement rate is shown, PPSD will assume that the summer session pay of the employee is not subject to retirement. Summer session teachers who are otherwise fully employed (i.e., regularly employed and paid on a 12 month basis) are excluded from PERS/STRS membership with respect to summer session employment because it constitutes overtime.

PAYROLL PROCEDURES MANUAL

SECTION G - MISCELLANEOUS PAYMENTS INDEX

(Revised 05/04)

The sub-sections, within this section, give specific information for processing procedures methods (i.e., Employment History, Payroll Input system (PIP), STD. Form 674, STD. 671, or Form 672) and document completion/submission instructions for each type of Miscellaneous Payments.

Awards/Bonuses/Pay Differential/Special Pays	100 -105
Miscellaneous Payment Processing Chart (Alpha Order).....	105
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Overtime	020 - 024
Personal Leave Buy Back/Cash-Out	040 - 045
Planned Overtime Pay	950 - 956
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Shift Differential Pay Determination Chart	054
Trade Rate Benefit	700 - 704
SAMPLE FORMS TO ENLARGE FOR:	955 - 955.1
Civil Service Pi0 Exceptions Transmittal	
Attachment to Form 674	

SUBJECT: OVERTIME

DESCRIPTION **G 020**
(Revised 12/02)

A. Overtime (Payment Type 1) is a payment an employee is entitled to receive for all hours worked in excess of his/her normal Work Week in classes **not** eligible for exemptions under Section 7K of the Fair Labor Standard Act (FLSA) and for employees in law enforcement and fire suppression classes eligible for exemption under Section 7K of the FLSA.

ELIGIBILITY CRITERIA REFERENCES: **G 021**
(Revised 07/02)

A. Civil Service/Exempt Employees eligibility criteria are established by:

1. Department of Personnel Administration (DPA) administering all matters concerning California State Civil Service/Exempt employer-employee relations set forth by guidelines to users and departments via:

   a. Personnel Management Letters and Liaison Memos and Pay Letters - Issued electronically to Human Resources and available on DPA's web page (www.dpa.ca.gov) via the Personnel Information Exchange (P.I.E) System
   b. Bargaining Unit (BU) Contracts - Available on DPA's web page (www.dpa.ca.gov/collbarg/contract/bumenu.shtm) under Labor Relations
   c. California Civil Service Pay Scales, Section 10 - Available in hard copy , and also available for those with authorization to the P.I.E System on DPA's web page (www.dpa.ca.gov) under policies and regulations
   d. Fair Labor Standard Act (FLSA) interpretation manual – available on DPA's web page (www.dpa.ca.gov) under Publications, FLSA Manual

2. State Controller's Office (SCO)/PPSD administering the State Payroll and Employment History processes set forth by guidelines to users and departments via:
   a. Payroll Letters - Issued electronically to Human Resources and available on SCO's web page (http://www.sco.ca.gov/ppsd/scoltrs)

B. California State University (CSU) Employees eligibility criteria are established by:

1. Chancellor's Office administering all matters concerning California State University employer-employee relations set forth by guidelines to users and campuses via:

   a. CSU Salary Schedule – Available in hard copy, and also available on CSU's web page (www.calstate.edu/hradm/policies.shtml) under FLSA
   b. Bargaining Unit (BU) Contracts – Available on CSU's web page (www.calstate.edu/hradm/policies.shtml) under Collective Bargaining Unit agreement

TAXES **G 022**
(Revised 07/02)

A. In accordance with the tax laws, a flat rate method is used for federal and state tax withholdings. (Refer to Section H 100)

GENERAL INFORMATION **G 023**
(Revised 12/02)

A. Calculation of the following payment/benefits
   1. Not included: Industrial Disability Leave, Non-industrial Disability, or Lump Sum.
   2. Included: Not Applicable.

B. Retirement: Overtime is not subject to retirement.

OVERTIME PAY DETERMINATION CHART FOR CIVIL SERVICE **G 024**

AND CSU EMPLOYEES:
(Revised 04/03)

A. The following Overtime (OT) Pay Determination Chart identifies various conditions that need to be considered to determine the appropriate Earnings ID(s) to use based on the FLSA definitions.

Note: Employees in dual WWGs, Standby Duty, or emergencies declared by the Governor are eligible for special work week allocation and overtime authorization. Refer to the Civil Service Pay Scale, Section 10.

1. Specifically, the chart provides:
   a. FLSA definitions applicable to those classifications under the FLSA provisions
   b. Overtime Factors and Shift differential Codes by Earnings IDs:

      0.5 = Half Time
      1.0 = Straight Time
      1.5 = Time and One Half
      E or R = Evening Shift
      N or S = Night Shift
      D = Daily Rate

   c. Earnings IDs to use based on FLSA definitions
   d. Payroll conditions based on Earnings IDs
   e. Hourly rate and WWG information
   f. Symbols and areas as defined below:
   g. Shaded area = Not applicable
      X = Applicable for specific condition, OT Factor, Shift Differential Code and EID

Note: Refer to eligibility Criteria reference G021, A. 1. d. for Overtime Calculation Formulas

OVERTIME PAY DETERMINATION CHART FOR CIVIL SERVICE AND CSU EMPLOYEES

G 024

FLSA DEFINITIONS	OT FACTORS and SHIFT DIFF. CODES					USE EARNINGS ID	WHEN PAYROLL CONDITION IS TO:	HOURLY RATE AND WWG INFORMATION
	.5	1.0	1.5	E or R	N or S			
Employees in classes **not eligible** for exemption under Section 7K of the FLSA	X					OT	Not include "Locked in" Pay Differentials and/or Shift Differential in the hourly rate.	Hourly rate is automatically calculated and derived from employee's Employment History (EH) record. WWG is derived from the Civil Service Pay Scales or the CSU Salary Schedule.
		X				OT5		
			X			OT6		
*Employees in class code 7222 only (i.e., Printing Plant Superintendent)	X			X		OTE or *OTER	Include Shift Differential in the hourly rate.	Hourly rate is automatically calculated and derived from employee's Employment History (EH) record AND SHIFT Differential rate. WWG is derived from the Civil Service Pay Scales or the CSU Salary Schedule.
		X		X		OT5E or *OT5R		
			X	X		OT6E or *OT6R		
**Employees in Trade Rate classes only	X				X	OTN or *OTNS		

OVERTIME PAY DETERMINATION CHART FOR CIVIL SERVICE AND CSU EMPLOYEES

G 024

FLSA DEFINITIONS	OT FACTORS and SHIFT DIFF. CODES					USE EARNINGS ID	WHEN PAYROLL CONDITION IS TO:	HOURLY RATE AND WWG INFORMATION
	.5	1.0	1.5	E or R	N or S			
		X			X	OT5N or *OT5S		
			X		X	OT6N or *OT6S		
	X					OT7	Include "Locked in" Pay Differentials and Shift Differential in the hourly rate.	Hourly rate is automatically calculated and derived from employee's EH record and Shift Differential rate. WWG 2 is generated for Civil Service and CSU employees regardless of the WWG shown on the Civil Service Pay Scales or the CSU Salary Schedule.
		X				OT8		
			X			OT9		
						**OTR	Not include "Locked in" Pay Differentials and/or Shift Differential in the hourly rate. Note: Refer to the Overtime Pay Processing Chart, G 024, for Benefit Trust Deduction (BT).	Hourly rate is manually calculated and entered on the PIP. WWG is derived from the Civil Service Pay Scales.
Employees in classes **not eligible** for exemption under Section 7K of the FLSA Or, Employees in classes **eligible** for exemption under Section 7K of the FLSA	X					OF	Not include "Locked in" and not "Locked-in" Pay Differentials or Shift Differential for employees whose overtime rate requires special calculations. For example: Employee earns one or more Miscellaneous Pay for only a portion of the work period (e.g., "Locked-in" Diving Pay) Pay Differential is not "Locked-in" (e.g., Out-0f-Class Assignment Pay) Pay Differential or Shift Differential is pro-rated	Hourly rate is manually calculated and entered on the PIP. WWG 2 is generated for Civil Service and CSU employees regardless of the WWG shown on the Civil Service Pay Scales or the CSU Salary Schedule.
		X				OF5		
			X			OF6		
	X			X		OFE		
		X		X		OF5E		
			X	X		OF6E		
	X				X	OFN		
		X			X	OF5N		
			X		X	OF6N		
Employees in classes not eligible for exception under Section 7k of the FLSA are eligible to receive On-Call Pay					X	OC	Not include "locked in" Pay Differentials and/or Shift Differential in the daily rate.	Daily rate is manually calculated and entered on the PIP. WWG is derived from the Civil Service Pay Scales.

PROCESSING PROCEDURES METHODS — G 024

(Revised 04/03)

A. The following provides transmittal information and three processing methods for payments (i.e., STD. 671, STD. Form 674 and Payroll Input Process):

1. The Civil Service PIP Exceptions Transmittal form as shown below must be submitted along with a STD. 671 or STD. Form 674 to SCO/PPSD Payroll Operations for payments that cannot be keyed via PIP.

Note: Copy form for the CIVIL SERVICE PIP EXCEPTIONS TRANSMITTAL and attach to document

2. MISCELLANEOUS PAYROLL/LEAVE ACTION – STD. 671
   a. Submission of STD. 671 (original overtime) for the following conditions:
      1) Out of history payment (i.e., the current pay period plus 12 prior pay periods)
      2) Mid-month salary rate change requesting time to be paid
      3) Payment of 250 or more hours
      4) Emergency employee
      5) Overtime request for employee not appointed to the department in which Overtime is being requested
      6) Payment needing processing coordination (with PPSD) for a specific deduction to be applied to the payment request (e.g., new garnishments)
      7) Employee has multiple/concurrent job assignments
      8) Employee(s) on disability leave for the entire month. An explanation of why employee is entitled to payment(s) must be provided (e.g., Subpoena witness on regular day off).

   b. Completion of STD. 671 is required for each pay period:
      1) The following areas must be completed:
         a) Pay Period
         b) Agency Name
         c) Social Security Number (SSN)
         d) Employees Name
         e) Position Number (enter position from which payment is to be issued. Note: Position must match employee's EH for the pay period being requested)
         f) EID - Refer to the Overtime Pay Determination Chart, G 023
         g) Time to be Paid
         h) Alternate Funding Code (enter an alpha or numeric character if payment is to be charged to a position other than the employee's EH position)
         i) Salary Rate (complete with an hourly rate)
         j) WWG
         k) Gross
         l) Alternate Funding (enter position from which payment is to be issued. Note: Class code must match employee's EH record for the pay period being requested)
         m) Authorized Signature/Telephone Number and Extension
         n) Date Signed

3. PAYROLL ADJUSTMENT NOTICE – STD. Form 674
   a. Submission of STD. Form 674 (overtime adjustments only) for the following conditions:
      1) Adjustments to salary rate or salary rate and time
      2) Overtime rate was automatically calculated and derived from employee's EH records, and the rate should have been manually computed (e.g., Out-of-Class Assignment Pay should have been included in the rate)
      3) Mid-month salary adjustments
   b. Completion of STD. Form 674:
      1) A STD. Form 674 Form is required to be completed for each pay period. The following items must be completed on the STD. Form 674.
         a) Social Security Number (SSN)
         b) Employee Name
         c) Position Number (enter position from which payment is to be issued.

Note: Class code must match employee's EH class code for the pay period being requested)

d) Remarks - if applicable
e) Payment Per SCO Warrant Register
   - Issue Date (If Applicable)
   - Pay Period
   - Salary Rate (hourly rate)
   - Time Worked
   - Payment Type
   - Suffix (e.g., EID OF only)
   - Earnings ID
   - Shift Code – if applicable
   - Gross
f) PAYMENT Should be
   - Pay Period
   - Salary Rate (hourly rate)
   - Time Worked
   - Payment Type
   - Suffix (e.g., EID OF only)
   - Earnings ID
   - Shift Code – if applicable
g) Form completed by and Telephone Number and Extension
h) Agency Name
i) Authorized Signature

4.PAYROLL INPUT PROCESS (PIP)

a. Original overtime is documented on a Time and Attendance (T/A) Form 672 or Miscellaneous (Misc.) STD. 671 and keyed via the PIP. In addition, the following special conditions can be keyed via the PIP if in history, otherwise, request should be submitted on a STD. 671 or STD. Form 674. Refer to G 024.

1) Special Conditions are:
   a) Overtime payment request is for an employee not appointed to the department in which overtime is being requested. This request should be keyed by the primary department/campus (in which employee is appointed) using an alternate funding code.

   b) Overtime payment request is for 250 or more hours key via the PIP by using two line entries (e.g., one with 100 hours and another with 150 or more hours).

   c) Original overtime payment request includes Out-of-Class Assignment Pay Use EID(s) OF, OF5, or OF6.

2). The following Original Overtime PIP Processing Chart provides:

   a) Overtime Earnings IDs
   b) Instructions for Special Conditions by EID, if applicable
   c) Specific PIP keying instructions for Civil Service and CSU employees by EID
   d) Various symbols, letters, and words as defined below:
   X=Hours must be entered in the Days/Hours field.

Blank=Field(s) must be left blank.

$$ = Gross is entered in the salary rate field on a STD. 671 (hard copy) and keyed on the Mis Screen;

OR

Gross is entered in the salary rate field on a Form 674 (hard copy and keyed on the TA Screen.

ORIGINAL OVERTIME PIP PROCESSING CHART

OVERTIME Earnings IDs	INSTRUCTIONS FOR SPECIAL CONDITIONS	PIP KEYING INSTRUCTIONS FOR CIVIL SERVICE AND CSU EMPLOYEES			
		DAYS/ HOURS	SALARY RATE	WWG	GROSS
OT, OT5, OT6 OTE, OT5E, OT6E, OTER, OT5R,OT6R OTN, OT5N,OT6N, OTNS, OT5S, OT6S		/X	Blank	Blank	Blank
OT7, OT8, or OT9		/X	Blank	Blank	Blank
OTR	• Do not use an alternate funding code	/X	$$	Blank	Blank
BT1	• Use BT1 (code 049) to charge deduction to overtime. • Key EID OTR and BT1 in the same cycle. • Enter amount to be deducted in the Gross field (e.g., 100.00).	Blank	Blank	Blank	$$
OF, OF5, OF6 OFE, OF5E, OF6E OFN, OF5N, or OF6N	• Do not use these Earnings IDs to request other payment types such as adjustments to salary rate or shift differential payments.	/X	$$	Blank	Blank
OC	• Do not use these Earnings IDs to request other payment types. Only days can be requested for this Eanings ID. Submit a STD. 671 to request days and hours.	/X	$$	Blank	Blank

b. Overtime adjustments are documented on a STD. 683 and keyed via the PIP.

1) The following Overtime Adjustments PIP Processing Chart provides:

a. Specific PIP keying instructions for Civil Service and CSU employees by Payment Per Warrant Register" and "Payment Should Be"

b. Various symbols, letters, and words as defined below

PT = Payment Type
SD = Shift Differential
RC = Roll Code
Shaded area = Not required
X = Required
** = Applicable for specific conditions (e.g., Shift Differential is to be included in the rate)

OVERTIME ADJUSTMENTS PIP PROCESSING CHART

PIP SCREEN AREAS	PIP KEYING INSTRUCTIONS FOR CIVIL SERVICE AND CSU EMPLOYEES						
	SALARY RATE	DAYS	TB FRACTION	PT	HOURS	SD	RC
PAYMENT PER WARRANT REGISTER	X			X	X*	**	
PAYMENT SHOULD BE	X			X	X	**	

*Overtime hours previously issued (e.g., original plus adjustments) must be totaled and entered.

SUBJECT: PERSONAL LEAVE BUY BACK/CASH-OUT FOR CIVIL SERVICE EXCLUDED EMPLOYEES

DESCRIPTION **G 040**
(New 09/02)

A. Personal Leave Buy Back/Cash-Out (Payment Type/suffix P) is for employees who elect and are permitted to receive payment at their regular hourly salary rate in exchange for personal leave credits. Departments participation is discretionary. Employees' eligibility is determined by an employee's CBID.

ELIGIBILITY CRITERIA REFERENCES **G 041**
(New 09/02)

A. Civil Service/Exempt Employees eligibility criteria are established by:

1. Department of Personnel Administration (DPA) administering all matters concerning California State Civil Service/Exempt employer-employee relations set forth by guidelines to users and departments via:

   a. Personnel Management Liaison Memos and Pay Letters - Issued electronically to Human Resources and available for those with authorization to the Personnel Information Exchange (P.I.E) System on DPA's web page (www.dpa.ca.gov) under policies and regulations.

   b. Bargaining Unit (BU) Contracts - Available on DPA's web page (www.dpa.ca.gov/collbarg/contract/bumenu.shtm) under Labor Relations.

2. State Controller's Office (SCO)/PPSD administering the State Payroll and Employment History processes set forth by guidelines to users and departments via:

   a. Payroll Letters - Issued electronically to Human Resources and available on SCO's web page (http://www.sco.ca.gov/ppsd/scoltrs).

   b. California Leave Accounting System – Available on SCO's web page (http://www.sco.ca.gov/ppsd/clas) under CLAS Manual.

TAXES **G 042**
(New 09/02)

A. In accordance with the tax laws, a flat rate method is used for federal and state tax withholdings. Refer to Section H 100, Taxes.

GENERAL INFORMATION **G 043**
(Revised 12/01)

A. Calculation of the following payment/benefits
   1. Not included: Overtime, Industrial disability Leave, Non-Industrial Disability, or Lump Sum
   2. Included: Not Applicable.

B. Retirement: Personal Leave Buy Back/Cash Out is not subject to retirement.

EARNINGS IDs (EID) DEFINITIONS **G 044**
(New 09/02)

A. The Earnings IDs used for Personal Leave Buy Back/Cash-Out are defined as follows:

   1. PL36

      a. Payments are requested via the **California Leave Accounting System (CLAS)**.

         1) The hourly rate is automatically calculated by the Payroll System and employees' leave benefit balances are updated.

      b. Payments are based on the hours to pay and the employee's straight-time hourly salary rate for the pay period that the payment is being requested.

         1) The hourly rate includes "Locked-in" Pay Differentials, to the Employment History Data base (EHDB). For example, the Payroll System computation would be:

            a) Civil Service (CS) employee:
            Rate (includes locked in Pay Differentials) / 173.33 X number of hours of Personal Leave Buy Back = gross.

            b) CS Academic employee:
            Rate (includes locked in Pay Differentials) X 12 / number of academic calendar days for pay period = gross / 8 = hourly rate X number of hour of Personal Leave Buy Back = gross

   2. 99

      a. Payments are requested via the the **Payroll Input Process (PIP)**.

         1) The hourly rate is automatically calculated by the Payroll System and employees' leave benefit balances are updated.
            Note: Payments for employees entitled to an hourly salary rate that differs from their EHDB hourly rate (e.g., includes Pay Differentials that are **not** "Locked-in") are requested via STD. Form 674. Refer to G 044, A.2.b., Completion of STD. Form 674.

b. Payments are based on the hours to pay and the employee's straight-time hourly salary rate for the pay period that the payment is being requested.

1) The hourly rate includes "Locked-in" Pay Differentials, to the EHDB. Refer to 1), a) and b) above for an example on how the Payroll System computes Personal Leave Buy Back/Cash-Out for CS and Academic employees.

PROCESSING PROCEDURES/METHODS **G 045**
(Revised 04/03)

A. The following provides transmittal information and two processing methods for payments (i.e., Form 674 and Payroll Input Process).

1. The Civil Service PIP Exceptions Transmittal form as shown below must be submitted along with STD. Form 674 to SCO/PPSD Payroll Operations for payments that cannot be keyed via PIP.

Note: Copy form for the CIVIL SERVICE PIP EXCEPTIONS TRANSMITTAL and attach to document from Section G 955.

2. PAYROLL ADJUSTMENT NOTICE – STD. Form 674

a. Submission of STD. 674 for the following conditions:
1) Out of history payment – Pay periods prior to 13 months of payment history (i.e., the current pay period plus 12 prior pay periods)
2) Hourly salary rate differs from the hourly salary rate for the pay period being requested.
3) Academic Employee
4) Employee who is not active on Employment History Data base (EHDB) for the pay period
5) Payment needing processing coordination (with PPSD) for a specific deduction to be applied to the payment request (e.g., new garnishments)
6) Employee is on disability the entire months
7) Adjustments to salary and/or time

b. Completion of STD. Form 674:
1) A STD. Form 674 is required to be completed for each pay period. The following items must be completed on the STD. Form 674. Refer to the following Std. Form 674 (**simplified version**) completion **example** below.

	(2) SOCIAL SECURITY NUMBER	(3) NAME	(4) POSITION NUMBER			
	Complete	Complete	AGENCY	UNIT	CLASS	SERIAL
				See below*		
	REMARKS: Describe payment type					

(6)	POS	ISSUE DATE			PAY PERIOD			SAL TYPE	SALARY FULL	TIME WORKED			PMT. TYPE	PAYSUFFIX	EARNINGS ID	GROSS	NET	WR #
		MO	DY	YR	T	MO	YR				DYS	HOURS						

A. PAYMENT PER SCO WARRANT REGISTER		Complete – If applicable		4	Enter hourly rate		Complete	1	P	99	Complete-If applicable
B. PAYMENT SHOULD BE			Complete	4	Enter hourly rate		Complete	1	P	99	Complete
FORM COMPLETED BY: Complete			**PHONE NO.** Complete – enter extension								
(AGENCY NAME) **FROM:** Complete										**AUTHORIZED SIGNATURE** Complete	**DATE** Complete

*Enter position number from which payment is to be issued. Class code must match employee's EH class code for the pay period being requested.

3. PAYROLL INPUT PROCESS (PIP)
   a. Personal Leave Buy Back/Cash-Out is documented on a Time and Attendance (TA) Form 672 or Miscellaneous (Mis) Payroll/Leave Actions STD. 671 and keyed via the PIP.
      1) The following Personal Leave Buy Back/Cash-Out PIP Processing Chart provides:

         a) Personal Leave Buy Back/Cash-Out Earnings IDs
         b) Information based on Earnings IDs
         c) Specific keying instructions for PIP and CLAS
         d) Various symbols, letters, and words as defined below:

         X = Hours must be entered in the Days/Hours field.
         Blank = Field(s) must be left blank.

PERSONAL LEAVE BUY BACK/CASH-OUT EARNINGS IDS	**THIS EARNINGS ID WILL:**	**PIP KEYING INSTRUCTIONS FOR PERSONAL LEAVE BUY BACK/CASH-OUT FOR EXCLUDED AND ACADEMIC EMPLOYEES**			
		DAYS/HOURS	**SALARY RATE**	**WWG**	**GROSS**
PL36 (CLAS)	• Issue pay and update leave benefit records	/X	BLANK	BLANK	BLANK
99 (PIP)	• Issue pay only. Does **not** update leave benefit records	/X	BLANK	BLANK	BLANK

SUBJECT: SHIFT DIFFERENTIAL

(New 09/02) **G 050**

A. Regular Shift Differential pay (payment type 2) is to compensate employees who are scheduled to work other than a standard "Day time" shift (e.g., swing shift). In addition, employees working overtime on an evening or night shift are entitled to receive Overtime Shift Differential pay (payment type 1, suffix S).

Note: Excluded from this area are the following payments:
Split Shift Pay Differential and Night Shift Differential - Office of State Printing Plant. Refer to Section G 105, Awards, Bonuses and Special Pays under Miscellaneous Payments Processing Chart.

ELIGIBILITY CRITERIA REFERENCES **G 051**
(New 09/02)

A. Civil Service/Excluded Employees eligibility criteria are established by:
   1. Department of Personnel Administration (DPA) administering all matters concerning California State Civil Service/Excluded employer-employee relations set forth by guidelines to users and departments via:
      a. Personnel Management Liaison (PML) Memos and Pay Letters – Issued electronically to Human Resources and also available for those with authorization to the Personnel Information Exchange (PIE) System on DPA's web page (www.dpa.ca.gov) under policies and regulations
      a. California Civil Service Pay Scales, Section 14 – Available in hard copy and available on DPA's web page (www.dpa.ca.gov) via the PIE System under manuals and procedures
      c. Bargaining Unit Contracts – Available on DPA's web page (www.dpa.ca.gov/collbarg/bumenu.shtm) under Labor Relations

   2. State Controller's Office (SCO)/PPSD administering the State Payroll and Employment History processes set forth by guidelines to users and departments via:
      a. Payroll Letters – Issued electronically to Human Resources and available on SCO's web page (http://www.sco.ca.gov/ppsd/scoltrs).

B. California State University (CSU) Employees eligibility criteria are established by:
   1. Chancellor's Office administering all matters concerning California State University employer-employee relations set forth by guidelines to users and campuses via:
      a. CSU Salary Schedule – Available in hard copy, and also available on CSU's web page (http://www.calstate.edu/hrpims/salary.htm) under Shift Differential Explanatory notes.
      b. Bargaining Unit Contracts – Available on CSU's web page (http://www.calstate.edu/laborrel/contracts_html/contracts.shtml)
      c. CSU Pay Letters – Available on CSU's web page (http://www.calstate.edu/hradm/memos.shtml)

TAXES **G 052**
(New 09/02)

A. In accordance with the tax laws, the following tax methods for Federal and State withholdings are used. Refer to section H 100, Taxes.
   1. Aggregate method for Regular Shift Differential only "locked-in" (i.e., included and calculated in the salary total for regular pay) to the Employment History Data Base (EHDB).
   2. Flat rate method for Regular Shift Differential and Overtime Shift Differential (i.e., **not** "Locked-in" to the EHDB).

GENERAL INFORMATION **G 053**
(Revised 12/01)

A. Calculation of the following payment/benefits
   1. Regular Shift Differential (Payment type 2)
      a. Not included: Non-Industrial Disability Leave,
      b. Included: Overtime, Industrial Disability, or Lump Sum.
   2. Overtime Shift (Payment type 1, suffix S)
      a. Not Included: Industrial Disability Leave, Non- Industrial

Disability, or Lump Sum.
b. Included: Not applicable

B. Retirement:
1. Regular Shift Differential (payment type 2) is subject to retirement
2. Overtime Shift Differential (Payment type 1) is **not** subject to retirement.

SHIFT DIFFERENTIAL PAY DETERMINATION CHARTS FOR CIVIL SERVICE/ EXCLUDED, LEGISLATIVE COUNSEL, STATE PRINTING PLANT(CLASS 7222), AND CSU/EXCLUDED EMPLOYEES **G 054**

(New 09/02)

A. The following Shift Differential Pay Determination Charts for Civil Service/Excluded, Legislative Counsel, State Printing Plant, and CSU/Excluded employees identifies various conditions that need to be considered to determine the appropriate Earnings ID(s) to use based on the provisions from bargaining unit (BU) contracts(s), effective dates, and payment types.
1. Specifically the chart provides:
a. BU
b. Effective Date based on BU
c. Regular Shift Differential Earnings IDs payment type 2 by evening or night
d. Overtime Shift Differential Earnings IDs for payment type 1
e. Overtime Shift Differential factors for payment type 1 are:
1.0 = Straight Shift
1.5 = Premium Shift
f. Corresponding hourly rate by BU and payment type
g. Shaded area is not applicable

SHIFT DIFFERENTIAL PAY DETERMINATION CHART FOR CIVIL SERVICE/EXCLUDED AND LEGISLATIVE COUNSEL EMPLOYEES
CHART G 054

Note: Refer to the civil service DPA Pay scales, section 14 (www.dpa.ca.gov) for monthly amounts.

CIVIL SERVICE/EXCLUDED AND LEGISLATIVE COUNSEL EMPLOYEES	EFF. DATE	REGULAR SHIFT DIFFERENTIAL EARNINGS IDS AND RATES (PAYMENT TYPE 2)		OVERTIME SHIFT DIFFERENTIAL EARNINGS IDS, OVERTIME FACTORS AND RATES (PAYMENT TYPE 1)			
BU		EVENING SHIFT	NIGHT SHIFT	EVENING SHIFT		NIGHT SHIFT	
		SRE	SRN	S5E	S6E	S5N	S6N
				1.0	1.5	1.0	1.5
R01, R03, R04, R09, R10, R11, R12, R21	1/1/90	.40	.50	.40	.60	.50	.75
R05	1/1/90	.40	.65	.40	.60	.65	.98
R06, C06, M06, S06 – Employees in Correctional classifications only	1/1/90		.50			.50	.75
R07, C07, M07, S07	1/1/90		.50			.50	.75
R13	1/1/91	.90	1.00	.90	1..35	1.00	1.50
C13, M 13, S13	3/1/91	.95	1.05	.95	1.43	1.05	1.58

CIVIL SERVICE/EXCLUDED AND LEGISLATIVE COUNSEL EMPLOYEES		REGULAR SHIFT DIFFERENTIAL EARNINGS IDS AND RATES (PAYMENT TYPE 2)		OVERTIME SHIFT DIFFERENTIAL EARNINGS IDS, OVERTIME FACTORS AND RATES (PAYMENT TYPE 1)			
R14, S14, M14 – Except State Printing Plant	1/1/90		.50			.50	.75
R15	1/1/91		.50			.50	.75
C15, M15, S15	10/1/92		.50			.50	.75
R17	1/1/90	.60	.75	.60	.90	.75	1.13
C17, M15, S15 – Employees in Nursing Classifications only	1/1/90	.60	.80	.60	.98	.80	1.20
R18*	1/1/90	.50	.40	.50	.75	.40	.60
R19	1/1/90	.40	.50	.40	.60	.50	.75
R19 - Rehabilitation Therapist *Mid-shift (8 hours between noon and 9 p.m.)	7/1/98	.40*		.40	.60		
R20	1/1/90	.40	.50	.40	.60	.50	.75
E25	1/1/91		.50			.50	.75
Exempts and Non- represented (not listed above)	1/1/91	.45	.55	.45	.68	.55	.83

Note: Refer to the appropriate BU contract or DPA Pay Scales, Section 14 for additional information regarding specific definition of shift, effective dates, classes, and rate criteria – Available on DPA's web page at: (www.dpa.ca.gov) via the PIE System.

SHIFT DIFFERENTIAL PAY DETERMINATION CHART FOR STATE PRINTING PLANT EMPLOYEES IN CLASS 7222

STATE PRINTING PLANT EMPLOYEES IN CLASS 7222	EFF. DATE	REGULAR SHIFT DIFFERENTIAL Earnings IDs AND RATES (PAYMENT TYPE 2)		OVERTIME SHIFT DIFFERENTIAL Earnings IDs, OVERTIME FACTORS AND RATES (PAYMENT TYPE 1)			
BU		EVENING SHIFT	NIGHT SHIFT	EVENING SHIFT		NIGHT SHIFT	
		2R	2S	2R1	2R11	2S1	2S11
				1.0	1.5	1.0	1.5
R14, S14	1/1/90	$1.44	1.78	1.44	2.16	1.44	2.67

Note: Refer to the DPA Pay Scales, Section 14 Pay Differential 86 for specific Earnings IDs, eligible class codes, criteria, and rates for Office of the State Printing Plant employees in R14 and Excluded employees - Available on DPA's web page at: (www.dpa.ca.gov) via the PIE System.

SHIFT DIFFERENTIAL PAY DETERMINATION CHART FOR CSU EMPLOYEES

CSU EMPLOYEES	EFF. DATE	REGULAR SHIFT DIFFERENTIAL Earnings IDs AND RATES (PAYMENT TYPE 2)		OVERTIME SHIFT DIFFERENTIAL Earnings IDs, OVERTIME FACTORS AND RATES (PAYMENT TYPE 1)			
BU		EVENING SHIFT	NIGHT SHIFT	EVENING SHIFT		NIGHT SHIFT	
		SRE	SRN	S5E	S6E	S5N	S6N
				1.0	1.5	1.0	1.5
R08	7/1/82	.23	.28	.23	.35	.28	.42

SHIFT DIFFERENTIAL PAY DETERMINATION CHART FOR CSU EMPLOYEES

CSU EMPLOYEES	EFF. DATE	REGULAR SHIFT DIFFERENTIAL Earnings IDs AND RATES (PAYMENT TYPE 2)		OVERTIME SHIFT DIFFERENTIAL Earnings IDs, OVERTIME FACTORS AND RATES (PAYMENT TYPE 1)			
R02, R05, R06, R07, R09	7/1/99	1.25	2.20	1.25	1.88	2.20	3.30
R10 *Pertains to CMA Stationary Engineers, CMA Stationary Apprentice Engineers and Chief Engineers only.	7/1/95	.40	.50				
		.90*	1.00*	.90	1.35	1.00	1.50
E99 *Pertains to Police Officer Cadet – Non-Represented	7/1/82	.23*	.28*	.23	.35	.28	.42

Note: Refer to the appropriate BU contract for Represented employees and the FSR 71-46; Hr 2000-20 for Non-Represented additional information regarding shift differential rates, effective dates, and criteria – Available on CSU's web page at: (http://www.calstate.edu/hrpims/salary.htm).

PROCESSING PROCEDURES/METHODS **G 055**
(Revised 04/03)

A. The following provides transmittal information and four processing methods for payments (i.e., EHDB, STD Form 671, STD. Form 674 and Payroll Input Process).
   1. The Civil Service (CS) PIP Exceptions Transmittal form as shown below must be submitted along with a STD. 671 or STD. Form 674 to SCO/PPSD Payroll Operations for payments that cannot be keyed via PIP.

Note: Copy form for the CIVIL SERVICE PIP EXCEPTIONS TRANSMITTAL and attach to document from Section G 955.

   2. EHDB
      a. CS Represented/Excluded and Legislative Counsel employees:
         1) Regular Shift Differential (payment type 2) can be "locked-in" (i.e., included and calculated in the salary total for regular pay) to an employee's EHDB. Listed below are the following reasons why a Regular Shift Differential should not be "locked in":
            a) Employee assigned to a shift in the middle of the month
            b) Employee assigned to a shift for a short duration of time
            c) Employee assigned shift changes frequently (e.g., from evening to night or night to evening)

            Note: Refer to the Personnel Action Manual (PAM) Section 3 PAR- Misc. change transaction, 345 PAR transaction processing instructions .

            The Payroll System will not audit if a shift code "locked in" on EH is not compatible with employee's CBID (i.e., shift code, rate, expiration date). Refer to employee's contract for eligibility criteria.

         2) Overtime Shift Differential (payment type 1) can **not** be "locked-in" to an employee's EHDB.

      b. CSU Represented/Excluded and Operating Engineers employees:

1) Regular Shift Differential (payment type 2) can not be “locked-in” (i.e., not included and calculated in the salary total for regular pay) to an employee’s EHDB.
2) Overtime Shift Differential (payment type 1) can not be “locked-in” to an employee’s EHDB.
   a) Refer to The California State University Salary Schedule Explanatory Notes for processing procedures.

3. MISCELLANEOUS PAYROLL/LEAVE ACTION – STD. 671
   a. Submission of STD. 671 (original Regular and/or Overtime Shift Differential) for the following conditions:
      Note: The same conditions listed below apply for the submission of STD. Form 674 when requesting original Regular and/or Overtime Shift Differential Pay.
      1) Out of history payment – Pay periods prior to 13 months of payment history (i.e., the current pay period plus 12 prior pay periods)
      2) Payment of 250 or more hours
      3) Emergency employee
      4) Payment needing processing coordination (with PPSD) for a specific deduction to be applied to the payment request (e.g., new garnishments)
   b. <u>Completion of STD. 671:</u>
      1) A STD. 671Form is required to be completed for each pay period. The following areas <u>must be completed</u> on the STD. 671. Refer to the following **<u>Std. 671</u>** (**simplified version**) completion **<u>example</u>** below.

				PAY PERIOD			(4) AGENCY								
				TYPE (1)	MONTH (2)	YEAR (3)	Complete								
				Complete											
EMPLOYEE IDENTIFICATION			POSITION NUMBER				Earnings ID (15)	TIME TO BE PAID		ALT FUNDCODE (18)	SALARY RATE (19)	WWG/ FLSA (20)	GROSS (21)		
SOCIAL SECURITY NUMBER (8)	INITIALS (9)	LAST NAME (10)	AGENCY (11)	UNIT (12)	CLASS (13)	SERIAL (14)		DAYS (16)	HOURS HDTHS (17)						
Complete			Enter employee’s EH position number from the pay period being				Complete- Refer to G-053, Shift Diff. Chart	Leave blank	Enter hours	See below*	Enter hourly rate	complete			
ALTERNATE FUNDING (22)															
LN	CODE	AGENCY	UNIT	SERIAL											
*	See below*	Enter position from which payment is to be issued.													
*							SIGNATURE	TELEPHONE NUMBER		DATE SIGNED					
							Complete	Complete and enter extension		Complete					

* Enter an alpha or numeric character in item 18 and 22 (both items must match) if payment is to be charged to an agency, reporting unit, and/or serial number other than the employee’s EH position.

4. PAYROLL ADJUSTMENT NOTICE STD. FORM 674
   a. <u>Submission of STD. 674 (Regular and/or overtime Shift Differential adjustments for the following conditions</u>:

1) Shift code change (e.g., employee was paid evening shift and should be paid night shift).
2) Adjustments of hours and/or rate (can be keyed via PIP if in History. Refer to G 054, 5.b. regular and/or overtime shift differential adjustments)

b. Completion of STD. Form 674:

1) A STD. Form 674 is required to be completed for each pay period. The following items must be completed on the STD. Form 674. Refer to the following Std. Form 674 (simplified version) completion example below.

	(2) SOCIAL SECURITY NUMBER	(3) NAME	(4) POSITION NUMBER			
			AGENCY	UNIT	CLASS	SERIAL
	Complete	Complete	See below*1			

	REMARKS: Describe payment type

(6)	POS	ISSUE DATE			PAY PERIOD			SAL TYPE	SALARY RATE	TIME WORKED		PMT. TYPE	PAY SUFFIX	EARNINGS ID	Shift code	GROSS	NET	WR #
		MO	DY	YR	T	MO	YR			DYS.	HOURS							
A. PAYMENT PER SCO WARRANT REGISTER	Complete – If applicable							4 4	Enter hourly rate	Blank	Complete	2 1	S	See below*2	E	Complete-If applicable N		
B. PAYMENT SHOULD BE					Complete			4 4	Enter hourly rate	Blank	Complete	2 1	S	See below*2	E	Complete OR N		

FORM COMPLETED BY:	PHONE NO.
Complete	Complete – enter extension

(AGENCY NAME)	AUTHORIZED SIGNATURE	DATE
FROM: Complete	Complete	Complete

*1 - Enter position number from pay period being requested. Class code must match employee's EH class code.

*2 - Enter appropriate payment type, shift code and EID for Regular Shift Differential (payment type 2) and/or for Overtime Shift Differential (payment type 1, suffix S). Refer G 054, Shift Differential Pay Determination Chart for more information regarding Shift Differential Earnings IDs.

c. Submission of STD Form 674D

1) Employees on disability leave for the entire month who are entitled to:
   a) Regular Shift Differential – Payment type 2
   b) Overtime Shift Differential – Payment type 1
   Note: Refer to Section E, Disability for completion instructions.

5. PAYROLL INPUT PROCESSING (PIP)
   a. Regular and/or Overtime Shift Differential is documented on a Time and Attendance (TA) Form 672 or Miscellaneous (Mis) Payroll/Leave Actions STD. 671 and keyed via the PIP.
      1) The following Shift Pay Differential PIP Processing Chart provides:
         a) Regular and Overtime Earnings IDs based on payment types
         b) Earnings IDs to use for employees in class code 7222
         c) Specific PIP keying instructions for Civil Service (CS) and CSU employees
         d) Various symbols, letters, and words as defined below:

X	=	Hours must be entered in the Days/Hours field.
Blank	=	Field(s) must be left blank.

NOTE: Before keying, refer to the CS Pay Scales, Section 14 or the CSU Salary Schedule to verify eligibility

SHIFT PAY DIFFERENTIAL PIP PROCESSING CHART

EARNING IDS								PIP KEYING INSTRUCTIONS FOR CS AND CSU EMPLOYEES			
REGULAR SHIFT DIFFERENTIAL- PAYMENT TYPE 2				OVERTIME SHIFT DIFFERENTIAL – PAYMENT TYPE 1				DAYS/ HOURS	SALARY RATE	671 ONLY WWG FLSA	GROSS
EVENING SHIFT		NIGHT SHIFT		EVENING SHIFT		NIGHT SHIFT					
ALL ELIGIBLE CLASSES	CLASS CODE 7222	ALL ELIGIBLE CLASSES	CLASS CODE 7222	ALL ELIGIBLE CLASSES	CLASS CODE 7222	ALL ELIGIBLE CLASSES	CLASS CODE 7222				
SRE	2R	SRN	2S	S6E	2R11	S6N	2S11	/X	Blank	Blank	Blank
				S5E	2R1	S5N	2S1	/X	Blank	Blank	Blank
				SE	2R12	SN	2S12	/X	Blank	Blank	Blank

   a. Regular and/or Overtime Shift Differential adjustments are documented on a STD. 683.
      1) Specific PIP keying instructions for CS and CSU employees by "Payment Per Warrant Register" and "Payment should be

      2) Various symbols, letters, and words as defined below:

PT	=	Payment Type
SD	=	Shift Differential
RC	=	Roll Code
Shaded Area	=	Not required
X	=	Required

PIP SCREEN AREAS	PIP KEYING INSTRUCTIONS FOR CIVIL SERVICE AND CSU EMPLOYEES						
	SALARY RATE	DAYS	TB FRACTION	PT	HOURS	SD	RC
PAYMENT PER WARRANT REGISTER	X			X	X	X	

PAYMENT SHOULD BE	X			X	X*	X	

* Do not key adjustment if number of hours for regular shift differential exceeds time possible. (e.g.,160 hrs original payment plus 20 hrs adjustment).

SUBJECT: AWARDS/BONUSES/PAY DIFFERENTIAL/SPECIAL PAYS

DESCRIPTION **G 100**
(Revised 04/03)

A. Pay Differentials, Awards/Bonuses, and Special Pays are payments an employee is entitled to receive in addition to regular pay.

Note:
Excluded from this area are the following payments:
Out of Class Assignment Pay (refer to G 825)
Out of Class Assignment Pay (refer to G 825)
Shift Differential (refer to G 050)
Holiday Pay (refer to G 925)
Planned Overtime (refer to G 950)

Additional information is available on the following payment:
Accounts Receivable Offset – Leave Credit Use (refer to I 032)

ELIGIBILITY CRITERIA REFERENCES: **G101**
(Revised 04/02)

A. Civil Service/Exempt Employees eligibility criteria are established by:

1. Department of Personnel Administration (DPA) administering all matters concerning California State Civil Service/Exempt employer-employee relations set forth by guidelines to users and departments via:

   a. Pay Letters
   b. Personnel Management Liaison Memos (PML) - Both issued electronically to Human Resources and available on DPA's web page (www.dpa.ca.gov) via the Personnel Information Exchange System (P.I.E.).
   c. Bargaining Unit (BU) Contracts - Available on DPA's web page (www.dpa.ca.gov)
   d. Pay Scales Section 14 - Available in hard copy , and also available for those with authorization to the P.I.E. on DPA's web page.

2. State Controller's Office (SCO)/PPSD administering the State Payroll and Employment History processes set forth by guidelines to users and departments via:

   a. Payroll Letters
   b. Personnel Letters - Both issued electronically to Human Resources and available on SCO's web page (http://www.sco.gov/ppsd/scoltrs).

B. California State University (CSU) Employees eligibility criteria are established by:

1. Chancellor's Office administering all matters concerning California State University employer-employee relations set forth by guidelines to users and campuses via:

    a. Technical Letters
    b. Bargaining Unit (BU) Contracts

PAY FREQUENCIES: **G102**
(Revised 04/02)

A. In accordance with the corresponding eligibility criteria, payments may be issued on the following basis:

    1. One-time
    2. Monthly
    3. Semi-monthly
    4. Biweekly
    5. Hourly
    6. Annual
    7. Bi-annual

PAYMENT TYPES: **G103**
(Revised 04/02)

A. Payments are categorized based on withholding characteristics, processing procedures or payment attributes as follows:

    1. Pay Differentials: 8
    2. Awards/Bonuses: 9, G, and H
    3. Special Pays: S and A

TAXES: **G104**
(Revised 04/02)

A. In accordance with the tax laws, the following tax methods for federal and state are used (Refer to section H 100):

    1. Aggregate for Pay Differentials "locked in" (i.e., included and calculated in the salary total for regular pay) to the Employment History Data Base (EHDB).
    2. Flat rate for Pay Differentials, Awards/Bonuses, and Special Pays (not "locked in" to the EHDB).

GENERAL INFORMATION **G 105**
(Revised 03/03)

A. Merit Award/Superior Sustained Accomplishment Award requirements:
    1. A Merit Award or a Superior Sustained Accomplishment Award must be authorized and approved by the director or a Merit Award Administrator (i.e., designee) of that department via DPA Form 148 or a letter. Refer to DPA's Web site for further information regarding both awards (www.dpa.ca.gov/benefits/merit/mapregulations.shtm) under Section 599.657 for Merit Awards or Section 599.663 for Superior Sustained Accomplishment awards.

B. Calculation of the following payment/benefits:
   1. Not included: Refer to the Miscellaneous Payment Processing Chart G 105.
   2. Included: Refer to the Miscellaneous Payment Processing Chart G 105.

C. Retirement:
   1. Pay Differentials (payment type 8) are/are not subject to retirement - Refer to the Miscellaneous Payment Processing Chart G 105.
   2. Special pays (Payment type S) are subject to retirement.
   3. Awards/Bonuses are not subject to retirement.

B. Calculation of the following payment/benefits:
   1. Not included: Refer to the Miscellaneous Payment Processing Chart G 105.
   2. Included: Refer to the Miscellaneous Payment Processing Chart G 105.

C. Retirement:
   1. Pay Differentials (payment type 8) are/are not subject to retirement - Refer to the Miscellaneous Payment Processing Chart G 105.
   2. Special pays (Payment type S) are subject to retirement.
   3. Awards/Bonuses are not subject to retirement.

PROCESSING PROCEDURES/METHODS: **G 105**
(Revised 04/03)

A. Payments are processed via three methods: Employment History Data Base (EHDB), form STD. 674, and Payroll Input Process (PIP). The following refers/provides processing procedures for each method.

   1. EHDB

      a. Pay Differentials (payment type 8s) can be "locked-in" (i.e., included and calculated in the salary total for regular pay) to an employee's EHDB record. Listed below are the following reasons why a pay differential should not be "locked in":

         1) Not pro-rated
         2) Not subject to retirement (some exceptions apply). Refer to the Miscellaneous Payment Processing Chart at the end of this section (G105).
            Refer to DPA Pay Letters for documentation information and the Personnel Action Manual (PAM) for processing instructions.

   2. PAYROLL ADJUSTMENT NOTICE – Form STD. 674

      a. The Civil Service PIP Exceptions Transmittal form as shown below must be submitted along with a form STD. 674 to SCO/PPSD Payroll Operations for payments that cannot be keyed via PIP.

Note: Copy form for the CIVIL SERVICE PIP EXCEPTIONS TRANSMITTAL and attach to document from Section G 955.

b. Submission of form STD. 674 for the following conditions:

1) All Payment Types
   a) Out of history payment – Pay Periods prior to 13 months of payment history)
   b) Adjustments to salary rate or salary rate and time
   c) Payment needing processing coordination (with PPSD) for a specific deduction to be applied to the pay request (e.g., new garnishments)
   d) Emergency employee
2) Pay Differentials (payment type 8) Only
   a) Payment of 250 or more hours
   b) Requesting Knowledge and Skill Pay for positive pay employee
   c) Mid-month salary rate change requesting time to be paid
   d) Dual position numbers
   e) Legislative Per Diem (i.e., issued solely for processing taxable payments or members of the State Legislature. Legislators receive per diem for each day the Legislature is in session). Refer to State Personnel Board
   f) (SPB) Memorandum
   g) Payments for positive pay employees and the pay differential is pro-rated (EXCEPTION: unless an Earnings ID has been established for a positive pay employee).
3) Awards/Bonuses (payment type 9, A, G, H) Only
   a) Uniform Allowance for an employee with a mid-month salary rate change
   b) Employee is not active on the EHDB for the pay period of the award (Attach a copy of DPA approval granting award)
4) Special Pays (payment type S) Only
   a) Uniform allowance for an employee with a mid-month salary rate change
5) Employees on disability leave for the entire month who are entitled to:
   a) Physical Fitness Pay (8C3)
   b) Recruitment & Retention Pay (8K)
   c) Awards

   Note: Provide explanation of why employee is entitled to payment(s)

c) Completion of Form STD. 674:

1. A STD. 674 is required to be completed for each pay period. The following items must be completed on the STD. 674.

   a) Social Security Number (SSN)
   b) Employee Name
   c) Position Number (enter position from which payment is to be issued. Note: Class code must match the employment history class code for the pay period being requested)
   d) Remarks (indicate the pay differential being requested and the authorization such as pay letter, etc.), if applicable
   e) Payment Should Be
   f) Suffix (payment type 9, G, H, S, A)
   g) Earnings ID (payment type 8)
   h) Form completed by/telephone number and extension
   i) Agency Name
   j) Authorized Signature
   k) Gross Amount (see appropriate DPA Letter, Payroll Letter or BU contract to determine or calculate the correct gross amount)

d. Submission of STD. 674 with attached listing for the following condition (Must have SCO approval prior to submitting listings):

1) An attached listing (see format below) may be submitted along with a STD. 674, when payment requests are for four or more employees for the same pay period.

Note: Copy form to a Word Doc., enlarge to 8 1/2 X 11 and attach to document:

Note: Copy form for the ATTACHMENT TO FORM 674 and attach to document from Section G 955.

3. PAYROLL INPUT PROCESS (PIP)

a. Pay Differentials, Awards/Bonuses, and Special Pays are documented on a Time and Attendance (T/A) Form 672 or Miscellaneous Payroll/Leave Actions (Misc.) form STD. 671 and keyed via PIP.

1) Special Keying Condition:
   a) Adjustments can be keyed via PIP if the gross amounts do not match (payment type 9, G, H, S, A)

b. The following Miscellaneous Payment Processing Chart provides:

1) Specific PIP keying instructions for excluded and represented employees by earnings id (EID)
2) Conditional fields that may or may not be completed
3) Pay differentials locked-in/not locked-in to the EHDB
4) Earnings IDs included/not included in calculating Overtime (OT), Industrial Disability Leave (IDL), Enhanced Industrial Disability (EIDL), Non Industrial Disability Insurance (NDI), and Lump Sum (LS)
5) Earnings IDs subject /not subject to retirement
6) Various symbols, letters, and words as defined below:
   a) X = Enter days/hours
   b) Blank = Rate and gross must be left blank
   c) $$ = Gross must be entered (in gross field on STD. 671 and in rate field on Form 672)
   d) ** = Lump sum (refer to DPA Pay Scales Section 14 to determine if pay differential should be included in lump sum vacation, lump sum sick or lump sum extra)
   e) Y = Yes
   f) N = No

NOTE: Before keying, refer to the DPA Pay Scales Section 14 or the CSU Chancellor's Office Technical Letter to verify class code, collective bargaining/identifier (CB/ID), eligibility criteria, rates.

Miscellaneous Payments Processing Chart

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PIP KEYING INSTRUCTIONS FOR EXCLUDED AND REPRESENTED EMPLOYEES	EHDB	INCLUSION IN RATE TO CALCULATE THE FOLLOWING BENEFIT PAY	RETMT

PAY DIFF. AWARDS/BONUSES/ SPECIAL PAYS TITLE	EID	DAYS/ HOURS	SALARY RATE	GROSS	LOCKED IN	PMT Type	PMT Suffix	OT	IDL	EIDL	NDI	LS	Subject
Accounts Receivable Offset – Leave Credit Use	GS	Blank	Blank	$$	N	G	S	N	N	N	N	N	N
Administrative Leave Termination Pay (CSU)	9L	Blank	Blank	$$	N	9	L	N	N	N	N	N	N
Advanced Education Differential	8AM1	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8AM2	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Advanced Education Differential	8AE	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8AED	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Advanced Education Differential	8HP1	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8HP2	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Advanced Education Differential and Senior Pay	8SE2	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8SE3	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8SE4	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8SE5	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8SE6	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8SE8	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8ES2	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8ES3	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8ES4	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8ES5	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8ES6	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8ES8	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Advanced Education Differential, Physical Performance Incentive Pay	8PE1	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8PE2	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8EP2	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8EP1	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Advanced Education Differential and Motorcycle Pay	8EM1	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8EM2	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Advanced P.O.S.T. Certification Stipend (CSU) (Abolished 06/98)	8ST2	X/X	Blank	Blank	N	8		N	Y		Y	N	Y
Agriculture Pest Control Licenses Differential	8QA	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8PC	X/x	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Aircraft Pilot, Department of Justice-Unit 07 Dual License Pay	8AP	X/X	Blank	Blank	Y	8		Y	Y	N	Y	Y	Y
Annual Home Leave	HB	Blank	Blank	$$	N	H	B	N	N	N	N	N	N
Annual Home Leave (IRC Code 1.911)	H2	Blank	Blank	$$	N	H	2	N	N	N	N	N	N
Annual Leave Buy Back (Pay only)	9V	Blank	Blank	$$	N	9	V	N	N	N	N	N	N
Annual Recruitment & Retention – PSS/Supv-Unit 01 & Excluded	9K	Blank	Blank	$$	N	9	K	Y	N	N	N	N	N
Arduous Pay-FLSA Exempt Employee Differential (termed 6/30/94)	8OT1	Blank	Blank	Blank	N	8		N	N	N	N	N	Y
	8OT2	Blank	Blank	Blank	N	8		N	N	N	N	N	Y
	8OT3	Blank	Blank	Blank	N	8		N	N	N	N	N	Y
	8OT4	Blank	Blank	Blank	N	8		N	N	N	N	N	Y

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PIP KEYING INSTRUCTIONS FOR EXCLUDED AND REPRESENTED EMPLOYEES					EHDB	INCLUSION IN RATE TO CALCULATE THE FOLLOWING BENEFIT PAY							RETMT
PAY DIFF. AWARDS/BONUSES/ SPECIAL PAYS TITLE	**EID**	**DAYS/ HOURS**	**SALARY RATE**	**GROSS**	**LOCKED IN**	**PMT Type**	**PMT Suffix**	**OT**	**IDL**	**EIDL**	**NDI**	**LS**	**Subject**
Arduous Pay-FLSA	8OT5	Blank	Blank	Blank	N	8		N	N	N	N	N	N
Exempt Employee	8OT6	Blank	Blank	Blank	N	8		N	N	N	N	N	N
Differential For Extremely	8OT7	Blank	Blank	Blank	N	8		N	N	N	N	N	N
Arduous Work And Emergencies	80T8	Blank	Blank	Blank	N	8		N	N	N	N	N	N
Asbestos/Hazard Material TRN (CSU)	SC1	Blank	Blank	$$	N								
Asbestos/Hazard Material Cert. (CSU)	SC2	Blank	Blank	$$	N								
Asbestos/Hazardous Material Training Allowance or Certificate Allowance (CSU)	SC	Blank	Blank	$$	N	S	C	N	N	N	N	N	Y
Asbestos Pay Differential (CSU)	8AB	/X	Blank	Blank	N	N	N	N	N	N	N	N	Y
Attorneys – Various	8CE	X/X	Blank	Blank	Y	8		N	Y	N	Y	**	Y
Excluded Classes	8CEA	X/X	Blank	Blank	Y	8		N	Y	N	Y	**	Y
Assistant Chief Differential	8ACD	X/X	Blank	Blank	Y	8		N	Y	Y	Y	Y	Y
Assistive Technology Specialist Differential Pay	8ATS	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Attorney Differential Pay	8A	X/X	Blank	Blank	Y	8		N	Y	N	Y	**	Y
	8AT	X/X	Blank	Blank	Y	8		N	Y	N	Y	**	Y
Automobile Allowance (CSU & JC)	GF	Blank	Blank	$$	N	G	F	N	N	N	N	N	N
Avalanche Control Pay	8AC	/X	Blank	Blank	Y	8		Y	Y	Y	N	N	Y
Backflow Lic/Water TRTMNT OP Cert. (CSU)	SC3	Blank	Blank	$$	N	S	C	N	N	N	N	N	Y
Backflow Lic/Water TRTMNT OP Cert. Renewal (CSU)	SC4	Blank	Blank	$$	N	S	C	N	N	N	N	N	Y
Basic Allowance Housing	S8	Blank	Blank	$$	N	S	8	Y	Y	Y	Y	Y	Y
Basic Allowance Subsistence	S7	Blank	Blank	$$	N	S	7	Y	Y	Y	Y	Y	Y
Bay Area Recruitment and Retention Pay Differential	8BA	X/X	Blank	Blank	Y	8		Y	Y	Y	N	**	N
Benefit Program Specialist Incentive Pay	8BPS	X/X	Blank	Blank	Y	8		Y	Y	N	Y	Y	Y
Bilingual Differential Pay	8B	Blank	Blank	Blank	Y	8		N	Y	Y	Y	Y	Y
	8B1	X/X	Blank	Blank	Y	8		N	Y	Y	Y	Y	Y

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PIP KEYING INSTRUCTIONS FOR EXCLUDED AND REPRESENTED EMPLOYEES					EHDB	INCLUSION IN RATE TO CALCULATE THE FOLLOWING BENEFIT PAY							RETMT
PAY DIFF. AWARDS/BONUSES/ SPECIAL PAYS TITLE	**EID**	**DAYS/ HOURS**	**SALARY RATE**	**GROSS**	**LOCKED IN**	**PMT Type**	**PMT Suffix**	**OT**	**IDL**	**EIDL**	**NDI**	**LS**	**Subject**
	8B2	/X	Blank	Blank	Y	8		N	Y	Y	Y	Y	Y
	8B3	X/	Blank	Blank	Y	8		N	Y	Y	Y	Y	Y
Bilingual Pay & Physical Performance	8H2	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Board of Equalization Call Center	8TT	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Business Building Incentive (BBI) Program	9G	Blank	Blank	$$	N	9	G	N	N	N	N	N	N
Business Calls	8P	X/	Blank	Blank	N	8		Y	N	N	N	N	N
Calendaring Function	8CAL	X/X	Blank	Blank	Y	8		Y	Y	N	N	Y	Y
California State Lottery Call Center	8PT	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Caltrans Maintenance	8T3	X/X	Blank	Blank	Y	8		Y	Y	N	N	N	Y
Supervisor/Tree Maintenance Supervisor, Caltrans Bonus	8T4	X/X	Blank	Blank	Y	8		Y	Y	N	N	N	Y
Caltrans Safety Bonus	9T	Blank	Blank	$$	N	9	T	N	N	N	N	N	N
Canine Differential	8H6	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8H1	Blank	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Canine Differential	8H4	X/X	Blank	Blank	Y	8		N	Y	Y	Y	Y	N
Canine Differential	8H5	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Canine Officer Differential	8H3	Blank	Blank	Blank	N	8		N	Y	Y	N	N	N
Career Supervisory Assignment/Career Management Assignment Bonus Pay	GB	Blank	Blank	$$	N	G	B	N	Y	N	N	N	N
Career Supervisory	8CM1	X/X	Blank	Blank	Y	8		N	Y	N	N	N	N
Assignment/Career	8CM2	X/X	Blank	Blank	Y	8		N	Y	N	N	N	N
Management Assignment	8CM3	X/X	Blank	Blank	Y	8		N	Y	N	N	N	N
Recognition Pay for	8CM4	X/X	Blank	Blank	Y	8		N	Y	N	N	N	N
Exceptional Performance	8CM5	X/X	Blank	Blank	Y	8		N	Y	N	N	N	N
	8CS1	X/X	Blank	Blank	Y	8		N	Y	N	N	N	N
	8CS2	X/X	Blank	Blank	Y	8		N	Y	N	N	N	N
	8CS3	X/X	Blank	Blank	Y	8		N	Y	N	N	N	N
	8CS4	X/X	Blank	Blank	Y	8		N	Y	N	N	N	N
	8CS5	X/X	Blank	Blank	Y	8		N	Y	N	N	N	N
CCC Bonus Pay, (CORE Member)	93	Blank	Blank	$$	N	9	3	N	Y	N	N	N	N
CEA Recognition Pay (CalPers only)	9M	X/X	Blank	$$	N	9	M	N	Y	N	N	N	N
CEA Physician, Surgeon	8PS	X/X	Blank	Blank	Y	8		N	Y	Y	Y	Y	Y

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PIP KEYING INSTRUCTIONS FOR EXCLUDED AND REPRESENTED EMPLOYEES					EHDB	INCLUSION IN RATE TO CALCULATE THE FOLLOWING BENEFIT PAY							RETMT
PAY DIFF. AWARDS/BONUSES/ SPECIAL PAYS TITLE	**EID**	**DAYS/ HOURS**	**SALARY RATE**	**GROSS**	**LOCKED IN**	**PMT Type**	**PMT Suffix**	**O T**	**I D L**	**E I D L**	**N D I**	**LS**	**Subject**
and Dentist Differential	8PSD	X/X	Blank	Blank	Y	8		N	Y	Y	Y	Y	Y
CEO Skill Pay (Abolished 6/30/92)	8C1	/X	Blank	Blank	N	8		Y	N	N	N	N	Y
Certified Back-flow Tester Differential	8CBT	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Certified Nursing Assistant/Emergency Medical Technician	8CNA	Blank	Blank	Blank	N	8		Y	Y	Y	N	N	N
Chief, Legislative and Public Affairs, CEA 1 Differential Pay	8CH	X/X	Blank	Blank	Y	8		N	Y	N	Y	**	Y
CHP Fleet Administration Lead Differential	8CHP	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
CHP Fleet Administration Field and Protective Services Differential	8FPS	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Climbing Pay Differential	8CPD	/X	Blank	Blank	N	8		Y	N	N	N	N	N
Clinical Supervision – Psychiatric Social Worker	8CS	Blank	Blank	Blank	N	8		N	Y	Y	Y	Y	N
Clinical Supervision – Psychologist	8CSP	Blank	Blank	Blank	N	8		N	Y	Y	Y	Y	N
CMA Vacation Cash-out	9V	Blank	Blank	$$	N	9	V	N	N	N	N	N	N
Coaching Differential Pay	9C	Blank	Blank	$$	N	9	C	N	N	N	N	N	N
Commanding Officer, Training Ship, CMA Cruise Pay Differential	S3	Blank	Blank	$$	N	S	3	N	N	N	N	N	Y
Commercial Drivers License Differential	8CDL	X/X	Blank	Blank	Y	8		Y	Y	N	N	Y	Y
Commercial Drivers License Differential	8DLK	X/X	Blank	Blank	Y	8		Y	Y	N	N	Y	Y
Commercial Drivers License Differential Class A	8DLL	X/X	Blank	Blank	Y	8		Y	Y	N	Y	Y	Y
Commercial Drivers License Differential Class A or B	8DL	X/X	Blank	Blank	Y	8		Y	Y	N	Y	Y	Y
	8DLB	X/X	Blank	Blank	Y	8		Y	Y	N	Y	Y	Y
	8DLC	X/X	Blank	Blank	Y	8		Y	Y	N	Y	Y	Y
	8DLD	X/X	Blank	Blank	Y	8		Y	Y	N	Y	Y	Y
	8DLP	X/X	Blank	Blank	Y	8		Y	Y	N	Y	Y	Y
	8DLQ	X/X	Blank	Blank	Y	8		Y	Y	N	Y	Y	Y
	8DLR	X/X	Blank	Blank	Y	8		Y	Y	N	Y	Y	Y
	8DLS	X/X	Blank	Blank	Y	8		Y	Y	N	Y	Y	Y
	8DLT	X/X	Blank	Blank	Y	8		Y	Y	N	Y	Y	Y
	8DLU	X/X	Blank	Blank	Y	8		Y	Y	N	Y	Y	Y
	8DLF	X/X	Blank	Blank	Y	8		Y	Y	N	Y	Y	Y

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PAY DIFF. AWARDS/BONUSES/ SPECIAL PAYS TITLE	**EID**	**DAYS/ HOURS**	**SALARY RATE**	**GROSS**	**LOCKED IN**	**PMT Type**	**PMT Suffix**	**OT**	**IDL**	**EIDL**	**NDI**	**LS**	**Subject**
Commercial Drivers License Differential Class A or B	ST	Blank	Blank	$$	N	S	T	Y	Y	Y	Y	Y	Y
Commercial Drivers License Differential (8DLE – Exp. 09/2001)	8DLG	X/X	Blank	Blank	Y	8	Y	Y	Y	N	Y	Y	Y
	8DLH	X/X	Blank	Blank	Y	8	Y	Y	Y	N	Y	Y	Y
	8DLI	X/X	Blank	Blank	Y	8	Y	Y	Y	N	Y	Y	Y
	8DLJ	X/X	Blank	Blank	Y	8	Y	Y	Y	N	Y	Y	Y
Commercial Drivers License Relief Examiners Differential	8CDR	X/	Blank	Blank	N	8		N	N	N	N	N	Y
Cook/Deckhand Differential	8CD	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Dental Assistant Certification Pay	8I1	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8J1	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8J3	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Department of Consumer Affairs Call Center	8PT	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Department of Personnel Administration Call Center	8CC	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Department Chair Stipend (CSU) (Abolished 08/99)	8C2	Blank	Blank	Blank	N	8		N	Y	N	N	N	Y
	8D2	Blank	Blank	Blank	N	8		N	Y	N	N	N	Y
Deputy General Counsel, PERB, CEA Differential Pay	8DGC	X/X	Blank	blank	Y	8		N	Y	N	Y	**	Y
Dictaphone Pay Differential	8DT1	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8DT2	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Disability Evaluation Analyst, Range C (Pilot)	8DEA	X/X	Blank	Blank	Y	8		Y	Y	N	Y	Y	Y
Disaster Assistance Technical Resource Related Work Differential	8DAT	X/X	Blank	Blank	Y	8		Y	Y	N	Y	Y	Y
Distinguished Teaching Award (CSU)	SA	Blank	Blank	$$	N	S	A	N	N	N	N	N	Y
Diving Pay	8D1	/X	Blank	Blank	N	8		N	Y	Y	N	N	N
	8D3	/X	Blank	Blank	N	8		N	Y	Y	N	N	N
DNA Pay Differential	8DNA	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	**	Y
Educational Differential Pay	8EPF	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8EPG	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Educational Differential Pay	9N	Blank	Blank	$$	N	9	N	Y	Y	Y	Y	Y	N

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PIP KEYING INSTRUCTIONS FOR EXCLUDED AND REPRESENTED EMPLOYEES					EHDB	INCLUSION IN RATE TO CALCULATE THE FOLLOWING BENEFIT PAY							RETMT
PAY DIFF. AWARDS/BONUSES/ SPECIAL PAYS TITLE	**EID**	**DAYS/ HOURS**	**SALARY RATE**	**GROSS**	**LOCKED IN**	**PMT Type**	**PMT Suffix**	**OT**	**IDL**	**EIDL**	**NDI**	**LS**	**Subject**
Educational Incentive Pay	8E6	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
(8E6 – full time/part time)	8E7	Blank	Blank	Blank	N	8		Y	Y	Y	Y	Y	Y
(8E7 – intermittent)													
Educational Differential Pay	8ED	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	N
Educational/Professional	8EPD	Blank	Blank	Blank	N	8		N	Y	Y	Y	**	Y
Differential	8EPE	Blank	Blank	Blank	N	8		N	Y	Y	Y	**	Y
Eight and One-Half Hour/Nine and One-Half Hour workday and Motorcycle Pay	8EM	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Eight and One-Half Hour/Nine and One-Half Hour workday Pay	8LM	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Eight and One-half	8SM2	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Hour/Nine and One-Half	8SM3	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Hour workday and Senior	8SM4	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Pay	8SM5	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8SM6	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8SM8	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Emergency Response Bonus Pay	8ERP	X/X	Blank	Blank	N	8		N	Y	Y	N	N	Y
Employee Recognition and Morale Program	98	Blank	Blank	$$	N	9	8	N	N	N	N	N	N
Employment Development Department Call Center	8PT	X/X	Blank	Blank	Y		8	Y	Y	Y	Y	Y	Y
Equity Pay Employees	8EQ	X/X	Blank	Blank	Y	8		N	Y	Y	Y	Y	Y
Returned from CEA	8EQ1	X/X	Blank	Blank	Y	8		N	Y	Y	Y	Y	Y
Positions to Civil Service Positions with no Reduction in Levels of duties Excluded Employees	8EQ2	X/X	Blank	Blank	Y	8		N	Y	Y	Y	Y	Y
Equity Pay – State Compensation Insurance Funds	AB	Blank	Blank	$$	N	A	B	N	Y	Y	Y	Y	Y
Exam Bonus	9X	Blank	Blank	$$	N	9	X	N	N	N	N	N	N
Exceptional Merit Service Award (CSU)	SE	Blank	Blank	$$	N	S	E	N	N	N	N	N	Y
Executive Assistant Differential Pay	8X2	Blank	Blank	Blank	Y	8		N	Y	N	Y	Y	Y
Executive Residence Housekeeping Pay	8ERH	/X	Blank	Blank	N	8		Y	Y	Y	Y	N	Y

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PIP KEYING INSTRUCTIONS FOR EXCLUDED AND REPRESENTED EMPLOYEES					EHDB	INCLUSION IN RATE TO CALCULATE THE FOLLOWING BENEFIT PAY							RETMT
PAY DIFF. AWARDS/BONUSES/ SPECIAL PAYS TITLE	**EID**	**DAYS/ HOURS**	**SALARY RATE**	**GROSS**	**LOCKED IN**	**PMT Type**	**PMT Suffix**	**OT**	**IDL**	**EIDL**	**NDI**	**LS**	**Subject**
Extended Duty Pay	8EDP	X/X	Blank	Blank	Y	8		N	Y	Y	Y	Y	Y
Federal Licensure Differential	8FL	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Field Training Biologist Pay Differential	8FT	Blank	Blank	Blank	N	8		Y	Y	N	N	N	Y
Field Training Officer Differential Pay	8R1	Blank	Blank	Blank	N	8		N	N	N	N	N	Y
Firearms Pay Differential	8FA	Blank	Blank	Blank	N	8		Y	Y	N	Y	Y	Y
Firefighter – Lead Differential Pay	8L2	/X	Blank	Blank	N	8		N	N	N	N	N	Y
Fire Mission Pay Differential	8FM1 8FM2 8FM3	Blank Blank Blank	Blank Blank Blank	Blank Blank Blank	Y	8		Y	Y	Y	Y	Y	Y
Flight Differential Pay	8A1 9M	Blank Blank	Blank Blank	Blank $$	N N	8 9	 M	N N	N N	Y Y	N N	N N	N N
Flight Differential Pay	8A2	Blank	Blank	Blank	N	8		N	N	Y	N	N	Y
Foreign Trade Office Differential	HA H1	Blank Blank	Blank Blank	$$ $$	N N	H H	A 1	N N	Y Y	N N	Y Y	N N	N N
Franchise Tax Board Call Center	8KSP	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Hearing Reporter, Public Utilities Commission	AF	Blank	Blank	$$	N	F	N	N	N	N	N	N	Y
High Speed Rail Differential	8HSR	X/X	Blank	Blank	Y	8		N	Y	N	Y	**	Y
Immediate Response Assignment Pay Differential	S2	Blank	Blank	$$	N	S	2	N	Y	N	N	N	Y
Incentive Program Awards	9I	Blank	Blank	$$	N	9	I	N	N	N	N	N	N
Incentive Awards Program	9W	Blank	Blank	$$	N	9	W	N	N	N	N	N	N
Incentive Compensation Adjustment	9M	Blank	Blank	$$	N	9	M	N	N	N	N	N	N
Incident Management Assignment Differential	9Q	Blank	Blank	$$	N	9	Q	N	N	N	N	N	N
Incident Command Assignment (ICA) Differential Pay	GM	Blank	Blank	$$	N	G	M	N	N	N	N	N	N
Incident Command Team (ICT) Differential Pay	GM	Blank	Blank	$$	N	G	M	N	N	N	N	N	N

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PIP KEYING INSTRUCTIONS FOR EXCLUDED AND REPRESENTED EMPLOYEES					EHDB	INCLUSION IN RATE TO CALCULATE THE FOLLOWING BENEFIT PAY							RETMT
PAY DIFF. AWARDS/BONUSES/ SPECIAL PAYS TITLE	**EID**	**DAYS/ HOURS**	**SALARY RATE**	**GROSS**	**LOCKED IN**	**PMT Type**	**PMT Suffix**	**OT**	**IDL**	**EIDL**	**NDI**	**LS**	**Subject**
Information Technology Bureau of State Audits	GB	Blank	Blank	$$	N	G	B	N	N	N	N	N	N
Institutional worker supervision pay (IWSP) Differential	8IWA	X/X	Blank	Blank	Y	8		N	Y	Y	N	N	N
	8IWB	X/X	Blank	Blank	Y	8		N	Y	Y	N	N	N
	8IWC	X/X	Blank	Blank	Y	8		N	Y	Y	N	N	N
	8IWD	X/X	Blank	Blank	Y	8		N	Y	Y	N	N	N
	8IWS	X/X	Blank	Blank	Y	8		N	Y	Y	N	N	N
	8IWS	-	-	-	-	-		-	-	-	-	-	Y (for R15 & S15)
Intermediate & Advanced P.O.S.T. Certification Stipend (CSU)	8ST8	Blank	Blank	Blank	N	8		Y	Y	Y	Y	N	Y
Intermediate P.O.S.T. Certification Stipend (CSU)	8STO	Blank	Blank	Blank	N	8		Y	Y	Y	Y	N	Y
Investigator Pay	8U3	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	N
Judicial Branch Bonus Program	9J	Blank	Blank	$$	N	9	J	N	N	N	N	N	N
Landscape Maintenance Leadworker License Bonus	9U	Blank	Blank	$$	N	9	U	N	N	N	N	N	N
Lead Differential – Community Youth Resource Specialist	8LD	/X	Blank	Blank	N	8		Y	N	N	N	**	N
Licensed Investigator	8LI	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Limited Duration CEA Pay Differential	8C5	X/X	Blank	Blank	Y	8		N	Y	Y	N	N	N
	8C6	X/X	Blank	Blank	Y	8		N	Y	Y	N	N	N
	8C7	X/X	Blank	Blank	Y	8		N	Y	Y	N	N	N
	8C8	X/X	Blank	Blank	Y	8		N	Y	Y	N	N	N
	8C9	X/X	Blank	Blank	Y	8		N	Y	Y	N	N	N
	8C10	X/X	Blank	Blank	Y	8		N	Y	Y	N	N	N
	8C11	X/X	Blank	Blank	Y	8		N	Y	Y	N	N	N
Loaned Executive Compensation Differential Pay	8LEC	X/X	Blank	Blank	Y	8		N	Y	N	Y	**	Y
Long Term Differential	8LTA	X/X	Blank	Blank	N	8		N	N	N	N	N	N
Long Term Satisfactory Service (CSU)	GR	Blank	Blank	$$	N	G	R	Y	N	N	N	N	N
Longevity Pay Differential	8LG1	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8LG2	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8LG3	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8LG4	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8LG5	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8LG7	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Lottery Sales Incentive	9G	Blank	Blank	$$	N	9	G	N	N	N	N	N	N

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PIP KEYING INSTRUCTIONS FOR EXCLUDED AND REPRESENTED EMPLOYEES					EHDB	INCLUSION IN RATE TO CALCULATE THE FOLLOWING BENEFIT PAY							RETMT
PAY DIFF. AWARDS/BONUSES/ SPECIAL PAYS TITLE	**EID**	**DAYS/ HOURS**	**SALARY RATE**	**GROSS**	**LOCKED IN**	**PMT Type**	**PMT Suffix**	**OT**	**IDL**	**EIDL**	**NDI**	**LS**	**Subject**
Bonus													
Lump Sum payments (CSU)	SB	Blank	Blank	$$	N	S	B	N	N	N	N	N	Y
M 1000 Skill Pay	8WP1	Blank	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Differential	8WP2	Blank	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
M 1000 Skill Pay Differential And Have Night Shift	AE	Blank	Blank	$$	N	A	E	Y	Y	Y	Y	Y	Y
Managerial Performance Appraisal System (MPAS) Bonds	9A	Blank	Blank	$$	N	9	A	N	N	N	N	N	N
Managerial salary	8MP1	X/X	Blank	Blank	Y	8		N	Y	Y	Y	**	Y
Continuance Differential	8MP2	X/X	Blank	Blank	Y	8		N	Y	Y	Y	**	Y
	8MP3	X/X	Blank	Blank	Y	8		N	Y	Y	Y	**	Y
	8MP4	X/X	Blank	Blank	Y	8		N	Y	Y	Y	**	Y
	8PM5	X/X	Blank	Blank	Y	8		N	Y	Y	Y	**	Y
Medical consultant Bonus Plan	AA	Blank	Blank	$$	N	A	A	N	N	N	N	N	Y
Medical Officer of the Day	GH	Blank	Blank	$$	N	G	H	N	Y	Y	Y	Y	N
Medical Technical Assistant License Bonus	GI	Blank	Blank	$$	N	G	I	N	N	N	N	N	N
Merit Awards	9M	Blank	Blank	$$	N	9	M	N	N	N	N	N	N
Meritorious Performance and Professional Promise Award (CSU)	SP	Blank	Blank	$$	N	S	P	N	N	N	N	N	Y
Meta Instructor Pay	8MET	Blank	Blank	Blank	N	8		N	N	N	N	N	Y
Mortgage Insurance Marketing Bonus	9O	Blank	Blank	$$	N	9	O	N	N	N	N	N	N
Mortgage Insurance Profit Bonus	9O	Blank	Blank	$$	N	9	O	N	N	N	N	N	N
Motorcycle Differential	8M	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Pay	8M1	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Motorcycle Differential Pay	8M2	/X	Blank	Blank	N	8		N	N	N	N	N	Y
Mounted Patrol, California State Fair and Exposition	8MP	X/	Blank	Blank	N	8		N	N	N	N	N	Y
National Judicial College Differential Pay	8NJC	X/X	Blank	Blank	Y	8		N	Y	N	Y	**	Y
Non-Commercial Subsistence	GB	Blank	Blank	$$	N	G	B	N	N	N	N	N	N
Non-Licensed	GJ	Blank	Blank	$$	N	G	J	N	N	N	N	N	N

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PIP KEYING INSTRUCTIONS FOR EXCLUDED AND REPRESENTED EMPLOYEES					EHDB	INCLUSION IN RATE TO CALCULATE THE FOLLOWING BENEFIT PAY							RETMT
PAY DIFF. AWARDS/BONUSES/ SPECIAL PAYS TITLE	**EID**	**DAYS/ HOURS**	**SALARY RATE**	**GROSS**	**LOCKED IN**	**PMT Type**	**PMT Suffix**	**OT**	**IDL**	**EIDL**	**NDI**	**LS**	**Subject**
Classification Bonus Office Services Supervisor I (Typing) Differential	8OSS	X/X	BLANK	Blank	Y	8		Y	Y	Y	Y	Y	Y
Officer-In-Charge Pay	8F1	X/	Blank	Blank	N	8		Y	N	N	N	N	Y
On Call Differential Pay	8P2	Blank	Blank	Blank	N	8		Y	N	N	N	N	N
	8P3	Blank	Blank	Blank	N	8		Y	N	N	N	N	N
Out-Of-State Differential Pay	8W	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8W2	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8W3	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8W4	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Out-Of-State Relocation Pay Differential	8J2	Blank	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Overtime Meal Money	95	Blank	Blank	$$	N	9	5	Y	N	N	N	N	N
Paramedic Pay	8PP	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	N
Paramedic Recruitment & Retention	SJ	Blank	Blank	$$	N	S	J	N	N	N	N	N	Y
Park Maintenance Chief III Differential	8MC1	X/X	Blank	Blank	Y	8		N	Y	Y	Y	**	Y
	8MC2	X/X	Blank	Blank	Y	8		N	Y	Y	Y	**	Y
	8MC3	X/X	Blank	Blank	Y	8		N	Y	Y	Y	**	Y
	8MC4	X/X	Blank	Blank	Y	8		N	Y	Y	Y	**	Y
Passenger Endorsement Pay	8PE	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Passenger Endorsement Equity Pay	AC	Blank	Blank	$$	N	A	C	N	N	N	N	N	Y
Pension Program Representative Differential	8PPR	X/X	Blank	Blank	Y	8		Y	Y	N	Y	Y	Y
Per Diem (Legislators)	8PD	X/	Blank	Blank	N	8		N	N	N	N	N	N
Performance Based Compensation/Superior Performance Bonus	S9	Blank	Blank	$$	N	S	9	N	N	N	N	N	N
Performance-Based Lump Sum Bonus (Exempt employees) (CSU)	S6	Blank	Blank	$$	N	S	6	N	N	N	N	N	Y
Performance-Based Lump Sum Bonus (Non-exempt employees) (CSU)	SF	Blank	Blank	$$	N	S	F	Y	N	N	N	N	Y
Performance-Based Lump Sum Bonus (CSU)	GK	Blank	Blank	$$	N	G	K	Y	N	N	N	N	N
	GL	Blank	Blank	$$	N	G	L	Y	N	N	N	N	N

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PIP KEYING INSTRUCTIONS FOR EXCLUDED AND REPRESENTED EMPLOYEES					EHDB	INCLUSION IN RATE TO CALCULATE THE FOLLOWING BENEFIT PAY							RETMT
PAY DIFF. AWARDS/BONUSES/ SPECIAL PAYS TITLE	**EID**	**DAYS/ HOURS**	**SALARY RATE**	**GROSS**	**LOCKED IN**	**PMT Type**	**PMT Suffix**	**O T**	**I D L**	**E I D L**	**N D I**	**LS**	**Subject**
Permanent Intermittent Vacation Pay-out Differential	9V	Blank	Blank	$$	N	S	6	N	N	N	N	N	Y
Personal Holiday Buy Back (Pay Only) –	9P	Blank	Blank	$$	N	9	P	N	N	N	N	N	N
Personal Leave Buy Back– Excluded Employees (Pay Only)	99	/X	Blank	Blank	N	1	P	N	N	N	N	N	N
Personnel Leave - Cash Out (Pay Only) Civil Service	99	/X	Blank	Blank	N	1	P	N	N	N	N	N	N
Personnel Leave Program	8PLP	X/X	Blank	Blank	Y	8		N	N	N	N	N	Y
Personnel Leave Program (Excluded Classes tied to Unit 6)	8PL6	X/X	Blank	Blank	Y	8		N	N	N	N	N	Y
Personnel Management Technician/analyst Bonus Pay	9M	Blank	Blank	$$	N	9	M	N	N	N	N	N	N
Personnel Management	8PMA	X/X	Blank	Blank	Y	8		Y	Y	N	N	**	Y
Technician/Analyst Recognition Pay	8PMT	X/X	Blank	Blank	Y	8		Y	Y	N	N	**	Y
Pharmaceutical Consultant Pay	8PCP	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	N
Physical Fitness Incentive	8PF1	Blank	Blank	Blank	Y	8		Y	Y	Y	Y	N	N
Pay (60 qualifying months or more)	8PF2	Blank	Blank	Blank	Y	8		Y	Y	Y	Y	N	N
Physical Fitness Incentive	8PF3	Blank	Blank	Blank	Y	8		Y	Y	Y	Y	N	N
Pay (less than 60 qualifying months)	8PF4	Blank	Blank	Blank	Y	8		Y	Y	Y	Y	N	N
Physical Fitness Incentive	8C3	Blank	Blank	Blank	N	8		Y	N	Y	N	N	N
pay (8C3 – Exp. 3/31/00) (8C4 – Exp. 3/31/00)	8C4	Blank	Blank	Blank	Y	8		Y	N	Y	N	N	N
Physical Performance	8E	Blank	Blank	Blank	Y	8		N	N	N	N	**	Y
Incentive Pay	8L1	Blank	Blank	Blank	Y	8		N	Y	N	Y	**	Y
Physical Performance	8BEP	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Incentive Pay, Advanced Education Differential and Bilingual Differential Pay	8PEB	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Physical Performance	8PEC	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Incentive Pay, Advanced Education Differential and Motorcycle Pay	8PEM	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Physical Performance Incentive Pay, Advanced Education Differential Motorcycle Differential	8BME	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y

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PAY DIFF. AWARDS/BONUSES/ SPECIAL PAYS TITLE	**EID**	**DAYS/ HOURS**	**SALARY RATE**	**GROSS**	**LOCKED IN**	**PMT Type**	**PMT Suffix**	**OT**	**IDL**	**EIDL**	**NDI**	**LS**	**Subject**
Pay and Bilingual Differential Pay													
Physical Performance Incentive Pay (Abolished 3/31/00)	8E1	X/X	Blank	Blank	N	8		N	N	N	N	N	Y
Physical Performance Incentive Pay and Motorcycle Differential Pay	8PM	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Physical Performance Incentive Pay and Motorcycle Differential Excluded Employees	8PM	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Physical Performance	8X1	X/X	Blank	Blank	Y	8		Y	N	N	Y	Y	Y
Incentive Pay and Bilingual Differential	8H2	X/X	Blank	Blank	Y	8		Y	N	N	Y	Y	Y
Pile Load Testing Diff	8PLT	X/X	Blank	Blank	N	8		Y	Y	N	N	N	Y
Principal Deputy Legislative Council DIFF	8PDL	X/X	Blank	Blank	Y	8		N	Y	N	Y	Y	Y
Principal Librarian	8PL	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Differential Excluded Employees	8PLD	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Printer I, State Compensation Insurance Fund Skill Pay	8F3	/X	Blank	Blank	N	8		Y	N	N	N	N	Y
Prison Industries Administrator Pay Differential	8PI	X/X	Blank	Blank	Y	8		N	Y	Y	Y	Y	Y
Prison Industries Authority – Enterprise Pay	8ENT	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Professional Certification Pay	9E	Blank	Blank	$$	N	9	E	N	N	N	N	N	N
Professional Development Pay	9E	Blank	Blank	$$	N	9	E	N	N	N	N	N	N
Professional/Competency Pay (Termed 06/30/02)	8PC1	Blank	Blank	Blank	N	8		N	Y	N	N	N	Y
	8PC2	Blank	Blank	Blank	N	8		N	Y	N	N	N	Y
	8PC3	Blank	Blank	Blank	N	8		N	Y	N	N	N	Y
Professional Development Incentive	9M	Blank	Blank	$$	N	9	M	N	N	N	N	N	N
Project Certificate Incentive Program	SV	Blank	Blank	$$	N	S	V	Y	Y	Y	Y	Y	Y

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PAY DIFF. AWARDS/BONUSES/ SPECIAL PAYS TITLE	**EID**	**DAYS/ HOURS**	**SALARY RATE**	**GROSS**	**LOCKED IN**	**PMT Type**	**PMT Suffix**	**OT**	**IDL**	**EIDL**	**NDI**	**LS**	**Subject**
Psychiatric Technician Educational Reimbursement	GB	Blank	Blank	$$	N	G	B	N	N	N	N	N	N
Public Safety Dispatcher-in-Charge	8OIC	X/	Blank	Blank	N	8		Y	N	N	N	N	Y
Recruitment and Retention Differential Pay	8K	X/X	Blank	Blank		8		VARIES BY BARGAINING UNIT					Y
Recruitment and Retention Differential Pay	8AGN	X/X	Blankl	Blank	Y	8		Y	Y	Y	Y	Y	N
– Developmental Centers	AGN	-	-	-	-	-		Y -	Y	Y	Y	Y	Y (Unit 17 & S17)
	8K	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	N
	8K	-	-	-	-	-		-	-	-	-	-	Y (Unit 17 & S17)
	8K15	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	N
	8K25	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	N
	8k25	-	-	-	-	-		-	-	-	-	-	Y (Unit 17 & S17)
	8K26	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	N
	8K26	-	-	-	-	-		-	-	-	-	-	Y (Unit 17 & S17)
	8K27	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	N
	8K27	-	-	-	-	-		-	-	-	-	-	Y (Unit 17 & S17)
	8K34	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	N
	8K42	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	N
	8K42	-	-	-	-	-		Y -	-	-	-	-	Y (Unit 17 & S17)
	8K44	X/X	Blank	Blank	Y	8			Y	Y	Y	Y	N
	8K44	-	-	-	-	-		-	-	-	-	-	Y (Unit 17 & S17)
	8K63	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	N
Recruitment and Retention Annual Differential Pay – Water and Power Dispatchers	SJ	Blank	Blank	$$	N	S	J	N	N	N	N	N	Y
Recruitment and Retention Bonus	94	Blank	Blank	$$	N	9	4	N	N	N	N	N	N

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PAY DIFF. AWARDS/BONUSES/ SPECIAL PAYS TITLE	**EID**	**DAYS/ HOURS**	**SALARY RATE**	**GROSS**	**LOCKED IN**	**PMT Type**	**PMT Suffix**	**OT**	**IDL**	**EIDL**	**NDI**	**LS**	**Subject**
Recruitment and Retention Differential Pay – HAZMAT (Hazardous Materials)	8HAZ	X/X	Blank	Blank		8		Y	Y	Y	Y	Y	Y
Recruitment and Retention Differential	8KA	X/X	Blank	Blank	Y	8		N	N	N	N	N	Y
	8KB	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Recruitment and Retention Differential	8KC	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Recruitment and Retention Differential Housing Stipend	8KD	X/X	Blank	Blank	Y	8		N	N	N	N	N	N
Recruitment and Retention Differential	8KE	X/X	Blank	Blank	Y	8		N	Y	Y	Y	**	N
Recruitment and Retention Differential – Housing Stipend (Intermittent)	8KI	Blank	Blank	Blank	N	8		N	Y	Y	Y	N	N
Recruitment and Retention Differential	8KR	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Recruitment and Retention Differential	8KS	X/	Blank	Blank	Y	8		Y	Y	Y	N	Y	Y
Recruitment and Retention Differential	8K1	X/	Blank	Blank	Y	8		VARIES BY BARGAINING UNIT					N
Recruitment and Retention Differential – Housing Stipend (Hourly	8K1	X/	Blank	Blank	Y	8		N	Y	Y	Y	N	N
Recruitment and Retention Differential	8K2	X/X	Blank	Blank	Y	8		VARIES BY BARGAINING UNIT					Y
Recruitment and Retention Differential – Presiding Workers Compensation Judge	8K3	X/X	Blank	Blank	Y	8		Y	Y	N	Y	Y	Y
Recruitment and Retention Differential	8K4	X/X	Blank	Blank	N	8		Y	Y	Y	Y	Y	N
Recruitment and Retention Differential	8K5	X/X	Blank	Blank	N	8		Y	Y	Y	Y	Y	Y
Recruitment and Retention Differential	8K6	X/X	Blank	Blank	Y	8		N	Y	N	Y	N	Y
	8K7	X/X	Blank	Blank	Y	8		N	Y	N	Y	N	Y
Recruitment and Retention Differential	8K8	X/X	Blank	Blank	Y	8		VARIES BY BARGAINING UNIT					Y
Recruitment and Retention Differential – California Medical Facility	8K9	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y

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PIP KEYING INSTRUCTIONS FOR EXCLUDED AND REPRESENTED EMPLOYEES					EHDB	INCLUSION IN RATE TO CALCULATE THE FOLLOWING BENEFIT PAY							RETMT
PAY DIFF. AWARDS/BONUSES/ SPECIAL PAYS TITLE	**EID**	**DAYS/ HOURS**	**SALARY RATE**	**GROSS**	**LOCKED IN**	**PMT Type**	**PMT Suffix**	**OT**	**IDL**	**EIDL**	**NDI**	**LS**	**Subject**
Recruitment and Retention Geographic Differential	8K10 8K11 8K23	X/X X/X X/X	Blank Blank Blank	Blank Blank Blank	Y Y Y	8 8 8		Y Y Y	Y Y Y	Y Y Y	Y Y Y	Y Y Y	Y Y Y
Recruitment and Retention Differential	8K12	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Recruitment and Retention Differential	8K13	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	N
Recruitment and Retention Differential	8K14	X/X	Blank	Blank	Y	8		N	Y	Y	Y	Y	Y
Recruitment and Retention Differential	8K15	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Recruitment and Retention Differential	8K16	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Recruitment and Retention Differential	8K17	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Recruitment and Retention Differential	8K18	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	N
Recruitment and Retention Differential	8K19	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Recruitment and Retention Differential – Medical Record Director	8K20	X/X	Blank	Blank	Y	8		N	Y	Y	Y	Y	Y
Recruitment and Retention Differential	8K21 8K22	X/X X/X	Blank Blank	Blank Blank	Y Y	8 8		Y Y	Y Y	N N	Y Y	Y Y	Y Y
Recruitment and Retention Differential	8K23	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Recruitment and Retention Differential – Educ. Special Schools	8K24	X/X	Blank	Blank	Y	8		N	N	N	N	N	Y
Recruitment and Retention Differential – Developmental Ctr.	8K25	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	N
Recruitment and Retention Differential – Developmental Ctr.	8K26	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	N
Recruitment and Retention Differential - Developmental Ctr.	8K27	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	N
Recruitment and Retention - Conservation (Termed 01/01/02	8K28	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	N
Recruitment and	8K29	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y

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PIP KEYING INSTRUCTIONS FOR EXCLUDED AND REPRESENTED EMPLOYEES					EHDB	INCLUSION IN RATE TO CALCULATE THE FOLLOWING BENEFIT PAY							RETMT
PAY DIFF. AWARDS/BONUSES/ SPECIAL PAYS TITLE	**EID**	**DAYS/ HOURS**	**SALARY RATE**	**GROSS**	**LOCKED IN**	**PMT Type**	**PMT Suffix**	**O T**	**I D L**	**E I D L**	**N D I**	**LS**	**Subject**
Retention - Business	BK30	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Taxes (Termed 01/01/02)	BK31	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Recruitment and	8K32	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	N
Retention – Pharmacist	8k33	X/X	blank	blank	Y	8		Y	Y	Y	Y	Y	N
Recruitment and	8K34	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Retention	8K35	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8K36	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8K37	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Recruitment and Retention (Termed 01/01/02)	8K38	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Recruitment and Retention	8K39	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Recruitment and Retention – Personnel Specialist	8K40	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Recruitment and Retention - Personnel Specialist	8K41	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Recruitment and Retention	8K42	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	N
Recruitment and Retention – Pharmacist Classes	8K43	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	N
Recruitment and Retention – Northern CA Facility	8K44	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Recruitment and Retention	8K46	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Recruitment and Retention	8K47	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Recruitment and Retention	8K48	X/X	Blank	Blank	Y	8		Y	Y	Y	N	**	N
Recruitment and Retention	8K49	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	N
Recruitment and	8K50	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Retention	8K51	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8K52	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Recruitment and Retention	8K53	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	N
Recruitment and Retention	8K54	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Recruitment and	8K55	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y

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PAY DIFF. AWARDS/BONUSES/ SPECIAL PAYS TITLE	**EID**	**DAYS/ HOURS**	**SALARY RATE**	**GROSS**	**LOCKED IN**	**PMT Type**	**PMT Suffix**	**OT**	**IDL**	**EIDL**	**NDI**	**LS**	**Subject**
Retention													
Recruitment and Retention	8K56	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Recruitment and Retention – Pelican Bay	8K57	X/X	Blank	Blank	Y	8		Y	Y	Y	N	N	N
Recruitment and Retention	8K58	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	N
Recruitment and Retention	8K59	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	N
Recruitment and Retention - Chemist	8K60	X/X	Blank	Blank	Y	8		Y	Y	N	N	N	N
Recruitment and Retention – Unit Supervisor Pilot	8K61	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	N
Recruitment and Retention	8K62	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Recruitment and Retention – Developmental Centers	8K63	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	N
Recruitment and Retention – Pharmacist Classes	8K64	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Recruitment and Retention - Excluded	8K65	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Recruitment and Retention – Staff Personnel Program Analyst	8K66	X/X	Blank	Blank	Y	8		N	Y	N	N	N	Y
Recruitment and Retention – Special Schools	8K67	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Recruitment and Retention – Excluded Employees	8K68	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Recruitment and Retention – Medical Record Director	8K69	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Recruitment and Retention – Air Resources	8K70	X/X	Blank	Blank	Y	8		Y	Y	N	N	N	N
Recruitment and Retention – Unit 09	8K71	X/X	Blank	Blank	Y	8		Y	Y	N	N	N	N
Retention and Record	8K72	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y

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PAY DIFF. AWARDS/BONUSES/ SPECIAL PAYS TITLE	**EID**	**DAYS/ HOURS**	**SALARY RATE**	**GROSS**	**LOCKED IN**	**PMT Type**	**PMT Suffix**	**OT**	**IDL**	**EIDL**	**NDI**	**LS**	**Subject**
Director													
Recruitment and Retention – Unit 09	8K72	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	N
Recruitment and Retention - Unit 12	8K73	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	N
Recruitment and Retention – Excluded Employees	8K74	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Recruitment and Retention Developmental Centers	8K75	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Recruitment and Retention Developmental Centers	8K76	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Recruitment and Retention Excluded Employees	8K77	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Recruitment and Retention Developmental Centers	8K78	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	N
Recruitment and Retention Developmental Centers	8K79	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	N
Recruitment and Retention Pharmacist Classes	8K80	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y (Rank & File N Excluded)
Recruitment and Retention – Licensed Vocational Nurses	8LV	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	N
Recruitment and Retention - Licensed Vocational Nurses	8LVN	X/X	Blank	Blank	Y	8		Y	Y	Y	N	N	Y
Recruitment and Retention - Licensed Vocational Nurses	8LN	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	N
Recruitment and Retention Differential Annual	96	Blank	Blank	$$	N	9	6	N	N	N	N	N	N
Recruitment and Retention - Pharmacist Classes	9K	Blank	Blank	$$	N	9	K	N	N	N	N	Y	N
Recruitment and Retention - Avenal, Chuckawalla	9K	Blank	Blank	$$	N	9	K	N	N	N	N	N	N

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PIP KEYING INSTRUCTIONS FOR EXCLUDED AND REPRESENTED EMPLOYEES					EHDB	INCLUSION IN RATE TO CALCULATE THE FOLLOWING BENEFIT PAY							RETMT
PAY DIFF. AWARDS/BONUSES/ SPECIAL PAYS TITLE	**EID**	**DAYS/ HOURS**	**SALARY RATE**	**GROSS**	**LOCKED IN**	**PMT Type**	**PMT Suffix**	**OT**	**IDL**	**EIDL**	**NDI**	**LS**	**Subject**
Valley & Ironwood, Calipatria,& Centinelal													
Recruitment and Retention - California Medical Facility	92	Blank	Blank	$$	N	9	2	N	N	N	N	N	N
Recruitment and Retention – Annual Differential Licensed vocational Nurses	9Z	Blank	Blank	$$	N	9	Z	N	N	N	N	N	N
Recruitment and Retention	GH	Blank	Blank	$$	N	G	H	Y	Y	N	N	N	N
Recruitment and Retention - Attascadero	GC	Blank	Blank	$$	N	G	C	N	Y	N	N	N	N
Relocation Allowance Differential	9R	Blank	Blank	$$	N	9	R	N	Y	N	N	N	N
Refrigeration Certification Allowance (CSU)	S4	Blank	Blank	$$	Y	S	4	N	N	N	N	N	Y
Regional Director, Agricultural Labor Relations Board Differential	8A4	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Registered Nurse Range B or D – Lead Differential	8A3	Blank	Blank	Blank	N	8		Y	Y	Y	N	N	N
Residential Care/Independent Living Program Chief Domiciliary Services	8RC	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Rotating Shift Premium Pay	8RS	Blank	Blank	Blank	N	8		Y	N	N	N	N	Y
Rotating Shift Premium Pay	8U1	/X	Blank	Blank	N	8		N	N	N	N	N	Y
Satellite Work Location Pay	8SWL	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Salary Enhancement Judicial council	8SB1	X/X	Blank	Blank	Y	8		N	Y	Y	N	N	N
	8SB2	X/X	Blank	Blank	Y	8		N	Y	Y	N	N	N
	8SB3	X/X	Blank	Blank	Y	8		N	Y	Y	N	N	N
	8SB4	X/X	Blank	Blank	Y	8		N	Y	Y	N	N	N
	8SB5	X/X	Blank	Blank	Y	8		N	Y	Y	N	N	N
	8SB6	X/X	Blank	Blank	Y	8		N	Y	Y	N	N	N
CSEA Salary Stipend (CSU)	S5	Blank	Blank	$$	N	S	5	N	N	N	N	N	Y
Salary Stipend (CSU)	8ST5	Blank	Blank	Blank	N	8		Y	N	N	N	N	Y
	8ST6	Blank	Bland	Blank	N	8		Y	N	N	N	N	Y
Satellite Work Location	8SWL	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y

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PAY DIFF. AWARDS/BONUSES/ SPECIAL PAYS TITLE	**EID**	**DAYS/ HOURS**	**SALARY RATE**	**GROSS**	**LOCKED IN**	**PMT Type**	**PMT Suffix**	**OT**	**IDL**	**EIDL**	**NDI**	**LS**	**Subject**
Pay Differential													
SCIF Employee Suggestions Award	9M	Bland	Blank	$$	N	9	M	N	N	N	N	N	N
SCIF Incentive Pay	SS	Blank	Blank	$$	N	S	S	N	N	N	N	N	Y
Senior Pay - California Highway Patrol	8SO1	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8SO2	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8SO3	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8SO4	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8STO	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8SO7	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Senior Peace Officer Pay Differential	8SP1	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8SP2	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8SP3	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8SP4	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8SP5	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8SP6	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Senior Peace Officer Pay Differential	8SR1	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8SR2	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8SR3	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8SR4	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8SR5	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
	8SR7	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Sheetfed Offset Press Operator II Differential	8SOP	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Shift Differential Pay - Office of State Printing	8PEH	/X	Blank	Blank	Y	8		Y	Y	N	Y	Y	Y
	8PNH	/X	Blank	Blank	Y	8		Y	Y	N	Y	Y	Y
Shift Differential Pay - Office of State Printing	8PRE	X/X	Blank	Blank	Y	8		Y	Y	N	Y	Y	Y
	8PRN	X/X	Blank	Blank	Y	8		Y	Y	N	Y	Y	Y
Short Notice Court Cancellation Pay	9D	Blank	Blank	$$	N	9	D	Y	N	N	N	N	N
Short Notice Court Cancellation Pay	9Y	Blank	Blank	$$	?	9	Y	N	N	N	N	N	N
Short Shift Change	GO	Blank	Blank	$$	N	G	O	N	N	N	N	N	N
Skill Pay Differential	8SK	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Skilled Trades Supervisor (Casual employment)	8SKL	/X	Blank	Blank	Y	8		Y	N	N	N	N	N
Skills Retention Pay Diff. (Termed 04/01/02)	8SK1	Blank	Blank	Blank	N	8	Y	Y	Y	N	N	N	N
Skills Retention Pay Diff. . (Termed 04/01/02)	8SK2	Blank	Blank	Blank	N	8	Y	Y	Y	N	N	N	N
Skills Retention Pay Diff. . (Termed 04/01/02)	8SK3	Blank	Blank	Blank	N	8	Y	Y	Y	N	N	N	N
Special Assignment Pay	8SA	/X	Blank	Blank	N	8		N	N	N	N	N	Y

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PAY DIFF. AWARDS/BONUSES/ SPECIAL PAYS TITLE	**EID**	**DAYS/ HOURS**	**SALARY RATE**	**GROSS**	**LOCKED IN**	**PMT Type**	**PMT Suffix**	**OT**	**IDL**	**EIDL**	**NDI**	**LS**	**Subject**
Special Competency Pay	8SC	Blank	Blank	Blank	Y	8		Y	Y	Y	N	N	Y
Special Investigator in-charge, Office of Internal Affairs Differential Pay	8U4	X/X	Blank	Blank	Y	8		N	Y	Y	N	N	Y
Special Investigator Recruitment and Retention Differential	8SI	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	N
Special Operations Unit	8N	/X	Blank	Blank	N	8		Y	Y	Y	N	Y	Y
Special Services Compensation	9D	Blank	Blank	$$	N	9	D	N	N	N	N	N	N
Split-Shift Differential Pay	8U2	Blank	Blank	Blank	N	8		N	N	N	N	N	N
Staff Specialist Compensation Differential	8SSC	X/X	Blank	Blank	Y	8		N	N	N	N	N	N
State Park	8PS1	X/X	Blank	Blank	Y	8		N	Y	Y	Y	Y	Y
Superintendent II	8PS2	X/X	Blank	Blank	Y	8		N	Y	Y	Y	Y	Y
Differential	8PS3	X/X	Blank	Blank	Y	8		N	Y	Y	Y	Y	Y
	8PS4	X/X	Blank	Blank	Y	8		N	Y	Y	Y	Y	Y
	8PS5	X/X	Blank	Blank	Y	8		N	Y	Y	Y	Y	Y
	8PS6	X/X	Blank	Blank	Y	8		N	Y	Y	Y	Y	Y
State Registered Nurses Scholarship Award Differential	GQ	Blank	Blank	$$	N	G	Q	N	N	N	N	N	N
Summer Fellowship Stipend (CSU)	9B	Blank	Blank	$$	N	9	B	N	N	N	N	N	N
Supervisory Performance Award	9S	Blank	Blank	$$	N	9	S	N	N	N	N	N	N
Surveillance Duty Pay	8SD	X/X	Blank	Blank	Y	8		N	Y	Y	N	N	Y
Sustained Superior Accomplishment Award	9M	Blank	Blank	$$	N	9	M	N	N	N	N	N	N
Task Force Commander	8TF	Blank	Blank	Blank	N	8		Y	Y	Y	Y	Y	N
Technology Investment Review	8TIR	X/X	Blank	Blank	Y	8		N	Y	N	Y	Y	Y
Temporary Recruitment and Retention Differential Pay	8K45	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Temporary Supplemental	8TS1	X/X	Blank	Blank	Y	8		Y	Y	Y	N	N	N
Salary Adjustment	8TS2	X/X	Blank	Blank	Y	8		Y	Y	Y	N	N	N
Differential (Termed 07/01/01)	8TS3	X/X	Blank	Blank	Y	8		Y	Y	Y	N	N	N
Traffic Engineer Differential	8TED	X/X	Blank	Blank	Y	8		Y	Y	N	Y	Y	Y

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PAY DIFF. AWARDS/BONUSES/ SPECIAL PAYS TITLE	**EID**	**DAYS/ HOURS**	**SALARY RATE**	**GROSS**	**LOCKED IN**	**PMT Type**	**PMT Suffix**	**OT**	**IDL**	**EIDL**	**NDI**	**LS**	**Subject**
Training Officer Differential Pay	8T6	X/	Blank	Blank	N	8		Y	N	N	N	N	Y
Training Officer Differential	8R1	X/	Blank	Blank	N	8		N	N	N	N	N	Y
	8R2	X/	Blank	Blank	N	8		N	N	N	N	N	Y
	8S1	X/	Blank	Blank	N	8		N	N	N	N	N	Y
	8S2	X/	Blank	Blank	N	8		N	N	N	N	N	Y
	8S4	X/	Blank	Blank	N	8		N	N	N	N	N	Y
	8I2	X/	Blank	Blank	N	8		N	N	N	N	N	Y
	8T1	/X	Blank	Blank	N	8		N	N	N	N	N	Y
	8T2	X/	Blank	Blank	N	8		N	N	N	N	N	Y
Transportation Surveyor/(Caltrans) Survey Party Lead Pay differential Department of Transportation	8PRT	X/X	Blank	Blank	Y	8		Y	Y	N	N	N	N
Uniform Allowance (CSU)	91	Blank	Blank	$$	N	9	1	N	N	N	N	N	N
Uniform Allowance	S1	Blank	Blank	$$	N	S	1	N	N	N	N	N	Y
Vacation Buy Back	9V	Blank	Blank	$$	N	9	V	N	N	N	N	N	N
Van Pool Incentive	8VAN	Blank	Blank	$$	N	8		N	N	N	N	N	N
Water and/or Wastewater Operator Certificate Differential	SU	Blank	Blank	$$	N	S	U	Y	Y	Y	Y	Y	Y
Water and/or Wastewater Treatment Plan Operator – Unit 13 & Excluded	8CPO	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Water Treatment Plant Differential	8WTP	X/X	Blank	Blank	Y	8		Y	Y	Y	Y	Y	Y
Welding Certification Bonus Differential	GO	Blank	Blank	$$	N	G	O	N	N	N	N	N	N
Welding Certification (CSU)	SD	Blank	Blank	$$	N	S	D	N	N	N	N	N	Y
Weekend Differential Corrections & Mental Health	8WK	/X	Blank	Blank	N	8		Y	Y	Y	Y	Y	N
	8WKN	/X	Blank	Blank	N	8		Y	Y	Y	Y	Y	N
	8Y1	/X	Blank	Blank	N	8		Y	Y	Y	Y	Y	N
	8Y2	/X	Blank	Blank	N	8		Y	Y	Y	Y	Y	N
	8Y3	/X	Blank	Blank	N	8		Y	Y	Y	Y	Y	N

SUBJECT: FRINGE BENEFITS/EMPLOYEE BUSINESS EXPENSES

DESCRIPTION **G 150**

(New 10/02)

A. Fringe Benefits (FB) and Employee Business Expenses (EBE) generally represent taxable and reportable income an employee receives in addition to his/her regular pay from an

employer.

Note: Not all FB/EBEs are requested via Payroll Input Processing (PIP) System. Refer to PPM Section N 120, Fringe Benefits/Employees Business Expenses for additional information.

ELIGIBILITY CRITERIA REFERENCES: **G 151**
(New 10/02)

A. Civil Service/Exempt Employees eligibility criteria are established by:

1. Department of Personnel Administration (DPA) administering all matters concerning California State Civil Service/Exempt employer-employee relations set forth by guidelines to users and departments via:

   a. Personnel Management Liaison Memos and Pay Letters - Issued electronically to Human Resources and available for those with authorization to the Personnel Information Exchange (P.I.E) System on DPA's web page (www.dpa.ca.gov) under policies and regulations

   b. Bargaining Unit (BU) Contracts - Available on DPA's web page (www.dpa.ca.gov/collbarg/contract/bumenu.shtm) under Labor Relations

2. State Controller's Office (SCO)/PPSD administering the State Payroll and Employment History processes set forth by guidelines to users and departments via:

   a. Payroll Letters - Issued electronically to Human Resources and available on SCO's web page (http://www.sco.ca.gov/ppsd/scoltrs)

TAXES: **G 152**
(New 10/02)

A. In accordance with the tax laws, a flat rate method is used for federal and state tax withholdings. Refer to Section H 100, Taxes.

GENERAL INFORMATION: **G 153**
(New 10/02)

A. Calculation in the following payments
   1) Not Included: Overtime, Industrial Disability Leave, Non-Industrial Disability, or Lump Sum.
   2) Included: Not Applicable

B. Retirement: FE/EBES are not subject to retirement.
C. Blanket Serial Numbers: Separate and unique blanket serial numbers must be used by each agency/campus when requesting Fringe Benefits/Employee Business Expenses payments. Each agency/campus can designate their own blanket serial numbers but should not use serial numbers already designated for other types of pay. Unique Alternate Funding codes should be used on PIP when requesting multiple types of Fringe Benefits/Employee Business Expenses payments within the same batch.

D. Budget Information: The Fringe Benefits/Employee Business Expenses payments made through the USPS will be included on the monthly Blanket Expenditure Report. Agencies/campuses are not to add expenditures for Fringe Benefits/Employee Business Expenses payments to their schedule 7A as these expenditures will be treated as operating expenses.

E. Clearance System Reporting Information: The Clearance System was modified to include Fringe Benefits/Employee Business Expenses payments with the Title and Object of Expenditure Code number listed in the Uniform Code Manual.

PROCESSING PROCEDURES/METHODS: **G 154**
(Revised 04/03)

A. The following provides transmittal information and two processing methods for payments (i.e., STD. Form 674 and Payroll Input Process).

1. The Civil Service PIP Exceptions Transmittal form as shown below must be submitted along with a STD. 671 to SCO/PPSD Payroll Operations for payments that cannot be keyed via PIP.

Note: Copy form for the CIVIL SERVICE PIP EXCEPTIONS TRANSMITTAL and attach to document from Section G 955.

2. PAYROLL ADJUSTMENT NOTICE - STD. FORM 674

a. Submission of STD. Form 674 for the following conditions:
   1) Out of history payment – Pay Periods Prior to 13 months of payment history (i.e., the current pay period plus 12 prior pay periods)
   2) Adjustments to gross amount
   3) Emergency employee
   4) Payment needing processing coordination (with PPSD) for a specific deduction to be applied to the payment request (e.g., new garnishments)
   5) Employee who is not active on the Employment History Data Base for the pay period.

b. Completion of STD. Form 674:
   1) A STD. Form 674 is required to be completed for each pay period. The following items must be completed on the STD. Form 674. Refer to the following Std. Form 674 (**simplified version**) completion **example** below.

	(2) SOCIAL SECURITY NUMBER	(3) NAME	(4) POSITION NUMBER			
			AGENCY	UNIT	CLASS	SERIAL
	Complete	Complete	Complete			
	REMARKS: Describe payment type					

(6)	POS	ISSUE DATE			PAY PERIOD			SAL TYPE	SALARY RATE	TIME WORKED		PMT TYPE	PAY SUFFIX	EARNINGS ID	GROSS	NET	WR #
		MO	DY	YR	T	MO	YR			DYS	HOURS						
A. PAYMENT PER SCO WARRANT REGISTER	Complete – If applicable									Complete		F	*	Complete-If applicable			

B. PAYMENT SHOULD BE				Complete				Complete		F	*	*	Complete			
FORM COMPLETED BY: Complete					PHONE NO. Complete – enter extension											
(AGENCY NAME) FROM: Complete													AUTHORIZED SIGNATURE Complete			DATE Complete

*For appropriate Suffix/or Earnings ID refer to G 3, b. FB/EBE PIP Processing chart

c. Submission of STD. Form 674 with attached listing for the following condition:

1) An attached listing (see format below) may be submitted along with a STD. Form 674, when payment requests are for four or more employees for the same pay period.
Note: Must have SCO approval prior to submitting listings

Note: Copy form for the ATTACHMENT TO FORM 674 and attach to document from Section G 955.

3. PAYROLL INPUT PROCESSING (PIP)
   a. Fringe Benefits/Employees Business Expenses Pay is documented on a Time and Attendance (TA) Form 672 or Miscellaneous (Mis) Payroll/Leave Actions STD. 671 and keyed via the PIP.
   b. The following FB/EBE chart provides:

      1) FB/EBE in alphabetical order by title
      2) Specific PIP keying instructions for FB/EBE by Earnings ID
      3) Conditional fields that may or may not be completed
      4) Various symbols, letters, and words as defined below:

         a) Blank = Field(s) must be left blank
         b) $$ = Gross is entered in the salary rate field on a STD. 671 (hard copy) and keyed on the Mis Screen,
         or
         Gross is entered in salary rate field on a Form 672 (hard copy) and keyed on the TA Screen

      5) Specific payment type an suffix information by Earnings ID

Note: Before keying, refer to PPM Section N 120, , Fringe Benefits/Employees Business Expenses to confirm FB/EBEs requested via PIP are taxable.

FB/EBEs PIP PROCESSING CHART

(Revised 05/04) **G 154**

PIP KEYING INSTRUCTIONS FOR FB/EBEs				PAYMENT INFORMATION	
FB/EBE TITLE	EARNINGS ID	DAYS/HOURS	SALARY RATE	TYPE	SUFFIX
AIRCRAFT REIMBURSEMENT PLAN	AR	BLANK	$$	F	2
BICYCLE MILEAGE	BM	BLANK	$$	F	7
CALL BACK MILEAGE	CB	BLANK	$$	F	8
COMMUTER MILEAGE	CC	BLANK	$$	F	6

PIP KEYING INSTRUCTIONS FOR FB/EBEs				PAYMENT INFORMATION	
FB/EBE TITLE	EARNINGS ID	DAYS/HOURS	SALARY RATE	TYPE	SUFFIX
EDUCATION ASSISTANCE	EA	BLANK	$$	F	A
ELECTRONIC DEVICES	ED	BLANK	$$	F	E
EMPLOYEE RECOGNITION AND MORALE PROGRAM	AE	BLANK	$$	F	3
ENTERTAINMENT EXPENSE	EE	BLANK	$$	F	F
GRATUITIES	TP	BLANK	$$	F	D
HEALTH AND SAFETY AWARD	AH	BLANK	$$	F	4
LONG TERM TRAVEL	LTT	BLANK	$$	F	B
MISCELLANEOUS INCENTIVE PROGRAM	IM	BLANK	$$	F	G
OVERTIME MEAL MONEY	95	BLANK	$$	9	5
REMOTE HEADQUARTER MILEAGE	RHM	BLANK	$$	F	1
SAFETY INCENTIVE AWARD PROGRAM	AS	BLANK	$$	F	5
TIPS	TI	BLANK	$$	F	C
UNIFORM ALLOWANCE	S1	BLANK	$$	S	1
UNIFORM ALLOWANCE	91	BLANK	$$	9	1

SUBJECT: FOLIO PAY

DESCRIPTION: **G 300**
(New 10/02)

A. Folio Pay (payment type C) is a payment an employee is entitled to receive in addition to his/her base on salary for preparing the minutes or decisions of hearings. Compensation is based on an employee's assigned classification (i.e., hearing reporter or hearing transcriber-typist) and BU contract.

ELIGIBILITY CRITERIA REFERENCES: **G 301**
(New 10/02)

A. Civil Service/Excluded Employees eligibility criteria are established by:

1. Department of Personnel Administration (DPA) administering all matters concerning California State Civil Service/Excluded employer-employee relations set forth by guidelines to users and departments via:
   a. Personnel Management Letters and Liaison Memos and Pay Letters - Issued electronically to Human Resources and available on DPA's web page (www.dpa.ca.gov) via the Personnel Information Exchange (P.I.E) System
   b. Bargaining Unit (BU) Contracts - Available on DPA's web page (www.dpa.ca.gov/collbarg/contract/bumenu.shtm) under Labor Relations
2. State Controller's Office (SCO)/PPSD administering the State Payroll and Employment History processes set forth by guidelines to users and departments via:
   a. Payroll Letters – Issued electronically to Human Resources and available on SCO's web page (http://www.sco.ca.gov/ppsd/scoltrs)

TAXES: **G 302**
(New 10/02)

A. In accordance with the tax laws, a flat rate method is used for federal and state tax withholdings. Refer to Section H 100, Taxes.

GENERAL INFORMATION **G 303**
(Revised 12/01)

A. Calculation of the following payment/benefits
   1. Not included: Overtime, Industrial Disability Leave, Non-industrial Disability, or Lump Sum.
   2. Included: Not Applicable.

B. Retirement: Folio Pay is not subject to retirement.

PROCESSING PROCEDURES/METHODS: **G 304**
(Revised 04/03)

A. The following provides transmittal information and two processing methods for payments (i.e., STD. Form 674 and Payroll Input Process).

   1. The Civil Service (CS) PIP Exceptions Transmittal form as shown below must be submitted along with a STD. Form 674 to SCO/PPSD Payroll Operations for payments that cannot be keyed via PIP.

Note: Copy form for the CIVIL SERVICE PIP EXCEPTIONS TRANSMITTAL and attach to document from Section G 955.

   2. PAYROLL ADJUSTMENT NOTICE - STD. FORM 674

      a. Submission of STD. Form 674 for the following conditions:
         1) Out of history payment – Pay Periods Prior to 13 months of payment history (i.e., the current pay period plus 12 prior pay periods)
         2) Payment of 1,000 or more pages
         3) Adjustments to salary/or pages
         4) Emergency employee
         5) Payment needing processing coordination (with PPSD) for a specific deduction to be applied to the payment request (e.g., new garnishments)

      b. Completion of STD. Form 674:
         1) A STD. Form 674 is required to be completed for each pay period. The following items must be completed on the STD. Form 674. Refer to the following Std. Form 674 (simplified version) completion example below

	(2) SOCIAL SECURITY NUMBER	(3) NAME	(4) POSITION NUMBER			
			AGENCY	UNIT	CLASS	SERIAL
	Complete	Complete	Complete			
	REMARKS: Describe payment type					

(6)	POS	ISSUE DATE	PAY PERIOD	SAL TYPE	SALARY RATE	TIME WORKED	PMT TYPE	PAY SUFFIX	EARNINGS ID	GROSS	NET	WR #

		MO	DY	YR	T	MO	YR				DYS	HOURS					
A. PAYMENT PER SCO WARRANT REGISTER		Complete – If applicable						4	Enter hourly rate		Complete		C		C	Complete-If applicable	
B. PAYMENT SHOULD BE						Complete		4	Enter hourly rate		Complete		C		C	Complete	
FORM COMPLETED BY: Complete								**PHONE NO.** Complete – enter extension									
(AGENCY NAME) **FROM:** Complete															**AUTHORIZED SIGNATURE** Complete		**DATE** Complete

c. Submission of STD. Form 674 with attached listing for the following condition:

1) An attached listing (see format below) may be submitted along with a STD. Form 674, when payment requests are for four or more employees for the same pay period.
Note: Must have SCO approval prior to submitting listings.

Note: Copy form for the ATTACHMENT TO FORM 674 and attach to document from Section G 955

3. PAYROLL INPUT PROCESSING (PIP)

a. Folio Pay is documented on a Time and Attendance (TA) Form 672 or Miscellaneous (Mis) Payroll/Leave Actions STD. 671 and keyed via the PIP. In addition, the following special condition can be keyed via the PIP if in history, otherwise, request should be submitted on a STD. Form 674. Refer to G 304, Processing Procedures Methods.

1) Special Condition is:

a) Original Folio Pay request(s) for 1,000 or more pages. Use two line entries (e.g., one with 900 pages and another with 100 or more pages).

2) The following Original Folio Pay PIP Processing Chart provides:

a) Folio Pay Earnings ID
b) Specific PIP keying instructions for Civil Service employees
c) Various symbols, letters, and words as defined below:

X = Days/hours must be entered in the Days/Hours field.
$$ = Hourly rate is entered in salary rate field on a STD. 671 (hard Copy) and keyed on the Mis Screen,
or
Hourly rate is entered in salary rate field on a Form 672 (hard copy) and keyed on the TA Screen
Blank = Field(s) must be left blank.

NOTE: Before keying, refer to the BU contract for eligibility criteria and rates

FOLIO PAY PIP PROCESSING CHART

EID	PIP KEYING INSTRUCTIONS FOR CIVIL SERVICE EMPLOYEES

	DAYS/HOURS	SALARY RATE	671 ONLY WWG FLSA	GROSS
C	X/X	**$$**	**BLANK**	**BLANK**

SUBJECT: MILITARY LEAVE PAY

DESCRIPTION **G 500**

(Revised 09/02)

A. Employees in the National Guard or other branches of the U.S. military ordered to active military duty for: an event authorized by the President of the United States or Congress, a State of Emergency event proclaimed by the Governor are entitled to receive their State salary (regular pay plus any pay differentials) for 30 calendar days **per event** from their employer. On the 30th calendar day employees are placed on military leave by their departments (PAR transaction S51) and receive military leave pay, payment type 7. Military leave pay is the **difference** between their State salary and their military pay received from other entities such as the National Guard or other branches of the U.S. military. Employees whose military pay (e.g., National Guard) is **greater** than their regular pay/State salary are not entitled to receive military leave pay, payment type 7 but have the option to continue their State sponsored benefits such as health, dental, and vision.

B. Employees in the National Guard, or other branches of the U.S. military ordered to report for annual training or reserve drills are entitled to receive their State salary for 30 calendar days **per fiscal year.** Employees remain on pay status. However, if regular pay plus any pay differential orders are extended beyond the 30 days, employees are docked or placed on a military leave by their department.
In this case employees are not entitled to receive the difference between their State salary and their military pay from other entities, such as the National Guard. However, their
military time must be tracked by their department . For California Leave Accounting System (CLAS) participants, refer to Job-Aids Section – available on SCO's web page (http://www.sco.ca.gov/ppsd/clas) under Emergency Military Leave or Military Leave for specific Earnings IDs used to update military leave credits.

Note: Refer to the Personnel Action Manual (Civil Service/Exempt employees) or the Personnel Information Management System Manual (CSU/Exempt employees) for military leave processing instructions.

ELIGIBILITY CRITERIA REFERENCES **G 501**

(New 09/02)

A. Civil Service/Exempt Employees eligibility criteria are established by:
   1. Department of Personnel Administration (DPA) administering all matters concerning California State Civil Service/Exempt employer-employee relations set forth by guidelines to users and departments via:
      a. Personnel Management Liaison Memos and Pay Letters - Issued electronically to Human Resources and available for those with authorization to the Personnel Information Exchange (P.I.E) System on DPA's web page (www.dpa.ca.gov) under policies and regulations.
      b. Bargaining Unit (BU) Contracts - Available on DPA's web page (www.dpa.ca.gov/collbarg/contract/bumenu.shtm).

c. California Government Code: Title 2 – Available in hard copy, and also available on DPA's web page (www.dpa.ca.gov) via the P.I.E System under DPA Laws or under SPB Laws, Chapter 11 (http://www.SPB.ca.gov/docs/laws/t83.htm)
d. DPA's general information - Available on DPA's web page (www.dpa.ca.gov/general/militaryleave.shtm) under Military Leave.

2. State Controller's Office (SCO)/PPSD administering the State Payroll and Employment History processes set forth by guidelines to users and departments via:
   a. Payroll Letters - Issued electronically to Human Resources and available on SCO's web page (http://www.sco.ca.gov/ppsd/scoltrs)
   b. CLAS – Available on SCO's web page (http://www.sco.ca.gov/ppsd/clas)

B. California State University (CSU employees eligibility criteria are established by:
   1. Chancellor's Office administering all matters concerning CSU employer-employee relations set forth by guidelines to users and campuses via:
      a. CSU Employee Policies and Programs – Available on CSU's web page (http://www.calstate.edu/hradm/policies.shtml) under letter M – Military Leave Policy
      b. Bargaining Unit (BU) Contracts – Available on CSU's web page (http://www.calstate.edu/hradm/salaryprogram/index.shtml)

TAXES **G 502**
(New 09/02)

A. In accordance with the tax laws, a flat rate method is used for federal and state tax withholdings. Refer to Section H 100, Taxes.

GENERAL INFORMATION **G 503**
(Revised 12/01)

A. Calculation of the following payment/benefits
   1. Not included: Overtime, Industrial Disability Leave, Non-Industrial Disability, or Lump Sum.
   2. Included: Not Applicable.

B. Retirement: Military Leave is subject to retirement.

SALARY/BENEFITS **G 503**
(New 09/02)

A. Employees are eligible to receive the following benefits (i.e., as they would have received had they not been placed on military leave). Refer to DPA's web site publication for further details or information regarding military leave salary and benefits (www.dpa.ca.gov/general/militaryleave.shtm).
   1. General Salary Adjustments (GEN), Merit Salary Adjustments (MSA), and Special In-grade Salary Adjustments (SISA)

B. Employees are eligible to receive CALPERS service credit for military duty under the provisions of GC Section 20990 and 20997. Military leave pay, payment type 7 is not subject to retirement withholding.

DIRECT DEPOSIT **G 505**
(New 09/02)

A. Employees on active military duty are entitled to continue or enroll in the Direct Deposit program. Employees enrolling in this program must complete a form STD. 699, Direct Deposit Authorization Form. Refer to Section J – Direct Deposit.

PROCESSING PROCEDURES **G 505**
(New 09/02)

A. STD. Form 674 must be submitted along with a military leave worksheet to SCO/PPSD when requesting military leave pay, payment type 7. However, completion instructions of STD. Form 674 is not provided due to the variable information/changes based on specific military event(s). Therefore, further details or completion information is provided as follows:
   1. Refer to Payroll Letter(s) regarding military (leave) pay for processing procedures and completion instructions of STD. Form 674. This Payroll Letter is available on SCO's web page at: http://www.sco.ca.gov/ppsd/scoltrs
   2. Refer to DPA Personnel Management Liaison (PML) Memos for completion of the **military leave worksheet**. PML(s) is available on DPA's web page at: http://www.dpa.ca.gov via the PIE System under policies and regulations.
   3. Contact Payroll Liaison at (916) 323-3081 for questions regarding military leave pay.

SUBJECT: OUT-OF-STATE PAY

DESCRIPTION: **G 600**
(New 11/02)

A. Department of Insurance employees who are required to work out of state on a temporary basis are entitled to receive Out-of-State Pay (payment type Y). Out-of-State Pay is one-step increase derived from the employee's based on salary for the days worked in another state.
   Note: Excluded from this area is Out-of-State Relocation Differential Pay (Earnings ID 8J2) and Out-of-State Differential Pay (Earnings IDs 8W, 8W2, 8W3, and 8W4). Refer to G 105, Miscellaneous Payments Processing Chart.

ELIGIBILITY CRITERIA REFERENCES: **G 601**
(New 11/02)

A. Civil Service/Excluded Employees eligibility criteria are established by:

   1. Department of Personnel Administration (DPA) administering all matters concerning California State Civil Service/Excluded employer-employee relations set forth by guidelines to users and departments via:

      a. Personnel Management Letters and Liaison Memos and Pay Letters - Issued electronically to Human Resources and available on DPA's web page (www.dpa.ca.gov) via the Personnel Information Exchange (P.I.E) System

      b. Bargaining Unit (BU) Contracts - Available on DPA's web page (www.dpa.ca.gov/collbarg/contract/bumenu.shtm) under Labor Relations

TAXES: **G 602**
(New 11/02)

A. In accordance with the tax laws, a flat rate method is used for federal and state tax withholdings. Refer to Section H 100, Taxes.

GENERAL INFORMATION: **G 603**

A. Calculation of the following payments/benefits:

1) Not Included: Overtime, Industrial Disability Leave, Non-industrial Disability, or Lump Sum.
2) Included: Not applicable

B. Retirement: Out-of-State Pay is subject to retirement.

PROCESSING PROCEDURES/METHODS: **G 604**
(Revised 04/03)

A. The following provides transmittal information and two processing methods for payments (i.e., STD. Form 674, and STD. 683, Payroll Input Process (PIP) ADJ screen).

1. The Civil Service (CS) PIP Exceptions Transmittal form as shown below must be submitted along with a STD. Form 674 to SCO/PPSD Payroll Operations for payments that cannot be keyed via PIP.

Note: Copy form for the CIVIL SERVICE PIP EXCEPTIONS TRANSMITTAL and attach to document from Section G 955.

2. PAYROLL ADJUSTMENT NOTICE - STD. FORM 674
   a. Submission of STD. Form 674 for the following conditions:
      1) Original Payment for Out-of-State (payment type Y)
      2) Out of history payment – Pay Periods Prior to 13 months of payment history (i.e., the current pay period plus 12 prior pay periods)
      3) Adjustments to salary/or time – only when request is out of history

   b. Completion of STD. Form 674:

      1) A STD. Form 674 is required to be completed for each pay period. The following items must be completed on the STD. Form 674. Refer to the following Std. Form 674 (simplified version) completion example below.

	(2) SOCIAL SECURITY NUMBER	(3) NAME	(4) POSITION NUMBER			
			AGENCY	UNIT	CLASS	SERIAL
	Complete	Complete	Complete			
	REMARKS: Describe payment type					

(6)	POS	ISSUE DATE			PAY PERIOD			SALTYPE	SALARY RATE	TIME WORKED		PMT TYPE	PAY SUFIX	EARNINGS ID	GROSS	NET	WR #
		MO	DY	YR	T	MO	YR			DYS	HOURS						

A. PAYMENT PER SCO WARRANT REGISTER		Complete – If applicable		1	Complete		Complete		Y			Complete-If applicable		
B. PAYMENT SHOULD BE			Complete	1	Enter one-step increase*		Complete		Y			Complete		
FORM COMPLETED BY: Complete		**PHONE NO.** Complete – enter extension												
(AGENCY NAME) **FROM:** Complete												**AUTHORIZED SIGNATURE** Complete		**DATE** Complete

*One-step is determined by multiplying the employee's based on salary by 1.05 (e.g., based on salary X 1.05 = one step increase)

c. Submission of STD. Form 674 with attached listing for the following condition:

3) An attached listing (see format below) may be submitted along with a STD. Form 674, when payment requests are for four or more employees for the same pay period.
Note: Must have SCO approval prior to submitting listings

Note: Copy form for the Attachment to form 674 and attach to document from Section G 955.

3. PAYROLL INPUT PROCESSING (PIP)

a. Out-of-State Pay adjustments are documented on a STD. 683 and keyed via the PIP.

1) The following Out-of-State Pay Adjustments PIP Processing Chart provides:

a) Specific PIP keying instructions for Out-of-State Pay adjustments by "Payment Per Warrant Register" and "Payment Should Be"
b) Various symbols, letters, and words as defined below:

PT = Payment Type
SD = Shift Differential
RC = Roll Code
Shaded area = Not required
X = Required

OUT-OF-STATE PAY ADJUSTMENTS PIP PROCESSING CHART

PIP SCREEN AREAS	PIP KEYING INSTRUCTIONS FOR OUT-OF-STATE PAY						
	SALARY RATE	DAYS	TB FRACTION	PT	HOURS	SD	RC
PAYMENT PER WARRANT REGISTER	X	X*		X			
PAYMENT SHOULD BE	X	X		X			

*Out-of-State Pay days previously issued (e.g., original plus adjustments) must be totaled and entered in this field.

SUBJECT: TRADE RATE BENEFITS

DESCRIPTION: **G 700**
(New 10/02)

A. Casual trade rate employees working in Skilled Trade classifications are entitled to trade rate benefits in accordance with their classification specified in the General Prevailing Wage Determination (G.P.W.D.) letter(s).

1. Employees that are not members of a governing union are no longer entitled to trade rate benefits per DPA PML #91-02, 1991. Refer to G 301, Eligibility criteria references.

2. Employees that are members of a governing union are entitled to trade rate benefits as follows:

a. Employees are required to make contributions (e.g., vacation, sick leave, retirement, and bona fine fringe benefits) to a benefit trust fund (BT) via a code 049 deduction based on certain union agreements.

Note: Refer to Section H 610 for code 049 deduction processing procedures information.

b. Employees who choose health and welfare, pension or other benefit fund payments in lieu of the usual fringe benefits provided by the G.P.W.D. letter, are entitled to trade rate benefits (payment type E) to be paid directly to them. The following areas, G 300, provides information for payment type E only.

ELIGIBILITY CRITERIA REFERENCES: **G 701**
(New 10/02)

A. Casual Trade Rate (Skilled Trades) Employees eligibility criteria are established by:

1. Department of Personnel Administration (DPA) administering all matters concerning California State Civil Service/Excluded employer-employee relations set forth by guidelines to users and departments via:

a. Personnel Management Liaison Memos and Pay Letters - Issued electronically to Human Resources and available for those with authorization to the Personnel Information Exchange (P.I.E) System on DPA's web page (www.dpa.ca.gov) under policies and regulations

B. Casual Trade Rate Employees eligibility criteria are established by:

1. Industrial Relations administering all matters concerning improvements in the working conditions for California's wage earners and to advance opportunities for profitable employment in California set forth by guidelines to users and departments via:

a. Prevailing Wages - Available on Industrial Relation's web page (http://www.dir.ca.gov/DLSR/statistics_research.html) under statistics and research.

TAXES: **G 702**
(New 10/02)

A. In accordance with the tax laws, a flat rate method is used for federal and state tax withholdings. Refer to Section H 100, Taxes.

GENERAL INFORMATION **G 703**
(Revised 12/01)

A. Calculation of the following payment/benefits
   1. Not included: Overtime, Industrial Disability Leave, Non-industrial Disability, or Lump Sum.
   2. Included: Not Applicable.

B. Retirement: Trade Rate Benefits is not subject to retirement.

PROCESSING PROCEDURES/METHODS: **G 704**
(Revised 04/03)

A. The following provides transmittal information and two processing methods for payments (i.e., STD. Form 674 and Payroll Input Process).

   1. The Civil Service PIP Exceptions Transmittal form as shown below must be submitted along with STD. Form 674 to SCO/PPSD Payroll Operations for payments that cannot be keyed via PIP.

Note: Copy form for the CIVIL SERVICE PIP EXCEPTIONS TRANSMITTAL and attach to document from Section G 955.

   2. PAYROLL ADJUSTMENT NOTICE – STD. FORM 674
      a. Submission of STD. Form 674 for the following conditions:

         1) Out of history payment – Pay Periods Prior to 13 months of payment history (i.e., the current pay period plus 12 prior pay periods)
         2) Payment needing processing coordination (with PPSD) for a specific deduction to be applied to the payment request (e.g., new garnishments
         3) Requesting salary rate with three digits for cents

      b. Completion of STD. Form 674:

         1) A STD. Form 674 is required to be completed for each pay period. The following items must be completed on the STD. Form 674. Refer to the following Std. Form 674 (**simplified version**) completion **example** below.

	(2) SOCIAL SECURITY NUMBER	(3) NAME	(4) POSITION NUMBER			
			AGENCY	UNIT	CLASS	SERIAL
	Complete	Complete		Complete		
	REMARKS: Describe payment type					

(6)	POS	ISSUE DATE			PAY PERIOD			SAL TYPE	SALARY FULL	TIME WORKED			PMT. TYPE	PAYSUFFIX	EARNINGS ID	GROSS	NET	WR #
		MO	DY	YR	T	MO	YR				DYS	HOURS						
A. PAYMENT PER SCO WARRANT REGISTER		Complete – If applicable						4	Enter hourly rate		Complete		E		E	Complete-If applicable		
B. PAYMENT SHOULD BE					Complete			4	Enter hourly rate		Complete		E		E	Complete		

FORM COMPLETED BY:	PHONE NO.		
Complete	Complete – enter extension		
(AGENCY NAME)		AUTHORIZED SIGNATURE	DATE
FROM: Complete		Complete	Complete

3. PAYROLL INPUT PROCESS (PIP)

a. Trade Rate Benefit (payment type E) is documented on a Time and Attendance (TA) Form 672 or Miscellaneous (Mis) Payroll/Leave Actions STD. 671 and keyed via the PIP.

1) The following PIP Processing Chart provides:

a) Trade Rate Benefit Earnings IDs
b) Information based on Earnings IDs
c) Specific fields that may or may not be completed
d) Various symbols, letters, and words as defined below:

X = Hours must be entered in the Days/Hours field
Blank = Field(s) must be left blank
$$ = Hourly rate is entered in salary rate field on a STD. 671(hard copy) and keyed on the Mis Screen,
or
Hourly rate is entered in salary rate field on a Form 672 (hard copy) and keyed on the TA Screen

TRADE RATE BENEFITS PIP PROCESSING CHART

TRADE RATE BENEFITS EARNINGS IDs	HOURLY RATE INFORMATION	PIP KEYING INSTRUCTIONS FOR TRADE RATE BENEFIT (PAYMENT TYPE E)			
		DAYS/ HOURS	SALARY RATE	WWG	GROSS
E	Pay will issue at the based on hourly rate	/X	$$	BLANK	BLANK
E1	Pay will issue at a percentage of the based on hourly rate	BLANK	$$	BLANK	BLANK

A. Out-of-Class-Assignment Pay is a payment an employee is entitled to receive for performing duties and responsibilities associated with a higher classification other than their current classification.

ELIGIBILITY CRITERIA REFERENCES **G 826**
(Revised 06/02)

A. Civil Service/Exempt Employees eligibility criteria are established by:

1. Department of Personnel Administration (DPA) administering all matters concerning California State Civil Service/Exempt employer-employee relations set forth by
guidelines to users and departments via:

   a. Personnel Management Liaison Memos and Pay Letters - Issued electronically to Human Resources and available for those with authorization to the Personnel Information Exchange (PIE) System on DPA's web page (www.dpa.ca.gov) under
   policies and regulations.
   b. Bargaining Unit (BU) Contracts - Available on DPA's web page (www.dpa.ca.gov/collbarg/contract/bumenu.shtm) under Labor Relations.
   c. California Civil Service Pay Scales, Section 6, Salary Relationships and Section 14, Pay Differentials – Available in hard copy, and also available on DPA's web page (www.dpa.ca.gov) via the PIE System under manuals & procedures.
   d. Classification and Pay Guide Policies and Regulations, Section 375 - Available on DPA's web page (www.dpa.ca.gov) via the PIE System or on State Personnel Board's (SPB) web page (http://www.spb.ca.gov/transferrd.cfm)

2. State Controller's Office (SCO)/PPSD administering the State Payroll and Employment History processes set forth by guidelines to users and departments via:

   a. Payroll Letters - Issued electronically to Human Resources and available on SCO's web page (http://www.sco.ca.gov/ppsd/scoltrs)

TAXES **G 827**
(Revised 06/02)

A. In accordance with the tax laws, a flat rate method is used for federal and state tax withholdings. (Refer to section H 100).

GENERAL INFORMATION **G 828**
(Revised 12/01)

A. Calculation of the following payments/benefits
   1. Not included: Industrial Disability Leave, Non-industrial Disability, or Lump Sum with the exception of BU 15. Refer to DPA's web page (www.dpa.ca.gov) Pay Scales, Section 14.

   2. Included: Overtime

B. Retirement: Out of Class Assignment Pay is subject to retirement.

EARNINGS IDs DEFINITIONS **G 829**
(Revised 06/02)

A. The Earnings IDs used for Out- of-Class Assignment Pay are defined as follows:

Note: Refer to the Out-of-Class Assignment Pay Determination Chart, G 829, for Earnings ID information by Bargaining Unit (BU) and methods of processing.

1. 8G and 8G2
   a. Percentage Based Differential (formerly called 5% of The Daily Rate).
      1) Payments are based on 5% over an employee's normal daily rate of the class to which the employee is appointed from the first day of the assignment up to 120 consecutive calendar days.

      2) Payments are requested decentrally via the Payroll Input Process (PIP). The daily rate is automatically calculated by the Payroll System.

2. SI
   a. Salary Difference Differential (formerly called Class Differential).
      1) Payments are based on the difference between an employee's salary an the salary of the higher class at the same step the employee would receive if promoted to that class, for a period in excess of 120 consecutive days.

         Or,

      2) Payments are based on the difference between an employee's salary and the salary of the higher class at the same step the employee would receive if promoted to that class pursuant to Title 2 Cal. Code Regs Section 599.673, 599.674, or 599.676. The 120 consecutive calendar days criteria does not apply
      3) Payments are requested decentrally via the PIP. The gross is manually calculated and entered on the PIP.

3. 8G1

   a. One Step Differential.

      1) Payments are based on one step of an employee's based on salary. The 120 consecutive calendar days criteria does not apply.

      2) Payments are requested via documentation to PPSD. The One Step Differential gross is not required on the documentation.

OUT-of-CLASS ASSIGNMENT PAY DETERMINATION CHART **G 830**
(Revised 06/02)

A. The following Out-of-Class Assignment Pay Determination Chart is for determining the appropriate Earnings ID(s) to use **currently or retroactively** with the corresponding processing methods by BU or groups of BUs.
   1. Specifically, the chart provides:

      a. Earnings IDs' eligibility criteria (indicated on column headings as #);
      b. If PIP is used to process a payment;
      c. If a Form STD. 674 is required to request a payment;
      d. DPA Pay Scales Differential number;
      e. Earnings IDs to use based on BU and eligibility criteria;
      f. Symbols, letters, and areas as defined below:
         1) Shaded area = Not applicable
         2) Y = Yes
         3) ** = Applicable for specific conditions (e.g., employees on disability for a partial month). Refer to the submission of Form STD. 674 for conditions, G 830.

OUT-OF-CLASS ASSIGNMENT PAY DETERMINATION CHART FOR REPRESENTED/ EXCLUDED EMPLOYEES **G 830**

Note: Refer to the BU Contracts, or DPA Pay Letters to determine effective dates and eligibility criteria

CB/ID	# PERCENTAGE BASED RATE (up to 120 days) and EID	# SALARY DIFFERENCE DIFFERENTIAL (over 120 days) and EID	# SALARY DIFFERENCE DIFFERENTIAL (120 days does not apply) and EID	# ONE STEP DIFFERENTIAL (120 days does not apply) and EID	USE PIP	USE 674	DPA PAY SCALES DIFF. NUMBER
R02, R15*, R17 * See Diff. Number 97 for Exceptions	8G or 8G2	SI			Y	**	90
R01, R03, R04, R11, R20, R21	8G or 8G2*	SI	SI		Y	**	91
R06, R07,R09	8G or 8G2*	SI			Y	**	92
R08	8G or 8G2	SI			Y	**	93
R10			SI	8G1	Y	**	94
R12	8G or 8G2	SI	SI		Y	**	236
R13			SI	8G1	Y	**	95
R14	8G or 8G2	SI	SI		Y	**	96

CB/ID	# PERCENTAGE BASED RATE (up to 120 days) and EID	# SALARY DIFFERENCE DIFFERENTIAL (over 120 days) and EID	# SALARY DIFFERENCE DIFFERENTIAL (120 days does not apply) and EID	# ONE STEP DIFFERENTIAL (120 days does not apply) and EID	USE PIP	USE 674	DPA PAY SCALES DIFF. NUMBER
R15* *These class codes only: 2011, 2016, 2043, 2116, 2119, 2123, and 2124			SI		Y	**	97
R16			SI	8G1	Y	**	98
R18	8G or 8G2	SI	SI		Y	**	99
R19	8G or 8G2	SI	SI		Y	**	100
Excluded	8G or 8G2	SI	SI		Y	**	101
	Note: Prior to 5/99 employees are entitled to either the Percentage Based Rate or the Salary Difference Differential, whichever is greater. (The 120 days does not apply.)						

PROCESSING PROCEDURES/METHODS **G 831**
(Revised 06/02)

A. Payments are processed via two methods: Form STD. 674 and PIP. The following refers/provides processing procedures for each method.

1. PAYROLL ADJUSTMENT NOTICE - Form STD. 674

a. Completion of Form STD. 674:

1) A separate Form STD. 674 is required for each pay period. The following items must be completed on the Form STD. 674:

a) Social Security Number (SSN)
b) Employee Name
c) Position Number (enter position from which payment is to be issued. Class code must match the employment history class code for the pay period being requested)
d) Remarks (provide employee's BU and an explanation for the condition for which pay is being requested)
e) Payment Should Be
1) Earnings ID
- 8G is used for employees paid a monthly or daily salary rate
- 8G2 is used for employees paid an hourly salary rate
- 8G1 is used for employees paid a monthly, daily, or hourly salary rate

2) SI is used for employees paid a monthly, daily, or hourly salary rate

3) Salary Type
   - 8 – Percentage Based Differential
   - 4 – Percentage Based Differential, hourly rate
   - 1 – One Step Differential
   - Blank - Salary Difference Differential
4) Gross
5) Form Completed By and Telephone Number and Extension
6) Agency Name
7) Authorized Signature

b. Submission of Form STD. 674 for the following conditions:
1) Employees on disability for a partial month. Employees on disability the entire month are not eligible for Out-of-Class Assignment Pay.
2) Specific deduction(s) (e.g., new garnishment) to be withheld from Out - of-Class Assignment pay.
3) Out-of-Class Assignment Pay that does not agree with the rate criteria in the particular BU contract. DPA approval must be attached to the Form STD. 674 request. Refer to DPA Pay Scales, Section 14.
4) Statutory employees.
5) Employee has multiple/concurrent job assignments.
6) Retroactive adjustments.
7) Out of history payments – Pay periods prior to 13 months of payment history (i.e., the current pay period, plus 12 prior pay periods). Refer to the following three Form STD. 674 (simplified versions) **completion examples** below.

EXAMPLE 7 a:

Out-of-Class Assignment Pay based on Percentage Based Differential – Earnings IDs – 8G or 8G2.

ENTER IN REMARKS: Effective date of Out-of-Class Assignment is (complete). Employee's Bargaining Unit is (complete). Percentage Based Differential for up to 120 consecutive calendar days.

(6)	POS	ISSUE DATE			PAY PERIOD			SAL TYPE	SALARY FULL	TIME WORKED		EARNINGS ID	GROSS	NET	WR #
		MO	DY	YR	T	MO	YR				DYS. HOURS				
B. PAYMENT SHOULD BE						COMPLETE COMPLETE		8 4	BLANK BLANK		COMPLETE COMPLETE	8G or 8G2	OPTIONAL OPTIONAL		

EXAMPLE 7 b:

Original Out-of-Class Assignment Pay based on Salary Difference Differential Earnings ID – SI.

Note: Prior to 5/1/99 use Earnings IDs – 8G or 8G2.

ENTER IN REMARKS: Effective date of Out-of-Class Assignment is (complete). Employee's Bargaining Unit is (complete). Salary Difference Differential over 120 consecutive calendar days or the 120 consecutive calendar days criteria does not apply.

(6)	POS	ISSUE DATE	PAY PERIOD	SAL TYPE	SALARY FULL	TIME WORKED	EARNINGS ID	GROSS	NET	WR #

		ISSUE DATE				PAY PERIOD											
		MO	DY	YR	T	MO	YR				DYS.	HOURS					
B. **PAYMENT SHOULD BE**						COMPLETE		1	BLANK		COMPLETE		8G or	COMPLETE			
						COMPLETE		4	BLANK		COMPLETE		8G2	COMPLETE			
						COMPLETE		-	BLANK		LEAVE BLANK		SI	COMPLETE			

EXAMPLE 7 c:

Original Out-of-Class Assignment Pay based on One Step Differential – Earnings ID – 8G1.

ENTER IN REMARKS: Effective date of Out-of-Class Assignment is (complete). Employee's Bargaining Unit is (complete).

(6)	POS	ISSUE DATE			PAY PERIOD			SAL TYPE	SALARY FULL	TIME WORKED			EARNINGS ID	GROSS	NET	WR #
		MO	DY	YR	T	MO	YR				DYS.	HOURS				
B. **PAYMENT SHOULD BE**						COMPLETE		1	BLANK		COMPLETE		8G1	OPTIONAL		

3) Rate criteria changes from Percentage Based Differential to Salary Difference Differential. Refer to the following two Form STD. 674 (simplified versions) completion examples below.

EXAMPLE 8 a:

Out-of-Class Assignment Pay transfer and adjustment from Earnings ID 8G or 8G2 to SI.

ENTER IN REMARKS: Effective date of Out-of-Class Assignment is (complete). Employee's Bargaining Unit is (complete). Out-of-Class Assignment Pay was paid incorrectly. Transfer funds to correct Earnings ID and adjust pay.

(6)	POS	ISSUE DATE			PAY PERIOD			SAL TYPE	SALARY FULL	TIME WORKED			EARNINGS ID	GROSS	NET	WR #
		MO	DY	YR	T	MO	YR				DYS.	HOURS				
A. **PAYMENT PER SCO**		complete						8	BLANK		COMPLETE		8G or	COMPLETE	COMPLETE	
								4	BLANK		COMPLETE		8G2	COMPLETE	COMPLETE	
B. **PAYMENT SHOULD BE**						COMPLETE		-	BLANK		BLANK		SI	COMPLETE		

EXAMPLE 8 b:

Out-of-Class Assignment Pay transfer and A/R – Earnings ID – SI.

ENTER IN REMARKS: Effective date of Out-of-Class Assignment is (complete). Employee's Bargaining Unit is (complete). Out-of-Class Assignment Pay was paid incorrectly. Transfer funds to correct Earnings ID and adjust pay.

PAYROLL ADJUSTMENT NOTICE – ACCOUNTS RECEIVABLE (A/R)

(6)	POS	ISSUE DATE			PAY PERIOD			SAL TYPE	SALARY FULL	TIME WORKED			EARNINGS ID	GROSS	NET	WR #
		MO	DY	YR	T	MO	YR				DYS.	HOURS				

	POS	ISSUE DATE	PAY PERIOD	SAL TYPE	SALARY FULL		TIME WORKED	EARNINGS ID	GROSS	NET / WR #
A. PAYMENT PER SCO		complete		8 4	BLANK BLANK		COMPLETE COMPLETE	8G or 8G2	COMPLETE COMPLETE	COMPLETE COMPLETE
B. PAYMENT SHOULD BE			COMPLETE					SI	COMPLETE	
OVERPAYMENT TO BE RECOVERED BY: **Note:** Must check at least one of the boxes on original 674 (A/R)										

9) Out-of-Class Assignment Pay was paid incorrectly. Refer to the following Form STD. 674 (simplified version) completion example below.

EXAMPLE 9 a:

Salary Difference Differential Pay was requested in error; it should have been requested as a Percentage Based Differential – Earnings IDs – SI to 8G or 8G2.

ENTER IN REMARKS: Effective date of Out-of-Class Assignment is (complete). Employee's Bargaining Unit is (complete). Out-of-Class Assignment Pay was paid incorrectly. Transfer funds to correct Earnings ID.

(6)	POS	ISSUE DATE MO	DY	YR	PAY PERIOD T	MO	YR	SAL TYPE	SALARY FULL		TIME WORKED DYS.	HOURS	EARNINGS ID	GROSS	NET	WR #
A. PAYMENT PER SCO		complete						-	BLANK		BLANK		SI	COMPLETE	COMPLETE	
B. PAYMENT SHOULD BE						COMPLETE COMPLETE		8 4	BLANK BLANK		COMPLETE COMPLETE		8G or 8G2	COMPLETE COMPLETE		

10) Original Out-of-Class Assignment Pay to include locked-in pay differentials or shift differential for Earnings ID 8G or 8G2 (Percentage Based Differential). Refer to the following Form STD. 674 (simplified version) completion example below.

Note: Locked-in pay differentials and/or shift differential amounts are not automatically included via PIP.

EXAMPLE 10 a:

Original Out-of-Class Assignment Pay to include locked-in pay differentials or shift differential. – Earnings IDs – 8G or 8G2.

ENTER IN REMARKS: Effective date of Out-of-Class Assignment is (complete). Employee's Bargaining Unit is (complete). Locked in pay differential and/or shift differential to be included is (complete).

(6)	POS	ISSUE DATE MO	DY	YR	PAY PERIOD T	MO	YR	SAL TYPE	SALARY FULL		TIME WORKED DYS	HOURS	EARNINGS ID	GROSS	NET	WR #
B. PAYMENT SHOULD BE						COMPLETE COMPLETE		8 4	BLANK BLANK		COMPLETE COMPLETE		8G or 8G2	COMPLETE COMPLETE		

11) Adjustments to Overtime to include Out-of-Class Assignment Pay. Refer to the following Form STD. 674 (simplified version) completion example below.

EXAMPLE 11 a:

Adjust overtime rate to include Out-of-Class Assignment Pay – Overtime Earnings IDs – OF, OF5, or OF6.

ENTER IN REMARKS: Effective date of Out-of-Class Assignment is (complete).Employee's Bargaining Unit is (complete). Adjust overtime rate to include Out-of-Class Assignment Pay.

(6)	POS	ISSUE DATE			PAY PERIOD			SAL TYPE	SALARY FULL	TIME WORKED			EARNINGS ID	GROSS	NET	WR #
		MO	DY	YR	T	MO	YR				DYS.	HOURS				
A. PAYMENTPER SCO		complete						4	COMPLETE			COMPLETE	COMPLETE	COMPLETE		
B. PAYMENT SHOULD BE					COMPLETE			4	COMPLETE			COMPLETE	OF, OF5, or OF6			

2. PAYROLL INPUT PROCESS (PIP)

a. Out-of-Class Assignment Pay is documented on a Time and Attendance (T/A) Form 672 or Miscellaneous (Misc.) STD. 671 and keyed via PIP. In addition, the following special conditions can be keyed via the PIP if in history, otherwise, requests should be submitted on a Form STD. 674. Refer to G 829.

1) Special conditions are:

a) Adjustments to Earnings ID SI payments by entering the adjustment gross in the computed gross field.
b) Original overtime payment that includes Out-of-Class Assignment Pay key via the PIP by using Earnings IDs: OF, OF5, or OF6 (FLSA Special Computed Rate).
c) Mid-month rate criteria change from a Percentage Based Differential to a Salary Difference Differential.

b. The following Out-of-Class Assignment Pay Processing Chart provides:

1) Specific PIP keying instructions for excluded and represented employees by Earnings ID.
2) Conditional fields that may or may not be completed.
3) Symbols, letters, and words are defined below:
   a) X = Enter days/hours (rate criteria is based on a 21 or 22 day pay period)
   b) $$ = Gross is entered in the salary rated field on a STD. 671 (hard copy) and keyed on the MIS screen.
   c) Blank = Days/Hours, Rate, and/or gross must be left blank

NOTE: Before keying, refer to the DPA Pay Scales Section 6, Salary Relationships, and Section 14, Pay Differentials, and Guide to Classification and Pay Policies and Procedures, Section 375

Out-of-Class Assignment Pay Processing Chart
PIP KEYING INSTRUCTIONS FOR EXCLUDED AND REPRESENTED EMPLOYEES

EID	DAYS/HOURS	SALARY RATE	GROSS
SI	Blank	Blank	$$
8G	X/X	Blank	Blank
8G2	/X	Blank	Blank

SUBJECT: HOLIDAY PAY

DESCRIPTION **G 925**
(Revised 08/02)

A. An employee working on an observed holiday is entitled to receive appropriate compensation for all hours worked on the day of the holiday in accordance with his/her classification's assigned workweek group or bargaining unit (BU) contract. The method of compensation (i.e., Holiday Credit, cash or compensatory time off) is at the discretion of the State.

Note: Excluded from this area is the Holiday Credit Pay Differential. Refer to G 100, Miscellaneous Payments Processing Chart.

ELIGIBILITY CRITERIA REFERENCES: **G 926**
(Revised 08/02)

A. Civil Service/Exempt Employees eligibility criteria are established by:

1. Department of Personnel Administration (DPA) administering all matters concerning California State Civil Service/Exempt employer-employee relations set forth by guidelines to users and departments via:

   a. BU contracts - Available on DPA's web page (www.dpa.ca.gov/collbarg/contract/bumenu.shtm) under Labor Relations

   b. California Civil Service Pay Scales, Section 10 - Available in hard copy , and also available for those with authorization to the PIE System on DPA's web page (www.dpa.ca.gov) under policies and regulations

2. State Controller's Office (SCO)/PPSD administering the State Payroll and Employment History processes set forth by guidelines to users and departments via:

   a. Payroll Letters - Issued electronically to Human Resources and available on SCO's web page (http://www.sco.ca.gov/ppsd/scoltrs).

B. California State University (CSU) Employees eligibility criteria are established by:

1. Chancellor's Office administering all matters concerning California State University employer-employee relations set forth by guidelines to users and campuses via:

a. BU contracts – Available on CSU's web page (www.calstate.edu/hradm/policies.shtml) under Collective Bargaining Agreement, Labor Relations.

TAXES: **G 927**
(Revised 08/02)

A. In accordance with the tax laws, a flat rate method is used for federal and state tax withholdings. Refer to Section H 100, taxes.

GENERAL INFORMATION **G 928**
(Revised 12/01)

A. Calculation of the following payment/benefits
   1. Not included: Overtime, Industrial Disability Leave, Non-industrial Disability, or Lump Sum.
   2. Included: Not Applicable.

B. Retirement: Holiday Pay is subject to retirement.

HOLIDAY PAY DETERMINATION CHART FOR CIVIL SERVICE AND CSU EMPLOYEES **G 929**
(Revised 08/02)

A. The following Holiday Pay Determination Chart identifies various conditions that need to be considered to determine the appropriate Earnings ID(s) to use based on provisions from BU contract(s) and Section 7K of the Fair Labor Standards Act (FLSA).

   1. Specifically, the chart provides:
      a. Holiday Pay provisions
      b. Holiday Pay Factors and Shift differential Codes by Earnings IDs:
         0.5 = Half Time
         1.0 = Straight Time
         1.5 = Time and One Half
         E = Evening Shift
         N = Night Shift
      c. Earnings IDs to use based on full time/part time and /or 7K employees
      d. Payroll conditions based on Earnings IDs
      e. Hourly rate information
      f. Symbols and areas as defined below:
         Shaded area = Not applicable
         X = Applicable for specific condition, Holiday Pay Factor, Shift Differential Code and EID

HOLIDAY PAY DETERMINATION CHART FOR CIVIL SERVICE AND CSU EMPLOYEES

HOLIDAY PAY PROVISIONS	HOLIDAY PAY FACTORS and SHIFT DIFF. CODES					USE EARNINGS ID	WHEN PAYROLL CONDITION IS TO:	HOURLY RATE INFORMATION
	.5	1.0	1.5	E	N			
Full-time employees working on an observed holiday are entitled to receive pay at a	X					H	Include applicable "Locked in" Pay Differentials in the hourly rate .	Hourly rate is automatically calculated and derived from employee's Employment History (EH) record

		X				H5*		
			X			H6		
	X			X		HE	Include Shift Differential and applicable "Locked IN" Pay Differentials in the hourly rate.	Hourly rate is automatically calculated and derived from employee's EH record and Shift Differential rate.
		X		X		H5E		
			X	X		H6E		
	X				X	HN		
		X			X	H5N		
			X		X	H6N		
Full-time or part time employees working in settings, such as institutions, that must provide coverage 24 hours a day, 7 days a week are entitled to pay in accordance with the Section 7K of the FLSA: For Example: Employees in law enforcement or fire suppression classes	X					HG	Include/not include Pay Differentials or Shift Differential rate in calculating Holiday Pay for employees whose Holiday Pay **requires special calculation.** For example: Employees whose compensation is based under Section 7K of the FLSA (e.g., Correctional Officers)	Hourly rate is manually calculated and entered on the PIP.
		X				HG5		
			X			HG6		
	X			X		HGE		
		X				HG5E		
			X			HG6E		
	X				X	HGN		
		X			X	HG5N		
			X		X	HG6N		

* Earnings ID H5 is also used by the Department of Water Resources to request Lump sum Holiday Pay (formerly called Floating Holiday Pay) for biweekly employees. Lump sum Holiday Pay is an unused holiday time accrued during a fiscal year. Payments are issued on an hour-for-hour basis, at the employees' current salary rate.

RETROACTIVE HOLIDAY PAY ADJUSTMENTS: **G 930**
(Revised 08/02)

A. SCO/PPSD will process adjustments for all employees whose Holiday Pay was automatically calculated and derived from EH record for a **full** month(s) as a result of a retroactive salary increase (e.g., General Salary Increase).

PROCESSING PROCEDURES/METHODS: **G 931**
(Revision 04/03)

A. The following provides transmittal information and three processing methods for payments (i.e., STD. 671, STD. Form 674 and Payroll Input Process).

1. The Civil Service PIP Exceptions Transmittal form as shown below must be submitted along with a STD. 671 to SCO/PPSD Payroll Operations for payments that cannot be keyed via PIP.

Note: Copy form for the CIVIL SERVICE PIP EXCEPTIONS TRANSMITTAL and attach to document from Section G 955.

2. MISCELLANEOUS PAYROLL/LEAVE ACTION – STD. 671

a. Submission of STD. 671 (original Holiday Pay) for the following conditions:

Note: The same conditions listed below apply for the submission of STD. Form 674 when requesting original Holiday Pay.

1) Out of history payment – Pay periods prior to 13 months of payment history (i.e., the current pay period plus 12 prior pay periods)
2) Mid-month salary rate change requesting time to be paid in the same position
3) Payment of 250 or more hours
4) Employees in BU 18 cashing out their Holiday Pay hours to be paid at a current rate for out of history payments.
5) Emergency employee
6) Payment needing processing coordination (with PPSD) for a specific deduction to be applied to the payment request (e.g., new garnishments)
7) Employee has multiple/concurrent job assignments
8) Mid month salary rate and/or position number change requesting Lump Sum Holiday for a biweekly employee .

b. Completion of STD. 671:

1. A STD. 671 Form is required to be completed for each pay period. The following areas must be completed on the STD. 671.

a) Pay Period
b) Agency Name
c) Social Security Number (SSN)
d) Employees Name
e) Position Number (enter employee's EH position number from the pay period being requested)
f) EID - Refer to the Holiday Pay Determination Chart, G 928
g) Time to be Paid (enter hours)
h) Alternate Funding Code (enter an alpha or numeric character if payment is to be charged to an agency, reporting unit, and/or serial number other than the employee's EH position)
i) Salary Rate (complete with an hourly rate)
j) WWG
k) Gross
l) Alternate Funding (enter position from which payment is to be issued.
Note: Class code must match employee's EH records for the pay period being requested)
M) Authorized Signature/Telephone Number and Extension
n) Date Signed

3. PAYROLL ADJUSTMENT NOTICE – STD. Form 674

a. Submission of STD. Form 674 (Holiday Pay adjustments only) for the following conditions:

1) Mid-month salary adjustments to salary rate or salary rate and time.
2) Holiday Pay rate was automatically calculated and derived from employee's EH record, and the rate should have been manually computed (e.g., employee in BU 6, WWG 2 should have been paid at the 7K rate).

Note: Adjustments due as a result of a **full** month retroactive salary increase will be processed by SCO/PPSD Operations.

b. Completion of STD. Form 674:

1) A STD. Form 674 Form is required to be completed for each pay period. The following items must be completed on the STD. Form 674.

a) Social Security Number (SSN)
b) Employee Name
c) Position Number (enter position from which payment is to be issued. Note: Class code must match employee's EH class code for the pay period being requested)
d) Remarks - if applicable
e) Payment Per SCO Warrant Register/Payment Should Be
- Issue Date – if applicable
- Pay Period
- Salary Rate (hourly rate)
- Time Worked
- Payment Type
- Suffix (e.g., H or G)
- Earnings ID
- Shift Code – if applicable
- Gross
- Net
- Warrant Number

f) Payment Should Be (6B)
- Pay Period
- Salary Rate (hourly rate)
- Time worked
- Payment Type
- Suffix (e.g., H or G)
- Earnings ID
- Shift Code – if applicable

g) Form completed by and Telephone Number and Extension
h) Agency Name
I) Authorized Signature

4. PAYROLL INPUT PROCESS (PIP)

a. Original Holiday Pay is documented on a Time and Attendance (T/A) Form 672 or Miscellaneous (Misc.) STD. 671 and keyed via the PIP. In addition, the following special conditions can be keyed via the PIP if in history, otherwise, request should be submitted on a STD. 671 or STD. Form 674. Refer to G 929 (Processing Procedures/Methods).

1) Special Conditions are:

a) When Holiday Pay payment request is for additional time that matches the time of the original payment. Key then, via the PIP by using two line entries (e.g., 4 hours has already been issued to employee and he/she is due an additional 4 hours. Key one line entry with 1 hour and another line entry with 3 hours).
b) When Holiday Pay payment request is for 250 or more hours. Key then, via the PIP by using two line entries (e.g., one with 100 hours and another with 150 or more hours).

2) The following Original Holiday Pay PIP Processing Chart provides:

a) Holiday Pay Earnings IDs
e) Specific PIP keying instructions for Civil Service and CSU employees by EID
c) Various symbols, letters, and words as defined below:

X	=	Hours must be entered in the Days/Hours field.
Blank	=	Field(s) must be left blank.
$$	=	Hourly rate must be entered in salary rate field on the TA PIP Screen or the MIS PIP Screen

NOTE: Before keying, refer to the DPA Pay Scales Section 14 to determine if Pay Differentials should be included in Holiday Pay rate or Section 10 to verify WWG's eligibility criteria.

HOLIDAY PAY Earnings IDs	PIP KEYING INSTRUCTIONS FOR CIVIL SERVICE AND CSU EMPLOYEES			
	DAYS/HOURS	SALARY RATE	WWG	GROSS
H, H5, H6, HE, H5E, H6E, HN,H5N, or H6N	/X	Blank	Blank	Blank
HG, HG5, HG6, HGE, HG5E, HG6E, HGN, HG5N, or HG6N*	/X	$$	Blank	Blank

* Pay Differentials that are included in overtime calculation are also included in Holiday Pay calculation. Before keying, refer to the DPA Pay Scales Section 14 to determine if Pay Differentials should be included in Holiday Pay rate.

SUBJECT: PLANNED OVERTIME PAY

G 950

DESCRIPTION
(New 09/02)

A. Fire Protection employees assigned to an Immediate Response Assignment (IRA-72) or a Non-Immediate Response Assignment (NIRA-53) are entitled to receive Planned Overtime Pay for all hours worked in excess of the number of hours required to work during their work period. Compensation is based on an average duty week or work week under the Fair Labor Standards Act (FLSA), work week group (WWG), and bargaining unit (BU) contract (s).

ELIGIBILITY CRITERIA REFERENCES **G 951**
(New 09/02)

A. Civil Service/Exempt Employees eligibility criteria are established by:
1. Department of Personnel Administration (DPA) administering all matters concerning California State Civil Service/Exempt employer-employee relations set forth by guidelines to users and departments via:

a. BU contracts - Available for those with authorization to the Personnel Information Exchange (PIE) System on DPA's web page (www.dpa.ca.gov/collbarg/contract/bumenu.shtm) under search the BU contracts
b. California Civil Service Pay Scales, Section 10 – Available in hard copy , and also available on DPA's web page (www.dpa.ca.gov) via the PIE System under policies and regulations

2. State Controller's Office (SCO)/PPSD administering the State Payroll and Employment History processes set forth by guidelines to users and departments via:
   a. Payroll Letters - Issued electronically to Human Resources and available on SCO's web page (http://www.sco.ca.gov/ppsd/scoltrs)

TAXES **G 952**
(New 09/02)

A. In accordance with the tax laws, a flat rate method is used for federal and state tax withholdings. Refer to Section H 100, Taxes.

GENERAL INFORMATION **G 953**
(Revised 12/01)

A. Calculation of the following payment/benefits
   1.Not included: Overtime, Industrial Disability Leave, Non-industrial Disability, or Lump Sum.
   2. Included: Not Applicable.

B. Retirement: Planned Overtime is not subject to retirement.

PLANNED OVERTIME PAY DETERMINATION CHART FOR FIRE PROTECTION EMPLOYEES **G 954**
(New 09/02)

A. The following Planned Overtime Pay Determination Chart provides the Earnings ID(s) to use based on employee's assignment, FLSA provisions, or BU contract(s)
   1. Specifically, the chart provides:
      a. Planned Overtime Pay provisions
      b. Planned Overtime Pay Factors and Shift Differential Codes by Earnings IDs:
         0.5 = Half Time
         1.0 = Straight Time
         1.5 = Time and One Half
         E = Evening Shift
         N = Night Shift
      c. Earnings IDs to use for Planned Overtime Pay Provisions
      d. Hourly rate information
      e. Symbols and areas as defined below:
         Shaded area = Not applicable
         X = Applicable for Planned Overtime Pay Factor and/or Shift Differential Code

PLANNED OVERTIME PAY DETERMINATION CHART FOR FIRE PROTECTION EMPLOYEES IN BU 07 AND 08 **G954**

PLANNED OVERTIME PAY PROVISIONS	PLANNED OVERTIME PAY FACTORS and SHIFT DIFF. CODES	EARNINGS ID	HOURLY RATE INFORMATION

	.5	1.0	1.5	E	N		
Fire Protection employees in BU 07 and 08 assigned to an Immediate Response Assignment (IRA-72) or a Non-Immediate Response Assignment (NIRA-53). ***Employees in Fire Suppression classes are eligible to receive pay on a current month prior to issuance of their corresponding regular pay at the end of their work period based on the following criteria:** • **Agency code 542** • **BU R08, S08, or E08** • **WWG 2**	X					HG*	Hourly rate is manually calculated and entered on the PIP.
		X				HG5*	
			X			HG6*	
	X			X		HGE	
		X				HG5E	
			X			HG6E	
	X				X	HGN	
		X			X	HG5N	
			X		X	HG6N	

PROCESSING PROCEDURES/METHODS **G 954**
(Revised 04/03)

A. The following provides transmittal information and three processing methods for payments (i.e., STD. 671, STD. Form 674 and Payroll Input Process).
   1. The Civil Service PIP Exceptions Transmittal form as shown below must be submitted along with a STD. 671 to SCO/PPSD Payroll Operations for payments that cannot be keyed via PIP.

Note: Copy form for the CIVIL SERVICE PIP EXCEPTIONS TRANSMITTAL and attach to document from Section G 955.

   2. MISCELLANEOUS PAYROLL/LEAVE ACTION – STD. 671
      a. Submission of STD. 671 (original Planned Overtime) for the following conditions:
         Note: The same conditions listed below apply for the submission of STD. Form 674 when requesting original Planned Overtime.
         1) Out of history payment – Pay periods prior to 13 months of payment history (i.e., the current pay period plus 12 prior pay periods)
         2) Mid-month salary rate change requesting time to be paid in the same position
         3) Payment of 250 or more hours (Refer to G 954, 4.1(, b. Special Conditions if payment is in history)
         4) Emergency employee
         5) Payment needing processing coordination (with PPSD) for a specific deduction to be applied to the payment request (e.g., new garnishments)
         6) Employee has multiple/concurrent job assignments

      b. Completion of STD. 671:
         1) A STD. 671 Form is required to be completed for each pay period. The following areas must be completed on the STD. 671.
            a) Pay Period
            b) Agency Name
            c) Social Security Number (SSN)
            d) Employees Name
            e) Position Number (enter employee's EH position number from the pay period being requested)
            f) Earnings ID - Refer to the Planned Overtime Pay Determination chart, G 953
            g) Time to be Paid (enter Hours)

h) Alternate Funding Code (enter an alpha or numeric character if payment is to be charged to an agency, reporting unit, and/or serial number other than the employee's EH position)
i) Salary Rate (complete with an hourly rate)
j) WWG
k) Gross
l) Alternate Funding (enter position from which payment is to be issued Note: Class code must match employee's EH records for the pay period being requested)
m) Authorized Signature/Telephone Number and Extension
n) Date Signed

3. PAYROLL ADJUSTMENT NOTICE – STD. Form 674
   a. <u>Submission of STD. Form 674 (Planned Overtime Pay adjustments) for the following conditions</u>:
      1) Adjustments to salary rate or salary rate and time
      2) Adjustments due to a retroactive Employment History salary rate increase (e.g., general salary increase)
      3) Transfer of funds from regular overtime (payment type 1) to Planned Overtime (payment type S)
   b. <u>Completion of STD. Form 674:</u>
      1) A STD. Form 674 is required to be completed for each pay period. The following items <u>must be completed</u> on the STD. Form 674.
         a) Social Security Number (SSN)
         b) Employee Name
         c) Position Number (enter position from which payment is to be issued. Note: Class code must match employee's EH class code for the pay period being requested)
         d) Remarks - if applicable (e.g., indicate in remarks to adjust retirement if a transfer of funds from payment type 1 to payment type S is being requested)
         e) Payment Per SCO Warrant Register
            - Issue Date – if applicable
            - Pay Period
            - Salary Rate (hourly rate)
            - Time Worked
            - Payment Type
            - Suffix (e.g.,G)
            - Earnings ID
            - Shift Code – if applicable
            - Gross
         f) Payment Should Be
            - Pay Period
            - Salary Rate (hourly rate)
            - Time Worked
            - Payment Type
            - Suffix (e.g.,G)
            - Earnings ID
            - Shift Code – if applicable
         g) Form completed by and Telephone Number and Extension
         h) Agency Name
         i) Authorized Signature

4. PAYROLL INPUT PROCESS (PIP)
   a. Original Planned Overtime Pay is documented on a Time and Attendance (TA) Form 672 or Miscellaneous (Mis) Payroll/Leave Actions STD. 671 and keyed via the PIP. In addition, the following special conditions can be keyed via the PIP if in history, otherwise, request should be submitted on a STD. 671 or STD. Form 674. Refer to G 954 (Processing Procedures/Methods).
      1) Special Conditions are:
         a) When Planned Overtime request is for additional time and time-to-be-paid matches the original time issued (e.g., 4 hours has already been issued and additional 4 hours is due. Use two line entries. For example, key one entry with time-to-be-paid as 1 hour and the other line entry as 3 hours.

         Note: the time-to-be-paid for the two line entries cannot match (e.g., one entry is ttbp is 2 hours, the other is 2 hours). Otherwise, one of the payments will reject for duplicate payment.

         b) Original Planned Overtime Pay payment request is for 250 or more hours. Use two line entries. For example, key one entry with time-to-be-paid as 100 hours and the other line entry as 150 or more hours. Note: the time-to-be-paid for the two line entries cannot match (e.g., one entry is ttbp is 100 hours, the other is 100 hours). Otherwise, one of the payments will reject for duplicate payments
      2) The following Original Planned Overtime Pay PIP Processing Chart provides:
         a) Planned Overtime Pay Earnings IDs
         b) Specific PIP keying instructions for Fire Protection employees
         c) Various symbols, letters, and words as defined below:

            X = Hours must be entered in the Days/Hours field.
            Blank = Field(s) must be left blank.
            $$ = Hourly rate must be entered in salary rate field on the TA PIP Screen or the Mis PIP Screen.

ORIGINAL PLANNED OVERTIME PAY PIP PROCESSING CHART
NOTE: Before keying, refer to employee's BU contract to verify eligibility criteria

PLANNED OVERTIME PAY Earnings IDs	PIP KEYING INSTRUCTIONS FOR FIRE SUPPRESSION AND FORESTRY EMPLOYEES			
	DAYS/HOURS	SALARY RATE	WWG	GROSS
* HG, HG5, HG6, HGE, HG5E, HG6E, HGN, HG5N, or HG6N	/X	$$	Blank	Blank

* These Earnings IDs may also be used by Department of Corrections and Youth Authority to request Holiday Pay for 7K employees. Refer to G 929 (Original Holiday Pay PIP Processing Chart)

Note: Copy either of the forms below: (CIVIL SERVICE PIP EXCEPTIONS TRANSMITTAL or ATTACHMENT TO FORM 674) and attach to the appropriate document

SEE BELOW ---

CIVIL SERVICE
PIP EXCEPTIONS TRANSMITTAL

Date:

To: Payroll Operations

From Department:_____

Attached are document (s) which WERE NOT keyed, for the reason shown below:

__ Out of history payment

__ Mid-month position or salary rate change

__ Payment of 250 or more hours

__ Payment is for an emergency employee

__ Overtime request for employee not appointed to department in which overtime is being requested

__ 10/12 pay plan employee

__ Other/Explain:_____

ATTACHMENT TO FORM 674

Pay Period _____

Social Security Number	Employee's Name	Agency	Unit	Class	Serial	Rate	Time/Units	Gross

PAYROLL PROCEDURES MANUAL
SECTION H - DEDUCTIONS
(Revised 03/04)

Additional Retirement Contribution Plan 850
Administrative Cancellation 014

Basic Life Insurance 700
Benefit Trust Fund 610
Bonds, U.S. Savings 620

California Personal Income Tax 109
California State Library 675
Charitable Contributions 630
Consolidated Benefits (CoBen) 780
County – Miscellaneous 680
Credit Union 600

Deduction Procedures 001
Deferred Compensation 503
Dental Insurance 710
Domestic Partner Benefits 690
Dues, Insurance, Credit Union 600

Earned Income Credit 150
Earned Income Credit Advanced Payment Formula 158

Fair Share 400
Family and Medical Leave Act 825
Federal Income Tax 107
Fingerprinting Fees (CCC) 670
Flexible Benefits 750

Garnishment 300
Documentation Examples 326.1
Group Legal Services Plan 800

Health Benefit Insurance 720

Income Tax 100

Insurance:
Basic Life Insurance 700
Dental Insurance 710
Health Benefit Insurance 720
Organization Sponsored Insurance 600

Levy on Earnings (Garnishments) 300
Long-Term Disability (CSU) 740
Long-Term Disability (Civil Service) 770

Maintenance – Fixed & Variable 650
Medicare 270
Medicare Taxes/TDL Leave/Disability (Refund) 280

New York Personal Income Tax 118
Organization Sponsored Insurance 600

Parking 660
Parking Reimbursement Account (CS) 860

Retirement 200
Retirement ID, Exclusion Amounts and State Share Rates (CHART) 214
Salary Reductions 500
Social Security 250
Social Security/TDL Leave/Disability (Refund) 257
State Agency Program Fees (CCC Fingerprint Fees) 670
State Income Tax 109
Survivor Benefit 225

Tax Shelter Annuity Plan 507
Taxes 100
Temporary Disability Without Supplementation 830

U.S. Savings Bond 620
Vision Insurance 730
Voluntary Child Support 285
Voluntary Spousal Support 285
Wage Earner Plan 327

SUBJECT: DEDUCTION PROCEDURE UNDER USPS

INTRODUCTION H 001
(Revised 06/95)

The deduction section includes instructions for all mandatory and voluntary deductions except accounts receivable (see I 001) as well as some related procedures; e.g., earned income credit and wage earner plans.

No payroll deduction in USPS can be made unless it is allowed by law and meets the legal requirements.

MANDATORY DEDUCTIONS H 002
(Revised 06/95)

Mandatory deductions are deductions that are legally required to be made.

Mandatory deductions include federal and state taxes, retirement with related survivor benefit or Social Security and Medicare, fair share deduction, assignment of wages, and garnishment/levy.

Earned income credit, although not a true deduction, is included as a subsection to taxes since it is a refund of federal tax and appears as a credit deduction. Wage earner plan is included as a subsection to garnishment/levy since it is also a legal procedure and is related to the levy process.

VOLUNTARY DEDUCTIONS H 003
(Revised 06/95)

Voluntary deductions include all the remaining deductions available in USPS. These deductions vary from the mandatory insofar as the employee has voluntarily requested these deductions be made.

FIXED AND ONE-TIME DEDUCTIONS H 004
(Revised 06/95)

Voluntary deductions can be either "fixed" or "one-time" deductions. Fixed deductions are established by documentation in Payroll Operations and continue to be automatically taken until a document is submitted to cancel the deduction. Some deductions are established for a specific number of times to be deducted and then automatically canceled.

One-time deductions are to be taken once or several times, but there is not always a separate document required for each; e.g., Health Benefit coverage is a fixed deduction, but if established (or changed) retroactively there may be numerous one-time deductions to update an employee record.

Deduction companies/associations request only fixed deductions and agencies/campuses request both fixed and one-time deductions.

DEDUCTIONS REPORTS H 005
(Revised 03/02)

The accumulation of deductions for settlement with the interested organizations, tax

reports, retirement reports, etc. is the responsibility of Payroll Operations. Payroll Operations is not responsible for reconciliation with organizations to which deductions are to be paid. Under a "hold harmless" arrangement with deduction companies/associations, the state and its employees are protected from loss resulting from errors made in recording and paying premiums.

Reports of deductions, taxes, etc. are prepared from the first of each month through approximately the tenth of each month. This includes the reporting of all deductions for the business month which ended on the first of the month. There is also a mid-month reporting of voluntary deduction and salary reduction amounts so that such amounts will be disbursed to companies soon after employees receive their salary warrants. Deduction companies may choose to receive monthly or semimonthly reports. Payroll Deduction Reports, Form CD 446, are mailed to approximately 650 companies/associations.

Voluntary deductions withheld from warrants with issue dates of the 2nd through the 16th are disbursed on the 16th. Voluntary deductions withheld from warrants with issue dates of the 17th of one month through the 1st of the following month are disbursed on the 1st.

MAGNETIC TAPE PROCESS **H 006**
(Revised 06/95)

Upon written request from an agency, PPSD will furnish magnetic tape (in SCO format) containing the information shown on the deduction listing. There is an additional cost for providing this media and the tape is sent by collect shipment to the agencies/companies/associations. Such requests must be directed to PPSD. Once a request is received, specific requirements and information will be made available.

DEDUCTION CUTOFF DATES **H 007**
(Revised 04/02)

The forms to add, change, or delete a voluntary deduction must be received IN Payroll Operations by the dates shown below in order to be processed for the current month. If the cutoff date falls on a Saturday, Sunday, or holiday, the following work day will be cutoff.

Basic Life Insurance	10th
Bond, U.S. Savings	10th
Flex	10th
Deferred Compensation	10th
Dental Insurance	10th
Parking Reimbursement Account Civil Service	10th
Tax Sheltered Annuity CSU	15th
Vision Insurance	10th
Banks	15th
CCC Fingerprint Fees	15th
Charitable Contribution	15th
County Miscellaneous	15th
Credit Union	15th
Dues	15th
Industrial Loan	15th
Insurance	15th
Maintenance - fixed/variable	15th
Parking	15th

Savings & Loan	15th
State Agency Program Fees	15th
Tax Sheltered Annuity Civil Service	10th
Voluntary Child Support	15th
Voluntary Spousal Support	15th
Garnishment/Levy	Master Payroll cutoff
Health Benefit Insurance	Master Payroll cutoff

DEDUCTION PRIORITY **H 008**
(Revised 04/02)

The order in which deductions are applied to payments is listed below. The list does not include mandatory deductions (taxes, Social Security, Medicare, and retirement) since they are withheld first when applicable. If the employee's net is insufficient to apply a deduction and there is a lower priority deduction with a lower amount, the lower priority deduction will be applied. One-time credit deductions are applied first, then fixed and one-time deductions in the following order (see Section B 001 for specific codes):

1. Additional Withholding Taxes
2. Social Security Adjustment (SS)
3. Medicare Tax (Hospital Insurance)
4. Member Retirement Contribution, Employer Paid Member Contribution
5. Survivor Benefit
6. Maintenance
7. Union Benefit Trust Fund Contribution
8. Fair Share Fee, Fair Share Alternative, Union Dues
9. Account Receivable
10. Flex Cash Option
11. CoBen Cash Excess
12. CAHP Dental Incentive Offset
13. Child Support
14. Voluntary Child Support
15. Voluntary Child Support Administrative Fee
16. Voluntary Spousal Support
17. Voluntary Spousal Support Administrative Fee
18. Garnishment
19. California State Library (Delinquent Materials)
20. CoBen Benefit Allowance
21. Health Insurance
22. Dental Insurance
23. Pre-Tax Dental Insurance
24. Pre-Tax Health Insurance
25. Pre Tax Vision Insurance
26. Flex Employer-Paid Administrative Fee
27. Flexible Benefit Health Care Reimbursement Account
28. Flexible Benefit Dependent Care Reimbursement Account
29. Flex Administrative Fee
30. Deferred Compensation
31. Deferred Compensation Administrative Fee
32. Tax Shelter Annuity
33. Health & Welfare Trust Fund
34. Vision Insurance
35. Credit Union, Bank, Savings & Loan, Industrial Loan

36. Basic Life Insurance
37. Insurances
38. Retirement Extra Deduction
39. Parking
40. Parking Reimbursement Account (Civil Service)
41. Bonds
42. Charitable Contribution

The remaining deductions have no specific priority order.

DEDUCTION APPLICATION **H 009**
(Revised 03/04)

Established deductions will be applied to the following payments:

Payment Type

O Regular pay
6,N IDL Pay (except deferred compensation, tax sheltered annuities, and additional withholding tax will not be deducted)
D Final Settlement (in lieu of regular pay)
T NDI pay (except Survivor Benefits will not be deducted)
J Maternity Pay (only health benefits will be deducted)
U TD, CSU IDL Supplementation, Civil Service IDL with Supplementation

Deductions will not be withheld from final settlement pay that is in addition to regular pay. Tax sheltered annuity or deferred compensation will be withheld from final settlement pay IF INDICATED ON THE SEPARATION PAR/PPT.

Voluntary fixed deductions will not be applied if the payment is a salary or gross adjustment only.

CSU Student Assistants (classes 0100, 1870, 1871, and 1872) are ineligible for miscellaneous deductions and are audited by payment type L.

CSU Temporary Appointment/Special Payments (classes 2322, 2323, 2356, 2357, 2363, 2365, 2402, 2974, and 4660) and all Civil Service Emergency appointments (can be any class code) are ineligible for miscellaneous deductions and are audited by payment type Q.

See Section H 012 for payments subject to deductions.

EFFECT OF PAYROLL/PERSONNEL TRANSACTIONS **H 010**
(Revised 12/97)

When an employee transfers from one agency to another and has previously authorized a voluntary payroll deduction, the deduction will continue to be applied automatically.

EXCEPTION: Deductions for fixed maintenance (code 011) and Tax Sheltered Annuity - non-CSU (code 030) must be deleted in the old agency and reestablished in the new agency.

SCO salary payments to employees are sometimes suspended (not issued) temporarily for nonsufficient funds (NSF), no appropriation headers, etc. When these payments for prior pay periods are issued, the deductions will be made.

If a warrant is redeposited, the deductions, except bonds, will be recovered from the deduction company by a credit entry on the next deduction report. See H 622 for bond procedure. If the redeposited payment is subsequently reissued, the deduction will be withheld if net earnings are sufficient.

Deductions cannot be made when an employee is in nonpay status (on leave, suspension, temporary disability with no supplementation, academic vacation, etc. or intermittent employee does not work) during a pay period.

DEDUCTIONS FROM SEPARATION **H 011**
(Revised 12/95)

Deductions will be terminated if an employee permanently separates from state service. When another type of separation notice is received by PPSD, deduction information will be retained with an employee's record. If the employee returns, reinstates, or transfers to another USPS agency/campus, the deduction will be applied automatically, unless stated otherwise in the specific deduction section.

Health, dental, life, and vision insurance deductions will not be applied to separation pay if the reason for the separation is death.

Health and dental insurance deductions will not be applied to separation payment for retirement when effective date of separation is on or prior to the 10th of the month. Health and dental benefits will be applied to retirement pay issued from the retirement system.

If the employee separates on the last work day of the pay period, all deductions will be applied.

If the employee separates prior to the last work day of the pay period, only the following deductions will be applied:

1. Tax Sheltered Annuity
2. Deferred Compensation
3. Voluntary Child Support
4. Voluntary Spousal Support
5. Garnishment/Child Support
6. Survivor Benefit
7. Health insurance
8. Dental Insurance
9. Flex Reimbursement Accounts
10. Flex Cash Option
11. Life Insurance
12. Vision Insurance
13. CCC Benefit
14. Employee Association Due
15. Fair Share Fee
16. Fair Share Fee Alternative

If a permanent separation is voided or eliminated, a form STD 674 must be submitted to PPSD to reinstate the miscellaneous deductions. Complete remarks section showing deduction/organization codes, deduction amount, and party code, if applicable. Effective date of voided or eliminated separation must also be shown.

PAYMENTS SUBJECT TO DEDUCTIONS H 012

(Revised 12/95)

CODE	PAYMENT TYPE	FED. TAX	STATE TAX	RET.	SOCIAL SECURITY/MEDICARE	SURV.*
0	Regular	Y	Y	Y	Y	Y
1	Overtime	Y[5]	Y[5]	N	Y	N
2	Shift Pay	Y[5]	Y[5]	Y[6]	Y	
3	Lump Sum Overtime	Y	Y	N	Y	
4	Lump Sum Vacation	Y	Y	N	Y	
5	Lump Sum Sick Leave	Y[5]	Y[5]	N	Y	
6	IDL Full	N	N	Y	N	Y[2]
7	Military Leave	Y[5]	Y[5]	Y	Y	
8	Premium Pay	Y[5]	Y[5]	Y/N[11]	Y	
9	Awards	Y[5]	Y[5]	N	Y	
A	Special Pay	Y[5]	Y[5]	Y	Y	
C	Folios	Y[5]	Y[5]	N	Y	
D	Final Settlement	Y[8]	Y	Y	Y	
E	Trade Rate Benefit	Y	Y	N	Y	N
F	Fringe Benefits	Y[5]	Y[5]	N	Y	
G	Awards	Y[5]	Y[5]	N	Y	
H	Awards	Y[5]	Y[5]	N	Y	
I	LC 4800 Tax Refund	N	N	N	N	N
I	LC 4800 Time Remaining	N	N	Y	Y	Y
J	Gross Maternity	Y[5]	Y[5]	Y	Y	
L	Student Assistant	Y	Y	N	N	N
N	IDL 2/3 Pay	N	N	Y	N	Y[2]
Q	Emergency	Y	Y	Y	Y	Y
R	Non-USPS	Y[5]	Y[5]	N	Y	N
S	Special Pay	Y[5]	Y[5]	Y	Y	
T	NDI	Y	Y	N	Y[4]	N
U	TDL/CSU Suppl./C.S. Suppl.	Y	Y	Y/N/N	Y	Y[2]
X	Fire Mission	Y[5]	Y[5]	Y	Y	

1 Employee not covered by MOU or STD. 674 requested no deduction.
2 If sufficient gross
3 Must be specifically requested on STD. 674
4 Effective 1/1/82
5 Flat percentage rate if paid separately from regular pay
6 No, if overtime or lump sum
7 Health benefit only
8 Based on monthly increment gross amount
9 Must be requested on PAR/PPT
10 If filed under CC 4390; CCP 706.030; PC 3088
11 See G004 for payments subject to retirement.

* May be taken from other payment if regular pay gross is insufficient.

Y = Yes (deducted)
N = No (not deducted)

CODE	PAYMENT TYPE	GARNISHMENT SUPPORT Code 038	GARNISHMENT OTHER Code 039	DEF. COMP.	TAX SHEL.	DUES	MISC. VOL.
0	Regular	Y	Y	Y	Y	Y	Y
1	Overtime		Y	N	N	N	N
2	Shift Pay		Y	N	N	N	N
3	Lump Sum Overtime		Y	Y[9]	N	N	N
4	Lump Sum Vacation		Y	Y[9]	N	N	N

CODE	PAYMENT TYPE	GARNISHMENT SUPPORT Code 038	GARNISHMENT OTHER Code 039	DEF. COMP.	TAX SHEL.	DUES	MISC. VOL.
5	Lump Sum Sick Leave		Y	Y[9]	N	N	N
6	IDL Full	Y[10]	N	N	N	Y	Y
7	Military Leave		Y	N	N	N	N
8	Premium Pay		Y	N	N	N	N
9	Awards		Y	N	N	N	N
A	Special Pay		Y	N	N	N	N
C	Folios		Y	N	N	N	N
D	Final Settlement		Y	Y[9]	Y[9]	N	N
E	Trade Rate Benefit	N	Y	N	N	N	N
F	Fringe Benefits		Y	N	N	N	N
G	Awards		Y	N	N	N	N
H	Awards		Y	N	N	N	N
I	LC 4800 Tax Refund	N	N	N	N	N	N
I	LC 4800 Time Remaining Gross	Y	Y	Y	Y	Y	Y
J	Maternity		Y	N	N	N	N[7]
L	Student Assistant		Y	N	N	N	N
N	IDL 2/3 Pay	Y[10]	N	N	N	Y	Y
Q	Emergency		Y	N	N	N	N
R	Non-USPS	N	N	N	N	N	N
S	Special Pay		Y	N	N	N	N
T	NDI	Y[10]	N	Y	Y	Y[2]	Y[2]
U	TDL/CSU Suppl./C.S. Suppl.	Y[2]	Y[2]	Y[2]	Y[3]	Y[1]	Y[3]
X	Fire Mission		Y	N	N	N	N

1 Deducted automatically unless employee not covered by MOU or 674 requested no deduction
2 If sufficient gross
3 Must be specifically requested on Form 674
4 Effective 1/1/82
5 Flat percentage rate if paid separately from regular pay
6 No, if overtime or lump sum
7 Health benefit only
8 Based on monthly increment gross amount
9 Must be requested on PAR/PPT
10 If filed under CC 4390; CCP 706.030; PC 3088

* May be taken from other payment if regular pay gross is insufficient.
Y = Yes (deducted)
N = No (not deducted)

DEDUCTIONS ALLOWED SEPARATION/TRANSFER/SETTELEMENT H 013

(Revised 12/96)

CODE	DEDUCTION TYPE	SEP.EFF. LAST WORK DAY PP	SEP. OTHER EFF.DATE	TRANSFER	FINAL SETTL.
003,004, 008,031, 032,314	Retirement Adjustment	Y	Y	Y	
011	Fixed Maintenance	Y			
012	Variable Maintenance	Y			
014	County Miscellaneous	Y			
017	Charitable Contribution	Y	N	Y	

CODE	DEDUCTION TYPE	SEP.EFF. LAST WORK DAY PP	SEP. OTHER EFF.DATE	TRANSFER	FINAL SETTL.
Var.	Health Benefit	Y[1]	Y[1]	Y	
021	Shower/Locker	Y			
026,027	Tax Sheltered Annuity - CSU	Y	Y		Y[2]
028,029	Deferred Compensation	Y	Y[2]	Y	Y[2]
030,040	Tax Sheltered Annuity - Non-CSU	Y	Y		
035	Account Receivable	Y	Y	Y	
036	Bonds	Y		Y	
038	Assignment of Wages	Y	Y	Y	
039/339	Garnishment/Levy	Y	Y	Y	
024/025	Voluntary Child Support	Y	Y	Y	
047/048	Voluntary Spousal Support	Y	Y	Y	
049	Benefit Union Trust Fund	Y	Y		
050	Parking	Y	N	Y	
051	Credit Union	Y	N	Y	
074-075	Ins./Emp. Benefit	Y	N	Y	
076,077	Survivor Benefit	Y	Y	Y[4]	
088-089	Dues in Employee Organization	Y	Y	Y	
092	Medicare	Y	Y	Y	
097	Social Security	Y	Y	Y	
100	Dental Plans - Non-CSU	Y[1]	Y[1]	Y[3]	
150	Dental Plans - CSU only	Y[1]	Y[1]	Y[3]	
200	Basic Life Insurance Plans	Y[2]	Y[2]	Y	
400	Bank	Y	N	Y	
401	Savings and Loan	Y	N	Y	
402	Industrial Loan	Y	N	Y	
500	Fair Share Fee - Non-CSU	Y	Y		
550	Fair Share Fee - CSU	Y	Y		

1 No deduction if death or when retirement is effective on or prior to 10th of month
2 If requested on PAR/PPT
3 Only if transfer stays within CSU to CSU or non-CSU to non-CSU.
4 Only if transfer stays within non-Social Security position

Y = Yes (deducted)
N = No (not deducted)

SUBJECT: ADMINISTRATIVE CANCELLATION VOLUNTARY DEDUCTIONS

INTRODUCTION **H 014**
(Revised 01/02)

Employees desiring to cancel voluntary miscellaneous payroll deduction(s) should contact the respective company/companies or their personnel/payroll offices. An employee may write to Payroll Operations to request the cancellation of the following deductions:

Charitable Contributions (Code 017)
County Miscellaneous (Code 014)
Credit Union (Code 051)
Insurance (Codes 074 and 075 except 075/083 by contractual obligation)
Membership Dues (Codes 088 and 089; excluding employees who, under terms of their MOU, have a maintenance of membership agreement in effect)
Parking (Code 050, 360)
State Agency Program Fees (Code 021)

REQUIREMENTS **H 015**
(Revised 01/02)

To cancel the above deduction by the upcoming pay period, cancellation requests must be received in Payroll Operations by master cutoff of that month. If any items are omitted, the cancellation request(s) will be returned to the employee.

A cancellation request must contain the following information:

- Statement requesting the deduction cancellation(s)
- Employee's full name
- Employee's social security number
- Deduction(s) to be canceled by deduction name as it appears on the earnings statement and/or by deduction/organization code, if known.
- Employee's mailing address
- Employee's original signature
- Date request(s) signed

Employee must send a written request for assistance to:

State Controller's Office
PPSD Payroll Operations
Miscellaneous Deduction Unit
P.O. Box 942850
Sacramento, CA 94250-5878

Payroll Operations will notify the company affected by the administrative cancellation. Employees should check their Statement of Earnings and Deductions to verify that cancellation(s) occurred. It is the employee's responsibility to ascertain that administration cancellation requests are honored.

To cancel voluntary miscellaneous payroll deductions not listed above, employees must contact either the organization through which the deduction(s) is/are withheld or their personnel/payroll office.

If an employee writes to Payroll Operations to request the cancellation of payroll deduction(s) not listed above, the cancellation request will be returned to the employee.

It is the employee's responsibility to make arrangements with the organization to refund any excess deductions that may have been withheld.

SUBJECT: INCOME TAX

REFERENCES H 100
(Revised 12/94)

IRS 3402(a), (i)
GC 1170-1176

INTRODUCTION
(Revised 12/94)

Withholding tax deductions will be computed for every taxable payment made under the Uniform State Payroll System (USPS).

Withholding tax calculations are based on an annualized percentage method (multiply biweekly gross by 26, semimonthly gross by 24, and monthly gross by 12).

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE H 101
(Revised 12/94)

Employee Action Request (EAR) STD. 686 and Student Payroll Action Request (SPAR) STD. 457 obtainable from Central Stores, are the only withholding allowance certificates that are acceptable under the USPS. Instructions for completion of the EAR/SPAR are in the PAM/PIMS. They are multiple use forms serving as certification of withholding allowances and as a request from the employee for additional withholding tax.

An employee may elect to use a different marital status and/or number of allowances for computing California state withholding tax than those used to compute federal withholding tax.

No tax will be withheld if "Exemption from Withholding" is completed on the EAR/SPAR.

The amount of withholding tax required by law is determined by the number of allowances claimed, marital status, and gross wages. An authorization for additional withholding tax filed with PPSD will merely supplement the deductions required by law.

Non-Resident Aliens working in the United States can claim only one allowance for Federal and State withholding tax purposes. If the Non-Resident Alien, however, is a resident of Canada, Mexico, Japan or Korea, he/she may claim more than one allowance.

Additional withholding tax authorizations will be effective in the pay period in which the forms are received by PPSD, provided such receipt is prior to the cutoff date for the preparation of master payrolls. Forms received too late for processing in the current pay period will be effective in the following pay period.

Additional withholding tax authorizations will remain in effect until submission of a new EAR/SPAR. Additional withholding tax is identified by the following deduction codes:

094	Illinois
095	California
096	New York
099	Federal

NONRESIDENT ALIENS WITH TAX TREATY EXEMPTIONS – EXEMPTION FROM FEDERAL WITHHOLDINGS **H 101.1**
(New 05/02)

It is the employee's and agency's/campus's responsibility to file and process the appropriate withholding allowance documents (EAR/SPAR) to exempt wages from federal withholding based on a tax treaty for a nonresident alien. The amount of wages exempt from federal withholdings should be monitored and once the threshold is met, a new EAR/SPAR should be filed to resume federal withholdings.

To claim an exemption from federal withholdings only, employees should be instructed to complete their EAR/SPAR indicating an 'X' in Section E/H I.01, and '95' in Section E/H I. 02.
Employees should also complete Section E/H II to ensure applicable state taxes are withheld.
NOTE: Nonresident aliens should only be instructed to complete the NONTAXABLE WAGES section of the EAR/SPAR if their wages are exempt from BOTH federal and state withholdings based on a tax treaty exemption.

See PPM Section I 050 for instructions on how to report nonresident alien wages that are exempt from FEDERAL withholding based on a tax treaty exemption and; therefore should not be reflected on Form(s) W-2.

COMPUTATION OF WITHHOLDING TAX **H 102**
(Revised 07/03)

Tax sheltered annuity, deferred compensation, Flexible Benefit employee deduction amounts (health, dental, Health Care Reimbursement, Dependent Care Reimbursement) employer paid retirement member contribution effective 2/1/85, pretax retirement buy back, pretax parking and payroll deduction account receivable gross amounts, are subtracted from the employee's gross wage prior to computing subject gross for income tax calculation. Also, such amounts are excluded from totals shown on Forms W-2, Wage and Tax Statement. Account receivable amounts collected via agency collection will also affect tax gross totals shown on Forms W-2 but not employee's income tax calculation.

Flexible benefit cash option amounts are added to the employee's gross wage prior to computing subject gross for income tax calculation. These amounts are included in totals shown on Forms W-2, Wage and Tax Statement.

Section LC 4800 disability gross and IDL gross payment amounts which are reported to Payroll Operation per PPM Section E 200 and E 400 will also be excluded from Form W-2 totals.

Withholding tax deductions will be based on the aggregate method for the following payments:

Regular pay
Lump sum overtime
Lump sum vacation
Student Assistant/Trainee (CSU)
Non-Industrial Disability Leave (NDI)
Temporary Disability (TD)
Temporary Appointment, Payment Type Q

The flat rate tax method – 25% federal, 6% CA, 9.05% NY, 3% IL -
will be used for the other payment types if the payments are issued separately from the employee's regular payments; otherwise the aggregate method will be used.

EXCEPTIONS: Payments for employees paid biweekly always aggregate for all payment types.

Withholding tax for final settlement payments will be computed using the aggregate method, based on monthly increment amounts; i.e., if the final settlement is equal to two months salary, tax will be computed for each monthly salary rate separately.

For payments issued July 1, 1985 or later, taxes will be calculated using five (5) decimal precision. Rounding occurs at the end of the calculation. For payments issued prior to this date, taxes were calculated using two (2) decimal precision. Rounding occurred throughout the calculation.

NONAGGREGATE TAX CLASS CODES: 2322, 2323, 2357, 2363, 2367, 2368, 2389, 2390, 2392, 2394, 2395, 2402, 2417, 2418. Payments for these class codes should not be aggregated with other payments. Nonaggregate status is determined and requested by the Chancellor's Office. Payments for these class codes are normally in addition to payments made from the employee's regular position.

Effective January 1, 2003 Assembly Bill 2065 (Chapter 488, Statutes of 2002) changed the California Personal Income Tax withholding on bonus payments. To comply, the State Controller's Office will withhold California State Income tax using the aggregate method. For these payments, federal, Illinois and New York taxes will continue to be withheld using the flat rate method. The employers have identified the following bonus payments that are affected by this law:

CIVIL SERVICE/JUDICIAL BRANCH

EARNINGS ID	BONUS TITLE
9E	PROFESSIONAL COMPETENCY PAY
9G	LOTTERY SALES INCENTIVE BONUS (BU01)
9J	JUDICIAL BRANCH BONUS
9M	MISCELLANEOUS BONUS TYPES
9O	MORTGAGE INSURANCE MARKETING/PROFIT BONUS
9T	CALTRANS SAFETY BONUS
9X	EXAM BONUS (BU 11)
S9	PERFORMANCE BASED COMPENSATION/SUPERIOR PERFORMANCE BONUS (BU 09)

CALIFORNIA STATE UNIVERSITY

GL	MISCELLANEOUS BONUS TYPES
GK	MISCELLANEOUS BONUS TYPES
GR	LONG TERM SATISFACTORY SERVICE BONUS
S6	PERFORMANCE BONUS (EXEMPT)
SF	PERFORMANCE BONUS (NON EXEMPT)
SW	PERFORMANCE BONUS (BU 08)

WITHHOLDING TAX RECORDS **H 103**
(Revised 09/01)

All taxable gross earnings paid and withholding taxes deducted from payments will be included in the withholding tax records for the tax year of the ISSUE dates of the warrants, even if the services being compensated were performed in a prior tax year and the warrant may have been given to the employee in a prior tax year. The ISSUE DATE of the warrant is the governing factor for tax, Social Security and Medicare purposes.

FEDERAL INCOME TAX

EMPLOYER IDENTIFICATION NUMBER **H 107**
(Revised 05/02)

The State Controller's Office (SCO) is considered the employer by the Internal Revenue Service (IRS) for wage reporting and tax withholding associated with payments to Civil Service and California State University employees paid via SCO processes. The IRS has assigned the SCO Employer Identification Number (EIN) 946001347. This EIN is used for
Form W-2 (wage reporting/tax withholding) and for New Hire reporting.

Do NOT use this EIN to report nonresident alien wages that are exempt by a tax treaty. Agencies and campuses must use their own EIN for this type of reporting.

UNDER NO CIRCUMSTANCES CAN THIS EIN BE USED FOR ANY OTHER PURPOSE. FOR QUESTIONS RELATED TO USE OF TH FOR IS EIN, CONTACT THE TAX SUPPORT SECTION AT (916) 322-8105.

FEDERAL WITHHOLDING TAX FORMULA EFFECTIVE 01/01/03 **H 108**
ANNUALIZED PERCENTAGE METHOD
(Revised 06/03)

STEP 1 Subtract amount of deferred compensation, flexible benefit employee deduction (Health, Dental, Health Care Reimbursement, Dependent Care Reimbursement), tax sheltered annuity, payroll deduction account receivable taxable gross and/or employer paid members contribution effective 02/01/85, if applicable, from the gross. Add amount of flexible benefit Cash Option to the gross, if applicable.

STEP 2 Determine annual gross salary:

Monthly gross	multiply by 12
Semimonthly gross	multiply by 24
Biweekly gross	multiply by 26

STEP 3 Multiply number of exemptions claimed by $3,100.00 and subtract this result from annualized gross pay to arrive at taxable wages.

STEP 4 Apply the following tax rates to taxable wages to determine the annual tax amount:

SINGLE OR HEAD OF HOUSEHOLD

If the Taxable Income is		The Computed Tax is			
Over--	But Not Over--	Of Amount Over			Plus
0	2,650	0%	0	+	$ 0.00
2,650	9,700	10.0%	2,650	+	$ 0.00
9,770	30,800	15.0%	9,700	+	$ 705.00
30,800	68,500	25.0%	30,800	+	$ 3,870.00
68,500	148,700	28.0%	68,500	+	$ 13,295.00
148,700	321,200	33.0%	148,700		$ 35,751.00
321,200	----	35.0%	321,200		$ 92,676.00

MARRIED

If the Taxable Income is		The Computed Tax is			
Over--	But Not Over--	Of Amount Over			Plus
0	8,000	0%	0	+	$ 0.00
8,000	22,300	10.0%	8,000	+	$ 0.00
22,300	64,750	15.0%	22,300	+	$ 1,430.00
64,750	118,050	25.0%	64,750	+	$ 7,797.50
118,050	185,550	28.0%	118,050	+	$ 21,112.50
185,550	326,100	33.0%	185,550	+	$ 40,022.50
326,100	---	35.0%	326,100	+	$ 86,404.00

STEP 5 Divide the annual tax amount calculated at Step 4 by the appropriate number of pay periods to determine the amount of tax to be withheld from this pay period:

Monthly	- divide by 12
Semimonthly	- divide by 24
Biweekly	- divide by 26

CALIFORNIA PERSONAL INCOME TAX

INTRODUCTION H 109
(Revised 03/01)

The Employment Development Department (EDD) administers the reporting, collecting, refunding, and enforcing of State of California Personal Income Tax (PIT) withheld by employers.

SCO is considered the employer by EDD and has been assigned the state employer number 800-4039.

CALIFORNIA PERSONAL INCOME TAX TREATMENT OF ALLOWANCES FOR ITEMIZED DEDUCTIONS H 110
(Revised 03/01)

For California PIT withholding purposes, there are two alternative ways to handle

allowances for itemized deductions. One method treats them as regular allowances. The other method requires special written authorization by the employee and results in less tax
being withheld because each allowance is treated as a $1,000.00 annual reduction of wages subject to California PIT (see STEP 4 of computations).

If an employee claims allowances for itemized deductions on the EAR/SPAR, the employer shall, for California PIT purposes, recognize and treat these additional withholding allowances in the same manner as regular allowances unless the employee also completes the "Special Treatment of State Allowances" on the EAR/SPAR.

CALIFORNIA PERSONAL INCOME TAX FORMULA EFFECTIVE 01/01/04ANNUALIZED PERCENTAGE METHOD **H 111**
(Revised 01/04)

STEP 1 Subtract amount of deferred compensation, flexible benefit employee share (Health, Dental, Health Care Reimbursement, Dependent Care Reimbursement) tax sheltered annuity, payroll deduction account receivable taxable gross, and/or employer paid member contribution effective 2/1/85, if applicable, from the gross. Add amount of Flexible Benefit Cash Option to the gross, if applicable.

STEP 2 Determine annual gross salary:
Monthly gross - multiply by 12
Semimonthly gross - multiply by 24
Biweekly gross - multiply to 26

STEP 3 Determine if the employee's annual gross salary is less than or equal to the amount shown in the Low Income Table below. If so, no income tax is required to be withheld.

LOW INCOME EXEMPTION

SINGLE	MARRIED		HEAD OF HOUSEHOLD
	"0" or "1" allowances	"2" or more allowances	
$10,177.00	$10,177.00	$20,302.00	$20,302.00

STEP 4 If the employee claims additional withholding allowances for itemized deductions, multiply the number of additional withholding allowances claimed by $1,000.00 and subtract the result from the annual gross salary.

STEP 5 Subtract the employee's standard deduction shown in the Standard Deduction Table below to arrive at the employee's taxable income.

Be sure to use the number of the employee's regular withholding allowances in STEP 5 and not the number of additional allowances.

STANDARD DEDUCTION TABLE

SINGLE	MARRIED		HEAD OF HOUSEHOLD
	"0" or "1" allowances	"2" or more allowances	
$3,070.00	$3,070.00	$6,140.00	$6,140.00

STEP 6 Apply the following tax rates to taxable income to determine the annualized tax amount:

SINGLE

If the Taxable Income is . . .		The Computed Tax is			
		Of Amount Over			Plus
Over---	But Not Over----				
0	5,962	1%	0	+	.00
5,962	14,133	2%	5,962	+	59.62
14,133	22,306	4%	14,133	+	223.04
22,306	30,965	6%	22,306	+	549.96
30,965	39,133	8%	30,965	+	1,069.50
39,133	AND OVER	9.3%	39,133	+	1,722.94

MARRIED

0	11,924	1%	0	+	.00
11,924	28,266	2%	11,924	+	119.24
28,266	44,612	4%	28,266	+	446.08
44,612	61,930	6%	44,612	+	1,099.92
61,930	78,266	8%	61,930	+	2,139.00
78,266	AND OVER	9.3%	78,266	+	3,445.88

UNMARRIED HEAD OF HOUSEHOLD

0	11,930	1%	0	+	.00
11,930	28,267	2%	11,930	+	119.30
28,267	36,437	4%	28,267	+	446.04
36,437	45,096	6%	36,437	+	772.84
45,096	53,267	8%	45,096	+	1,292.38
53,267	AND OVER	9.3%	53,267	+	1,946.06

STEP 7 Subtract the tax credit shown in the Tax Credit Table below from the result of STEP 6 to determine the annual tax amount.

TAX CREDIT TABLE

NUMBER OF ALLOWANCES

MARITAL STATUS	0	1	2	3	4	5	6	7	8	9	*10
SINGLE	$0	82.	164.	246.	328.	410.	492.	574.	656.	738.	820.
MARRIED/ HEAD OF HOUSEHOLD	$0	82.	164.	246.	328.	410.	492.	574.	656.	738.	820.

* If the number of allowances claimed exceeds 10, determine the amount of tax credit to be allowed by multiplying the difference between the amounts shown for 9 and 10 allowances by the number of allowances claimed in excess of 10 and adding to this product the amount shown for 10 allowances.

STEP 8 Divide the annual tax amount by the appropriate number of payroll periods to determine the amount of tax to be withheld from the current payroll period.

Monthly - divide by 12
Semimonthly - divide by 24
Biweekly - divide by 26

EXAMPLE 1

a. Monthly earnings of $3,000.00
b. Married claiming 4 allowances
c. Does not claim additional withholding allowances
d. Tax sheltered annuity deduction for $100.00; employer paid member contribution or
payroll deduction account receivable taxable gross (code 035).
e. Retirement Account Code 08

STEP 1 $3,000.00 - $124.35 = $2,875.65
$2,875.65 - $100.00 = $2,775.65

STEP 2 $2,775.65 x 12 = $33,307.80

STEP 3 Low income exemption table does not apply.

STEP 4 Employee does not claim additional allowances.
Proceed to STEP 5.

STEP 5 $33,307.80 - $6,140.00 = $27,167.80

STEP 6 $27,167.80 - $11,924.00 = $15,243.80
$15,243.80 x 2% = $ 304.876
$ 304.876 + $119.24 = $424.116

STEP 7 $424.116 - $328.00 = $96.116

STEP 8 $96.116 ÷ 12 = $8.009 = 8.01

EXAMPLE #2

a. Monthly earnings of $3,000.00
b. Head of Household claiming 4 allowances
c. Claiming 2 additional withholding allowances
d. No tax sheltered annuity, deferred compensation, payroll deduction account receivable
taxable gross;
e. Employer paid member contribution deductions. Retirement Account Code 08

STEP 1 $3,000.00 - $124.35 = $2,875.65

STEP 2 $2,875.65 x 12 = $34,507.80

STEP 3 Low-income exemption table does not apply.

STEP 4 $1,000.00 x 2 = $ 2,000.00
$34,507.80 - $2,000.00 = $32,507.80

STEP 5 $32,507.80 - $6,140.00 = $26,367.80

STEP 6 $26,367.80 - $11,930.00 = $14,437.80
$14,437.80 x 2% = $ 288.756
$ 288.756 + $119.30 = $ 408.056

STEP 7 $408.056 - $328.00 = $80.056

STEP 8 $80.056 ÷ 12 = $6.67

OTHER STATES' PERSONAL INCOME TAX

REFERENCES
(Revised 03/94)

California Government Code Sections 1170.5, 1171 and 1172.

INTRODUCTION **H 112**
(Revised 03/94)

Many states have enacted Personal Income Tax (PIT) laws requiring employers to withhold taxes from wages or salaries paid for services performed within that state. California Government Code authorizes the State of California to comply with PIT laws of other states if, in the determination of SCO, the laws of that state provide for the withholding of California PIT from its employees residing in California.

IDENTIFICATION OF EMPLOYEES IN OTHER STATES **H 113**
(Revised 03/94)

Each agency/campus employing persons whose normal location of employment is in a state other than California shall establish a separate attendance reporting unit for each state in which employment occurs. PPSD must be notified in writing of each attendance reporting unit established for this purpose. Procedures for the establishment of separate attendance reporting units are outline in PPM Section C 200.

The assignment of an employee to a position in a reporting unit established for either New York or Illinois will automatically identify the applicable state PIT withholding laws.

Nonresidents of a state for which PIT withholding is deducted should not be appointed to positions in these special reporting units for periods of temporary assignment or while on travel status from headquarters in another state.

STATES FOR WHICH TAX WILL BE WITHHELD **H 114**
(Revised 03/94)

SCO must determine that the reciprocal provisions required by the Government Code are
met before taxes will be withheld. SCO Legal Office will make this determination on a
case-by-case basis. SCO has determined that these provisions exist in the Personal
Income Tax laws of New York and Illinois. Personal Income Taxes will be withheld in
accordance with their laws.

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE **H 115**
(Revised 03/94)

The EAR is the only withholding allowance certificate acceptable under USPS. Instructions for completion of the EAR are in PAM/PIMS.

A separate EAR is not required from employees working in other states. The number of allowances claimed on the employee's EAR will be used in the computation of both state and federal withholding tax amounts.

The amount to be withheld for state PIT will be computed in accordance with the law of the state in which the employee is headquartered.

NOTE: Deceased employee wages for employees working in other states are not subject to other state's PIT withholding. See PAM page 3.258 for special processing instructions.

If an employee's headquarters is in a state for which tax is withheld but the employee is exempt from such tax because of a nonresident credit or other offset provision, the total exemption will be allowed. To claim total exemption, the employee must file a certification with PPSD in the form prescribed by the applicable state law.

EXEMPTIONS FROM WITHHOLDING **H 116**
(Revised 03/94))

Many states have entered into reciprocal agreements with other states to ensure that employees who work and reside in different states are not subject to multiple withholding or taxation. Such agreements may result in exemption from Personal Income Tax withholding. Exemptions are established as follows:

Form IL-W5NR must be completed when an employee works in Illinois but resides in Indiana, Iowa, Kentucky, Michigan, or Wisconsin and is not subject to Illinois PIT withholding. Copies of the Form IL-W5NR must be kept on file in the Agency/Campus Personnel Office.

Form IT 2104 must be completed when an employee works in New York but is a resident of another state. On this form, the employee estimates the percentage of wages subject to New York PIT withholding. Copies of the Form IT 2104 must be submitted to PPSD, Attention: SACS.

WITHHOLDING TAX RECORDS **H 117**
(Revised 03/94)

SCO will prepare and file all tax and information returns required of employers by states for which taxes are withheld. Withheld tax amounts will be paid at the time and in the manner prescribed by applicable state PIT laws.

SCO will prepare statements required by state law for each employee subject to withholding provisions of another state tax. Statements will be mailed to the address
reported on the last EAR submitted by the employee. Statements will be mailed only after
the close of each tax year unless a specific request is made by a separated employee.

NEW YORK PERSONAL INCOME TAX WITHHOLDING FORMULA EFFECTIVE 01/01/97 ANNUALIZED METHOD **H 118**
(Revised 01/04)

STEP 1 Subtract amount of deferred compensation, flexible benefit employee share (Health, Dental, Health Care Reimbursement, Dependent Care Reimbursement) tax sheltered annuity, payroll deduction account receivable taxable gross, and/or employer paid member contribution, if applicable, from the gross. Add amount of flexible benefit cash option to the gross, if applicable.

STEP 2 Determine Annual Gross Salary

Monthly gross	- multiply by 12
Semimonthly gross	- multiply by 24
Biweekly gross	- multiply by 26

STEP 3 Calculate the Standard Deduction Allowance as follows:

a. Subtract the standard deduction shown in table below:

STANDARD DEDUCTION TABLE

Single	Married
$6,975.00	$7,475.00

b. Multiply number of exemptions by $1,000.00 and subtract this amount from results of STEP 3a to determine annual taxable wages.

STEP 4 Apply the following tax rates to the annual taxable wages to determine the annual tax amount.

SINGLE

If the Taxable Income is... Over----	But Not Over---	The Computed Tax is... Of Amount Over---			Plus*
$ 0	$ 8,000	4.00%	$ 0	+	$ 0
8,000	11,000	4.50%	8,000	+	320
11,000	13,000	5.25%	11,000	+	455
13,000	20,000	5.90%	13,000	+	560
20,000	90,000	6.85%	20,000	+	973
90,000	100,000	7.64%	90,000	+	5,768
100,000	150,000	8.67%	100,000	+	6,532
150,000	200,000	8.93	150,000	+	10,867
200,000	500,000	7.88	200,000		15,332
500,000	AND OVER	8.20	500,000		38,972
* Same as Single except Married plus 6,532					
100,000	150,000	8.14%	150,000		6,532
150,000	200,000	9.45%	Plus	+	10,604
200,000	500,000	7.88	200,000		15,327
500,000		8.20	500,000		38,967

STEP 5 Divide the annual tax amount calculated in STEP 4 by the appropriate number of payroll periods to determine the amount of tax to be withheld for this payroll period.

Monthly	- divide by 12
Semimonthly	- divide by 24
Biweekly	- divide by 26

ILLINOIS PERSONAL INCOME TAX WITHHOLDING FORMULA **H 119**
EFFECTIVE 01/01/00 ANNUALIZED METHOD
(Revised 01/00)

STEP 1 Subtract amount of deferred compensation, flexible benefit employee share (Health, Dental, Health Care Reimbursement, Dependent Care Reimbursement) tax sheltered annuity, payroll deduction account receivable taxable gross, and/or employer paid member contribution effective 2/1/85, if applicable, from the gross. Add amount of flexible benefit cash option to the gross, if applicable.

STEP 2 Determine annual gross salary:

Monthly gross	- multiply by 12
Semimonthly gross	- multiply by 24
Biweekly gross	- multiply by 26

STEP 3 Multiply number of exemptions claimed by $2,000.00 and subtract this amount from annual gross pay to determine annual taxable wages.

STEP 4 Multiply annual taxable wages by 3% to determine the annual tax amount.

STEP 5 Divide annual tax amount calculated in STEP 4 by appropriate number of payroll periods to determine the amount of tax to be withheld from this payroll period.

Monthly	- divide by 12
Semimonthly	- divide by 24
Biweekly	- divide by 26

SUBJECT: EARNED INCOME CREDIT

INTRODUCTION H 150
(Revised 01/04)

Employees who have income under $30,338.00 and who have children living with them may receive a refund of federal income tax, Earned Income Credit (EIC), even if the employee does not pay income tax.

An eligible employee may file for EIC on the annual tax return or may request the credit refund in advance in monthly increments. The EIC refund may not exceed $1,563.00 effective January 1, 2004.

ADVANCE EIC ELIGIBILITY H 151
(Revised 01/04)

Eligibility for Advance EIC payments includes the following:

1. The expected earned income and adjusted gross income must both be less than $2,528.00 per pay period, or $30,338.00 a calendar year ($31,338.00 if married and you expect to file a joint return for 2004). Include your spouse's income if you plan to file a joint return.

2. The employee must not be able to exclude any income earned abroad or in United States possessions.

3 If not married, the employee must pay over half the cost of maintaining a household in the United States.

4. The employee must have a qualifying child full-time, except when the child is away at school or on vacation.

5. The child must be claimed as a dependent by the employee unless the employee qualifies for Unmarried Head of Household filing status as a result of supplying a home for the child. If the employee qualifies for Unmarried Head of Household filing status, the child need not be claimed as a dependent unless the child is married as of the end of the year.

6. The employee can received EIC even though the employee does not pay income tax.

7. The employee is not a qualifying child of another person.

8. The employee expects to file either Form 1040 or Form 1040A.

   NOTE: Employees should read Form W-5 Instructions for definition of Qualifying Child.

EARNED INCOME CREDIT ADVANCED PAYMENT CERTIFICATE **H 152**
(Revised 12/94)

An employee who wants advance EIC payments must file an Earned Income Credit Advance Payment Certificate, Form W-5. An eligible employee who does not file the Form W-5 will not receive any advance payments. However, an employee who chooses not to get advance payments may still receive the full benefit of EIC on the annual return.

The Form W-5 must be sent to:

State Controller's Office
Personnel/Payroll Services Division
P.O. Box 942850
Sacramento, CA 94250-5878

ATTN: W-2 Unit

Form W-5 must be filed by eligible employees before any advance EIC payment can be made. All information contained on the Form W-5 must be completed. The employee must show if married and if the spouse has a Form W-5 in effect for the current year with an employer.

Form W-5 remains in effect until the end of the calendar year unless the employee submits a new Form W-5 to cancel. Eligible employees must file a new certificate each year. <u>It is the employee's responsibility to see that a new form is on file</u>.

The signed form will be effective as of the pay period the certificate is received by PPSD. Payments ISSUED after the effective date of the Form W-5 are eligible for EIC regardless of the pay period. EXAMPLE: A Form W-5 is received during May pay period (effective May 1) - an April pay period payment issued May 8 would be eligible.

If the circumstances for an employee change which makes the employee ineligible for the credit or the employee's spouse files a Form W-5 with an employer, the employee must, within ten days after such change, either revoke the previously filed form or file a new Form W-5.

COMPUTATIONS **H 153**
(Revised 12/94)

All wages for purposes of calculating the advance EIC are subject to income tax withholding. This would include regular wages, overtime, shift differential, and special payments of any kind that would be considered taxable under the USPS. Taxable amount is gross payment after reduction by deferred compensation, flexible benefit employee share (health, dental, Health Care Reimbursement, Dependent Care Reimbursement) tax shelter annuity, employer paid member contribution, and payroll deduction account receivable if deducted from payment, and after the addition of flexible benefit cash option amount.

IDL payments are not considered earned income for inclusion in calculating EIC.

REFUND PAYMENTS **H 154**
(Revised 12/94)

The payments will be processed by Payroll Operations. Payments will be identified as a credit refund of Code 093. The payment will show the employee's regular position but the refunds will be deducted from tax funds not the position shown.

Initial refunds will be processed approximately three-four weeks from the pay period in which the Form W-5 is received. Subsequent refunds will be processed approximately three-four weeks from the month in which payments are issued. No refunds can be made after the close of the tax year.

For under-refunds of Code 093 due to additional payments, redeposits, etc., it will be the responsibility of the agency/campus to submit a STD. 674 requesting a refund of an advance EIC for any additional payments made.

Over-refunds of Code 093 will require no action since the employee's account will be corrected when the annual tax return is filed.

The total of the refunds will be reflected on the employee's Form W-2 as a separate item for the tax year.

Should there be any questions regarding the employee's Form W-2 with respect to the advance EIC refund, direct inquiries to Payroll Operations, W-2 Unit.

COMPLETION OF STD. 674 **H 155**
(Revised 03/02)

When requesting an additional refund, the following items must be completed on STD. 674:

"X" PPSD/Payroll Operations
"X" /W-2/Non USPS box
Social security number
Employee name
Position number
Remarks - enter "Earned Income Credit"
Position Identifier - enter the applicable number from Item 4 - Position Number (e.g., "1" of "2") if the request affects more than one position.
Payment per Controller
Warrant Register - enter all payments and refunds for pay period
Payment should be - enter additional credit refund due - pay period and gross

Underpayment - complete pay period and gross
Form completed by/telephone number
Agency name
Authorized signature/date

ADVANCE EIC PAYMENT CANCELLATION **H 156**
(Revised 12/98)

If an employee no longer wants to receive advance earned income credit payments, a Form W-5 must be completed. The NO box in question 1 must be checked to cancel the advance payments.

IRS REPORTING **H 157**
(Revised 03/01)

For complete information about EIC, how to qualify, instructions for annual reporting requirements, employees should read Publication 596. The publication can be ordered by calling the IRS at 1-800-829-3676 (1-800-TAX-FORM).

EARNED INCOME CREDIT ADVANCED PAYMENT FORMULA **H 158**
(Revised 01/04)

ANNUALIZED PERCENTAGE METHOD EFFECTIVE
JANUARY 1, 2004

1. Annualize gross pay (multiply semimonthly gross by 24, monthly gross by 12, etc.)

2. If single or head of household is filing for EIC, apply the following rates:
   a. If annualized gross pay is greater than $30,338.00, the EIC payment is $0.00.
   b. If annualized gross pay is not greater than $30,338.00, the EIC payment is:

IF THE AMOUNT OF ANNUALIZED GROSS PAY PRIOR TO DEDUCTING WITHHOLDING ALLOWANCES IS:		THE ANNUAL PAYMENT SHALL BE:				
OVER	BUT NOT OVER					
$ 0	$ 7,660.00	$ 0	plus	20.40%	over	$ 0
7,660	14,040.00	1,563				
14,040	30,338.00	1,563	minus	9.588%	over	14,040

3. If married with both spouses filing certificate filing for EIC, apply the following rates:
   a. If annualized gross pay is greater than $31,338 ÷ 2 = $15,669.00, the EIC payment is $0.00.
   b. If annualized gross pay is not greater than $15,669.00, the EIC payment is:

IF THE AMOUNT OF ANNUALIZED GROSS PAY PRIOR TO DEDUCTING WITHHOLDING ALLOWANCES IS:		THE ANNUAL PAYMENT SHALL BE:				

OVER	BUT NOT OVER					
$ 0	$ 3,830.00	$ 0	plus	20.40%	over	$ 0
3,830.00	7,520.00	781.00				
7,520.00	15,669.00	781.00	minus	9.588%	over	7,520

4. If married without spouse filing certificate filing for EIC, apply the following rates:
   a. If annualized gross pay is greater than $30,338.00, the EIC payment is $0.00.
   b. If annualized gross pay is not greater than $30,338.00, the EIC payment is:

IF THE AMOUNT OF ANNUALIZED GROSS PAY PRIOR TO DEDUCTING WITHHOLDING ALLOWANCES IS:		THE ANNUAL PAYMENT SHALL BE:				
OVER	BUT NOT OVER					
$ 0	$ 7,660.00	$ 0	plus	20.40%	over	$ 0
7,660.00	15,040.00	1,563				
15,040.00	33,338.00	1,563	minus	9.588%	over	15,040

5. Divide the annual payment amount calculated at STEP 2 , 3 or 4 by the appropriate number of payroll periods (e.g., 24 for semimonthly, 12 for monthly, etc.) to determine the amount of tax to be withheld for this payroll period.

SUBJECT: RETIREMENT

H 200

REFERENCES
(Revised 09/98)

PAM 2.62
PIMS 2.41
Title 5 43150
IRS 414(h)(2)

INTRODUCTION
(Revised 09/98)

There are four retirement systems for state employees paid in USPS. They are:

Judge's Retirement System - JRS
Legislator's Retirement System - LRS
Public Employee's Retirement system - PERS
State Teacher's Retirement System - STRS

Under the USPS, retirement, Social Security, Medicare, and survivor benefits will be withheld from member's earnings and paid to the proper retirement system. Retirement withholdings will be made from current earnings of employees in accordance with PAR/PPT received from the agencies/campuses.

Retirement arrears deductions are deducted from current earnings (along with current withholdings) to collect retirement contributions due from previous earnings. Therefore, documents must be accurate and transmitted without delay. This will reduce the need to withhold double deductions from an employee's current pay.

PPSD uses the following one-time payroll deduction codes in all cases in which the employee's gross earnings subject to retirement, contribution amount or service credit (time worked) was not reported or reported incorrectly. Specifically:

JRS - 032
LRS/PERS - 003
STRS - 031

CORRECTIONS/CHANGES RETIREMENT COVERAGE **H 201**
(Revised 09/98)

If an agency/campus discovers that it submitted a PAR/PPT with incorrect retirement information, correcting documentation should immediately be prepared and sent to PPSD, Personnel Operations.

Notice of individual employee rate changes and/or extra deductions will normally be prepared by PERS on Notice of Change, PERS MEM-155. PERS will route the MEM-155 to the employee's place of employment and PPSD, Payroll Operations. Concurrently, PERS submits to Personnel Operations a Retirement System Transaction (RST) document to update the Employment History Data Base (EHDB) via an R01 transaction.

PERS MISCELLANEOUS RETIREMENT ADJUSTMENT RESPONSIBILITY **H 202**
(Revised 12/96)

PERS is responsible for calculating arrears/refunds, initiated by PERS/agencies/campuses beyond the current and one prior fiscal year. PERS submits to PPSD Authorization for Contribution and/or Rate Adjustment, MEM-823/004/314 deductions; or, PERS handles the adjustment in lump sum directly with the employee.

PERS AB1104 ELECTION ADJUSTMENT RESPONSIBILITY **H 203**
(Revised 12/96)

General Election: PERS is responsible for calculating arrears/refunds based on the specific election and service prior to the current effective date of the R01 transaction. PERS submits to PPSD MEM-823/004/314 deduction; or, PERS handles the adjustment in lump sum directly with the employee.

On-going Election: PERS is responsible for calculating arrears based on the retroactive R01 eligibility effective date. PERS submits to PPSD MEM-823/004/314 deductions; or, PERS handles the adjustment in lump sum directly with the employee.

PPSD MISCELLANEOUS RETIREMENT ADJUSTMENT RESPONSIBILITY **H 204**
(Revised 12/96)

PPSD, Payroll Operations is responsible for calculating arrears/refunds, initiated by PERS/agencies/campuses, within the current and one prior fiscal year. PPSD establishes the 003 deduction to process the adjustment.

PPSD ADJUSTMENT PROCESS **H 205**
(Revised 06/95)

Arrears deductions (no retirement contribution withheld from previous earnings) will be deducted from current salary payments via the 003 deduction. Unless special instructions, to the contrary, are received on the MEM-155, Payroll Operations will make 003 deductions from the employee's next normal salary payment to collect the contribution amount due.

If more than one month's arrears are due, the deductions will normally be scheduled on a month-by-month basis until all arrears are collected. Payroll Operations will notify the agency/campus of the adjustment schedule on Payroll Form PR 370.

Arrears deductions may be withheld from payments not subject to retirement contributions (e.g., overtime and lump sum) if such amounts due would otherwise result in the establishment of an account receivable. Payroll Operations will not establish an accounts receivable unless specifically requested by the agency/campus.

If retirement arrears/contributions are erroneously computed to include payments not subject to retirement contributions (e.g., overtime, lump sum); or deducted from earnings of non-members, the erroneous amount deducted will be refunded to the employee upon discovery of the error.

Retirement contribution refunds are processed by Payroll Operations in two ways: 1) issuance of supplemental payroll warrant refunding contributions; 2) apply a one-time credit deduction to the next salary payment due the employee.

If an adjustment is required because the wrong account code, retirement rate, or formula was applied, both a credit and a debit deduction is processed. The adjustment will be applied as one-time deductions to the next salary payment due the employee.

FORM STD. 674 **H 206**
(Revised 06/95)

Agencies/campuses must use form STD. 674 only for instances of PPSD error (e.g., agency/campus submits correct retirement information. However, this information is incorrectly reflected on employee's payroll). Complete the 'REMARKS' section indicating the retirement error. Exception: Do not submit a form STD. 674 if PERS' MEM-155 was already received correcting the same information.

NOTICE OF REDEPOSIT FORM 823 **H 207**
(Revised 12/98)

If a member elects to redeposit his/her PERS service credit purchases withdrawn upon termination of previous employment with the state or other contracting agency (i.e., Redeposit Service Credit Prior to Membership, Military) the amount to be redeposited may be deducted from current salary payments to such member.

Form 823 initiated by PERS and routed to SCO and the agency/campus of employment, is used to report redeposit of employee contributions. The adjustments are taxable and identified as deduction code 004.

PERS has provided to qualified members the option to elect to redeposit his/her PERS service credit purchases (i.e., Redeposit Service Credit Prior to Membership, Military) on a pre-tax basis. Implementation of this option became effective with the October 1996 pay period.

Members currently making payments on an after-tax basis, deduction code 004, will be given the opportunity to convert to pre-tax service credit purchases. This election is voluntary and will apply on a prospective basis only. If the member does not elect to participate his/her PERS service credit purchases continue on an after-tax basis; however, he/she may elect to participate at a future date. Members not currently making payments for service credit purchases, deduction code 004, will be informed of the pre-tax option when they make a request to purchase service credits.

The pre-tax service credit purchase is identified as deduction code 314. The deduction amount is not subject to state or federal taxes, but is subject to applicable Social Security and Medicare taxes. Reporting of information by PPSD to the retirement system will remain the same.

The State Teachers' Retirement System (STRS) has provided to qualified members the option to elect to redeposit previously withdrawn contributions on a pre-tax basis. Implementation of this option became effective with the September 1998 pay period.

The pre-tax deduction is identified as deduction code 315. The deduction amount is not subject to state or federal taxes, but is subject to applicable Social Security and Medicare taxes. Interested employees should contact STRS for further information.

REDUCED TIME BASE WITH FULL-TIME RETIREMENT BENEFIT **H 208**
(Revised 12/96)

CSU ONLY

Full-time CSU academic employees who are members of PERS who are at least 55 years of age and have at least ten years service may work less than full-time but receive full-time retirement service credit. The work schedule must be one of the following:

- **Two-thirds of full-time**
- **One-half of full-time**
- **One-third of full-time**

The employee's regular payroll warrant will have retirement computed on the reduced salary rate. The processing of PPT A61 transaction will automatically generate a deduction code 003 for the additional retirement contribution. No additional documentation is required by the campus.

EMPLOYER PAID MEMBER CONTRIBUTION (EPMC) **H 209**
(Revised 12/96)

IRS allows employers to contribute an employee's share to his/her retirement plan by excluding the contribution amount from state and federal taxes until the funds are withdrawn. Effective with the February 1985 pay period, the state implemented the EPMC plan for most categories of state employees.

All PERS members are eligible to receive EPMC. Rank and file employees in CSU CBID 02, 03, 05, 06, 07, and 09 were eligible as of April 1985; the other CBID units were eligible as of February 1985.

Members of the following Retirement systems were eligible for EPMC on these dates:

LRS: September 1986 pay period
STRS: November 1998 pay period
JRS: March 1986 pay period

COMPUTATION OF PERS MEMBER DEDUCTIONS IF NO REDUCTION AMOUNT IS ALLOWED **H 210**
(Revised 09/98)

Normal retirement contributions will be computed by multiplying the appropriate contribution rate times the amount of the gross earnings which is in excess of the appropriate exclusion amount per month and round to the nearest cent (see retirement exclusion amounts in Section H 214).

Note that the exclusion amount is a monthly amount. Therefore, semimonthly and supplemental adjustment pay will be aggregated for computation of retirement (e.g., non-Social Security employee [Retirement ID-00] paid $400 for first half would have retirement computed on $83 [$400 - $317 exclusion], whereas, retirement would be computed on the entire gross for the second half).

It is not possible to compute retirement on a per month basis for biweekly employees. Retirement is computed on the gross in excess of $146.31 for non-Social Security or $236.77 for Social Security members per biweekly pay period ($61.00 for Modified First-Tier Social Security members).

COMPUTATION OF PERS MEMBER DEDUCTIONS IF REDUCTION AMOUNT IS ALLOWED **H 211**
(Revised 09/98)

See H 214 for the reduction amount and effective dates. Normal contributions will be computed by multiplying the appropriate contribution rate times the amount of the gross earnings which is in excess of the appropriate exclusion amount per month. Round the product to the nearest cent and subtract the reduction amount from the retirement amount. If the gross earnings are less than the appropriate exclusion amount, or the result of the above computation is less than the appropriate reduction amount, no contribution is due (see Section H 214 for retirement exclusion and reduction amounts).

Note that the reduction amount is also a monthly amount.
The biweekly reduction amount is $23.08 effective July 1, 1982 through December 31, 1983.

COMPUTATION OF STATE SHARE AMOUNTS OR PERS DEDUCTIONS – EFFECTIVE 05/02/84 AND THEREAFTER **H 212**
(Revised 09/98)

State share amounts for payments (clearance type 1) and applied arrears deductions (code 003) will be computed based on the state share percentage rate in effect at the time the payment was ISSUED.

State share amounts for adjustments (clearance type other than 1) and applied arrears deductions (code 003) whose original payment was issued on or after May 2, 1984 will be computed based on the state share percentage rate in effect at the time the ORIGINAL payment was issued.

COMPUTATION OF STATE SHARE AMOUNTS FOR PERS DEDUCTIONS PRIOR TO 05/24/84 **H 213**
(Revised 09/98)

State share amounts for payments (clearance type 1) and adjustment (clearance type other than 1) will be computed based on the state share percentage rate in effect at the time the compensation was EARNED (e.g., pay period).

State share amounts for arrears deductions (code 003) will be computed using the state share percentage rate in effect at the time of the pay period of the adjustment.

SENATE BILL 400 **H 213.1**
(Revised 06/00)

Senate Bill (SB) 400, effective January 1, 2000, provides numerous retirement benefit enhancements and applies to all State employees who are members of CalPERS.

Current First-Tier Employees: All current First-Tier civil service Miscellaneous and Industrial members, and civil service and CSU Safety, POFF and Patrol members were rolled-over into new retirement account codes effective January 1, 2000. The new retirement account codes have the same characteristics and eligibility criteria as the old retirement account codes.

Current Second-Tier Employees: All current Second-Tier members are given the option to elect to become First-Tier members. The election can be made at any time prior to retirement and is effective the first day of the month following the date it is received by CalPERS. Once the election is made, it is irrevocable. Employees who make this election may also buy back Second-Tier service credit.

New Employees: All new employees hired on or after January 1, 2000, who are eligible for Miscellaneous or Industrial membership will be appointed to First-Tier. However, they have the option to select Second-Tier within 180 days of appointment. If election into Second-Tier is not made within that period, the employee will retain First-Tier membership with no further opportunity to elect Second-Tier membership.

Modified Tier-One: SB 400 eliminated Modified Tier-One. All Miscellaneous and Industrial employees who elected this option were rolled-over to First-Tier effective January 1, 2000.

RETIREMENT ID, EXCLUSION AMOUNTS AND STATE SHARE RATES **H 214**
(Revised 03/04)

ACCOUNT CODE	DESCRIPTION	M=MEDICARE O=SOCIAL SECURITY/ MEDICARE N=NEITHER	EXCLUSION AMOUNT MO	EXCLUSION AMOUNT BIWEEKLY	EMPLOYEE RATE (%)	10/01/03 STATE SHARE (%)
00	Effective **07/1974 - 12/1999** Miscellaneous First Tier Members not covered by Social Security/Medicare (1959-61 election or non-resident alien) for Civil Service and CSU	NEITHER	317	146.31	6	14.843
	Effective **01/2000** Miscellaneous First Tier Members not covered by Social Security/Medicare (1959-61 election or non-resident alien) for CSU members only. (Civil service moved to code 40 effective 01/2000)	NEITHER	317	146.31	6	14.843

ACCOUNT CODE	DESCRIPTION	M=MEDICARE O=SOCIAL SECURITY/ MEDICARE N=NEITHER	EXCLUSION AMOUNT MO	BIWEEKLY	EMPLOYEE RATE (%)	10/01/03 STATE SHARE (%)
01	Effective **01/1985** Miscellaneous Second Tier Members not covered by Social Security/Medicare. Elected the Second Tier retroactively for all past and future service (G.C. 21070) (1959-61 election or non-resident alien)	NEITHER				10.265
02	Effective **01/1985** Miscellaneous Second Tier Members not covered by Social Security/Medicare. Elected the Second Tier prospectively for all future service only (G.C. 21070) (1959-61 election or non-resident alien)	NEITHER				10.265
03	Effective **01/1985** Miscellaneous Second Tier Members covered by Social Security/Medicare. Elected the Second Tier retroactively for all past and future service (G.C. 21070) (1959-61 election or non-resident)	SOCIAL SECURITY/ MEDICARE				10.265
04	Effective **01/1985** Miscellaneous Second Tier Members covered by Social Security/Medicare. Elected the Second Tier prospectively for all future service only (G.C. 21070)	SOCIAL SECURITY/ MEDICARE				10.265
05	Effective **11/1984 - 12/1986** Miscellaneous First Tier Members not covered by Social Security/Medicare and employed by CHP or Dept of Justice (G.C. 21151) in class 1662, 1663, 1664, 1665, 8460, 8466, 8467, 8472, 8473, 8477, or 8478 (No active members after 1986)	NEITHER	317	146.31	6	Termed 1986
	Effective **04/2002** Miscellaneous First Tier Members not covered by Social Security/Medicare in CBID's E01, E02, E03, E04, E09, E11, E15, E21, R01, R02, R03, R04, R09, R11, R15, and R21 (Formerly code 40) Effective **05/2002** CBID's E14, E20, R14, and R20 (Formerly code 40)	NEITHER	317	146.31	1	14.843
	Effective **07/2003** all CBID's moved to Code 40.					Termed 06/03
	Effective **10/2003** CBID's R01, R04, R05, R08, R09, R10, R11, R14, R15, R16, R17, R19, R20, R21, C01 through C21, S01 through S21, M01 through M21, E, E01, E04, E05, E08, E09. E10, E11, E14, E15, E16, E17, E19, E20, E21, E48, E50, E58, E59, E67, E68, E77, E78, E79, E88, E89, E92, E97, E98, E99 (Formerly code 40)	NEITHER	317		1 (Beginning 10/2003)	14.843
06	Effective **11/1984 - 12/1999** Miscellaneous First Tier Members covered by Social Security/Medicare and employed by CHP or Dept of Justice (G.C. 21151) in class 1662, 1663, 1664, 1665, 8460, 8466, 8467, 8472, 8473, 8477, or 8478 (Moved to code 43 effective 01/2000)	SOCIAL SECURITY/ MEDICARE	513	513	5	14.843
	Effective **04/2002** Miscellaneous First Tier Members covered by Medicare in CBID's E01, E02, E03, E04, E09, E11, E15, E21, R01, R02, R03, R04, R09, R11, R15, and R21 (Formerly code 42) Effective **05/2002** CBID's E14, E20, R14, and R20 (Formerly code 42)	MEDICARE	317	146.31	1	14.843
	Effective **07/2003** all CBID's moved to Code 42.					Termed 06/03

ACCOUNT CODE	DESCRIPTION	M=MEDICARE O=SOCIAL SECURITY/ MEDICARE N=NEITHER	EXCLUSION AMOUNT MO	BIWEEKLY	EMPLOYEE RATE (%)	10/01/03 STATE SHARE (%)
06 (Cont.)	Effective **10/2003** CBID's R01, R04, R05, R08, R09, R10, R11, R14, R15, R16, R17, R19, R20, R21, C01 through C21, S01 through S21, M01 through M21, E, E01, E04, E05, E08, E09. E10, E11, E14, E15, E16, E17, E19, E20, E21, E48, E50, E58, E59, E67, E68, E77, E78, E79, E88, E89, E92, E97, E98, E99 (Formerly code 42)	MEDICARE	317		1 (Beginning 10/2003)	14.843
07	Effective **06/1998 - 12/1999** Miscellaneous Modified First Tier Members employed by CHP or Dept of Justice (G.C. 21151) in class 1662, 1663, 1664, 1665, 8460, 8466, 8467, 8472, 8473, 8477, or 8478 (Modified First Tier abolished effective 01/2000. No active members)	NEITHER			6	Termed 12/99
	Effective **09/2001** Miscellaneous First Tier Members not covered by Social Security/Medicare in units C01-C21, E, E05, E07, E08, E10, E12, E13, E16, E18, E19, E48, E50, E58, E59, E68, E78, E79, E88, E89, E92, E97, E98, E99, M01-M21, R05, R07, R08, R10, R12, R13, R16, R18, R19, and S01-S21. (Formerly code 40) Effective **10/2001** E13 and R13 moved to code 40 Effective **05/2002** E17 and R17 (Formerly code 40) Effective **07/2002** E13 and R13 (Formerly code 40)	NEITHER	317	146.31	3.5 (09/2001- 06/2002) 1 (07/2002 - 06/2003)	14.843
	Effective **07/2003** all CBID's moved to Code 40.					Termed 06/03
08	Effective **07/1974 - 12/1999** Miscellaneous First Tier Members covered by Social Security/Medicare for Civil service and CSU	SOCIAL SECURITY/ MEDICARE	513	236.77	5	14.843
	Effective **01/2000** Miscellaneous First Tier Members covered by Social Security/Medicare for CSU only. (Civil service moved to code 45 effective 01/2000)	SOCIAL SECURITY/ MEDICARE	513	236.77	5	14.843
09	Effective **06/1998 -12/1999** Miscellaneous Modified First Tier Members employed by CHP or Dept. of Justice (G.C. 21151) in class 1662, 1663, 1664, 1665, 8460, 8466, 8467, 8472, 8473, 8477, or 8478 (Modified First Tier abolished 01/2000. No active members)	MEDICARE			6	Termed 12/99
	Effective **09/2001** Miscellaneous First Tier Members covered by Medicare in units C01-C21, E, E05, E07, E08, E10, E12, E13, E16, E18, E19, E48, E50, E58, E59, E68, E78, E79, E88, E89, E92, E97, E98, E99, M01-M21, R05, R07, R08, R10, R12, R13, R16, R18, R19, and S01-S21. (Formerly Code 42) Effective **10/2001** E13 and R13 moved to code 42 Effective **05/2002** E17 and R17 (Formerly code 42) Effective **07/2002** E13 and R13 (Formerly code 42)	MEDICARE	317	146.31	3.5 (09/2001- 6/2002) 1 (07/2002 - 06/2003)	14.843
	Effective **07/2003** all CBID's moved to Code 42.					Termed 06/03

ACCOUNT CODE	DESCRIPTION	M=MEDICARE O=SOCIAL SECURITY/ MEDICARE N=NEITHER	EXCLUSION AMOUNT MO	BIWEEKLY	EMPLOYEE RATE (%)	10/01/03 STATE SHARE (%)
10	Effective **07/1974 - 08/2001** Safety Members Elected to retain Miscellaneous or Industrial First Tier Formula. (CBID's M16-M19, R16, R18, R19, and S16-S19 moved to code 11 effective 09/2001)	NEITHER	317		6	21.930
	Effective **09/2001** Safety Members Elected to retain Miscellaneous or Industrial First Tier Formula in CBID's E17 and R17 (Moved to code 11 effective 05/2002)	NEITHER	317 (09/2001) 238 (10/2001 - 06/2003)		6 (9/2001) 8 (10/2001- 6/2003)	21.930
	Effective **07/2003** Safety Members Elected to retain Miscellaneous or Industrial First Tier Formula in CBID's R16 – R19, S16 –S19, and M16-M19 (Formely codes 11, 6C, and 6H).	NEITHER	317 (Beginning 07/2003)		6 (Beginning 07/2003)	21.930
	Effective **10/2003** Safety Members Elected to retain Miscellaneous or Industrial First Tier Formula in CBID's R16, R17, R19, S16 through S19, M16 through M19 moved to code 11					
11	Effective 07/1974 – 08/2001 Safety members Fish and Game Wardens retaining 1961 formula (Not used for new appointments after 1961)	NEITHER	317		Various	21.930
	Effective 09/2001 Safety Members Elected to retain Miscellaneous or Industrial First Tier Formula in CBID's M16-M19, R16,R18, R19, and S16-S19 (Formerly Code 10)	NEITHER	317		3.5 (09/2001 – 06/2002) 1 (07/2002 – 06/2003)	21.930
	Effective 05/2002 CBID's E17 and R17 (Formerly code 10)					
	Effective 07/2003 all CBID's moved to code 10.					Termed 06/03
	Effective **10/2003** CBID's R01, R04, R05, R08, R09, R10, R11, R14, R15, R16, R17, R19, R20, R21, C01 through C21, S01 through S21, M01 through M21, E, E01, E04, E05, E08, E09. E10, E11, E14, E15, E16, E17, E19, E20, E21, E48, E50, E58, E59, E67, E68, E77, E78, E79, E88, E89, E92, E97, E98, E99 (Formerly code 10)	NEITHER	317		1 (Beginning 10/2003)	21.930
12	Effective **01/1989 - 08/2001** Safety Members Elected to retain Miscellaneous or Industrial First Tier Formula (CBID's M16-M19, R16, R18, R19, and S16-S19 moved to code 33 effective 09/2001)	MEDICARE	317		6	21.930
	Effective **09/2001** Safety Members Elected to retain Miscellaneous or Industrial First Tier Formula in CBID's E17 and R17 (Moved to code 33 effective 05/2002)	MEDICARE	317 (09/2001) 238 (10/2001 - 06/2003)		6 (09/2001) 8 (10/2001 - 06/2003)	
	Effective **07/2003** Safety Members Elected to retain Miscellaneous or Industrial First Tier Formula in CBID's R16-R19, S16-S19, and M16-M19 (Formerly code 33).	MEDICARE	317 (Beginning 07/2003)		6 (Beginning 07/2003)	21.930
	Effective **10/2003** Safety Members Elected to retain Miscellaneous or Industrial First tier Formula in CBID's R16, R17, R19, S16 through S19, M16 through M19 moved to code 33					

ACCOUNT CODE	DESCRIPTION	M=MEDICARE O=SOCIAL SECURITY/ MEDICARE N=NEITHER	EXCLUSION AMOUNT MO	EXCLUSION AMOUNT BIWEEKLY	EMPLOYEE RATE (%)	10/01/03 STATE SHARE (%)
13	Effective **01/1989** Safety Members Elected to retain Miscellaneous or Industrial Second Tier Formula	MEDICARE				21.930
14	Effective **01/1989** Safety Members Elected to retain Miscellaneous or Industrial Second Tier Formula	NEITHER				21.930
15	Effective **10/1998** Peace Officer/Fire Fighter Members (Moved to code 34 effective 01/2000)	NEITHER	238		6	22.205
16	Effective **10/1998** Peace Officer/Fire Fighter Members (Moved to code 36 effective 01/2000)	NEITHER	238			22.205
17	Effective **01/2000 - 08/2001** Safety Members Forestry (Formerly code 71) (CBID's R12, R13, S08, S09 moved to code 67 effective 09/2001)	MEDICARE	317		6	21.930
	Effective **09/2001 CBID's** E01, E02, E03, E04, E09, E11, E14, E15, E17, E20, E21, R01, R02, R03, R04, R09, R11, R14, R15, R17, R20, and R21 (Moved to code 63 effective 10/2001)	MEDICARE	317		6	21.930
18	Effective **01/2000 - 08/2001** Safety Members Forestry (Formerly code 75) (CBID's R12, R13, S08, and S09 moved to code 68 effective 9/2001)	NEITHER	317		6	21.930
	Effective 09/2001 Safety Members in CBID's E01, E02, E03, E04, E09, E11, E14, E15, E17, E20, E21, R01, R02, R03, R04, R09, R11, R14, R15, R17, R20, and R21 (Moved to code 64 effective 10/2001)	NEITHER	317		6	21.930
19	Effective **01/2000 - 08/2001** Safety Members covered by Medicare - Corrections, Youth Authority, Justice, Fish and Game Wardens, institutional Firemen, Campus Police, Life Guards, State Police (Formerly Code 82) (CBID's M01, M09, M12, M16, M18, R07, R10, R12, R13, R16, R18, R19, S01, S03, S06, S09, S11, S12, S13, S15- S20 moved to code 67 effective 09/2001)	MEDICARE	317		6	21.930
	Effective **09/2001** CBID's E01, E02, E03, E04, E09, E11, E14, E15, E17, E20, E21, R01, R02, R03, R04, R09, R11, R14, R15, R17, R20, and R21(Moved to code 63 effective 10/2001)	MEDICARE	317		6	21.930
	Effective **07/2003** CBID's formerly in codes 59, 6A, 6D, 6F, 67 and 70.	MEDICARE	317		6	21.930
	Effective **10/2003** CBID's R01, R04, R05, R08, R09, R10, R11, R14, R15, R16, R17, R19, R20, R21, C01 through C21, S01 through S21, M01 through M21, E, E01, E04, E05, E08, E09. E10, E11, E14, E15, E16, E17, E19, E20, E21, E48, E50, E58, E59, E67, E68, E77, E78, E79, E88, E89, E92, E97, E98, E99 moved to code 67					
20	Effective **04/1986 - 12/1999** Miscellaneous First Tier Members covered by Medicare (1959-61 election) for Civil service and CSU	MEDICARE	317	146.31	6	14.843
	Effective **01/2000** Miscellaneous First Tier Members covered by Medicare (1959-61 election) for CSU only. (Civil service moved to code 42)	MEDICARE	317	146.31	6	14.843

ACCOUNT CODE	DESCRIPTION	M=MEDICARE O=SOCIAL SECURITY/ MEDICARE N=NEITHER	EXCLUSION AMOUNT MO	BIWEEKLY	EMPLOYEE RATE (%)	10/01/03 STATE SHARE (%)
21	Effective **04/1986** Miscellaneous Second Tier Members prospectively for all future service only (G.C. 20382) (1959-61 election)	MEDICARE				10.265
22	Effective **04/1986** Miscellaneous Second Tier Members covered by Medicare. Elected the Second Tier retroactively for all past and future service (G.C. 20382) (1959-61)	MEDICARE				10.265
23	Effective **04/1986- 08/2001** Miscellaneous First Tier Members and employed by CHP or Justice (G.C. 21151) in class 1662, 1663, 1664, 1665, 8460, 8466, 8467, 8473, 8477, or 8478 (Moved to code 58 effective 09/2001)	MEDICARE	317		6	14.843
24	Effective **06/1998 - 08/2001** Miscellaneous Modified First Tier Members. (Modified First Tier abolished 01/2000. No active members)	NEITHER			6	Termed 12/99
	Effective **09/2001** Miscellaneous First Tier Members covered by Social Security/Medicare in CBID's C01-C21, E, E05, E07, E08, E10, E12, E13, E16, E18, E19, E48, E50, E58, E59, E68, E78, E79, E88, E89, E92, E97, E98, E99, M01-M21, R05, R07, R08, R10, R12, R13, R16, R18, R19, and S01-S21. (Formerly code 45) Effective **10/2001** CBID's E13 and R13 moved to code 45 Effective **05/2002** units E17 and R17 (Formerly code 45) Effective **07/2002** units E13 and R13 (Formerly code 45)	SOCIAL SECURITY/ MEDICARE	513	236.77	2.5 (09/2001 - 06/2002) 0 (07/2002 - 06/2003)	14.843
	Effective **07/2003** all CBID's moved to Code 45.					Termed 06/03
	Effective **10/2003** CBID's R01, R04, R05, R08, R09, R10, R11, R14, R15, R16, R17, R19, R20, R21, C01 through C21, S01 through S21, M01 through M21, E, E01, E04, E05, E08, E09. E10, E11, E14, E15, E16, E17, E19, E20, E21, E48, E50, E58, E59, E67, E68, E77, E78, E79, E88, E89, E92, E97, E98, E99 (Formerly code 45)	SOCIAL SECURITY/ MEDICARE	513		0 (Beginning 10/2003)	14.843
25	Effective **06/1998 - 12/1999** Miscellaneous Modified First Tier Members covered by Medicare (Modified First Tier abolished 01/2000. No active members)	MEDICARE			6	Termed 12/99
	Effective **04/2002** Miscellaneous First Tier Members covered by Social/Security Medicare in CBID's E01, E02, E03, E04, E09, E11, E15, E21, R01, R02, R03, R04, R09, R11, R15, and R21 (Formerly Code 45) Effective **05/2002** CBID's E14, E20, R14, and R20 (Formerly code 45)	SOCIAL SECURITY/ MEDICARE	513		0	14.843
	Effective **07/2003** all CBID's moved to code 45.					Termed 06/03
26	Effective **06/1998 -12/1999** Miscellaneous Modified First Tier Members covered by Social Security/Medicare (Modified First Tier abolished 01/2000. Moved to code 45)	SOCIAL SECURITY/ MEDICARE	133.33	61	5	Termed 12/99

ACCOUNT CODE	DESCRIPTION	M=MEDICARE O=SOCIAL SECURITY/ MEDICARE N=NEITHER	EXCLUSION AMOUNT MO	BIWEEKLY	EMPLOYEE RATE (%)	10/01/03 STATE SHARE (%)
27	Effective **06/1998 - 12/1999** Miscellaneous Modified First Tier Members employed by CHP of Justice (G.C. 21151) in class 1662, 1663, 1664, 1665, 8460, 8466, 8467, 8472, 8473, 8477, or 8478) (Modified First Tier abolished 01/2000. No active members)	SOCIAL SECURITY/ MEDICARE	133.33	61	5	Termed 12/99
28	Effective **06/1998 - 12/1999** Industrial Modified First Tier Members not covered by Social Security/Medicare (Modified First Tier abolished 01/2000. No active members)	NEITHER			6	Termed 12/99
29	Effective **06/1998 -12/1999** Industrial Modified First Tier Members covered by Medicare (Modified First Tier abolished 01/2000. No active members)	MEDICARE			6	Termed 12/99
	Effective **04/2002** Industrial First Tier Members not covered by Social Security/Medicare in CBID's E01, E02, E03, E04, E09, E11, E15, E21, R01, R02, R03, R04, R09, R11, R15, and R21 (Formerly code 46)	NEITHER	317		1	11.099
	Effective **05/2002** units E14, E20, R14, and R20 (Formerly code 46)					
	Effective **07/2003** all CBID's moved to code 46.					Termed 06/03
30	Effective **01/2000 - 08/2001** Safety Members not covered by Social Security/Medicare - Corrections, Youth Authority, Justice, Fish and Game Wardens, Institutional Firemen, Campus Police, Life Guards, and State Police (Formerly code 83) (CBID's M01, M03, M12, M16, M18, R07, R12, R13, R16, R18, R19, S01, S03, S06, S09, S11, S12, S13, and S15-S20 moved to code 68 effective 09/2001)	NEITHER	317		6	21.930
	Effective **09/2001** Safety Members not covered by Social Security/Medicare Corrections, Youth Authority, Justice, Fish and Game Wardens, Institutional Firemen, Life Guards, State Police in CBID's E01, E02, E03, E04, E09, E11, E14, E15, E17, E20, E21, R01, R02, R03, R04, R09, R11, R14, R15, R17, R20 and R21 (Moved to code 68 effective 10/2001)	NEITHER	317		6	21.930
	Effective **9/2001- 12/2001** CBID's E06 and R06 (Moved to code 68 effective 01/2002)					
	Effective **07/2003** CBID's formerly in codes 6B, 6E, 6G, 65, 68, and 69.	NEITHER	317		6	21.930
	Effective **10/2003** CBID's R01, R04, R05, R08, R09, R10, R11, R14, R15, R16, R17, R19, R20, R21, C01 through C21, S01 through S21, M01 through M21, E, E01, E04, E05, E08, E09. E10, E11, E14, E15, E16, E17, E19, E20, E21, E48, E50, E58, E59, E67, E68, E77, E78, E79, E88, E89, E92, E97, E98, E99 moved to code 68					
31	Effective **01/2000** Peace Officer/Firefighter (Formerly Code 72)	NEITHER	238		8 (01/2000 - 08/2001) 5.5 (09/2001 - 06/2002) 3 (07/2002 - 06/2003)	20.325

ACCOUNT CODE	DESCRIPTION	M=MEDICARE O=SOCIAL SECURITY/ MEDICARE N=NEITHER	EXCLUSION AMOUNT MO	EXCLUSION AMOUNT BIWEEKLY	EMPLOYEE RATE (%)	10/01/03 STATE SHARE (%)
31 (Cont.)	Effective **07/2003** Peace Officer/ Firefighter Members in CID's E08 and R08 moved to Code 34 and excluded aligned with Unit 08 moved to code 5A.					Termed 06/03
32	Effective **01/2000** Peace Officer/Firefighter Members- Forestry employee (Formerly code 74) Effective **07/2003** Peace Officer/ Firefighter Members in CBID's E08 and R08 moved to Code 36 and excluded aligned with Unit 08 moved to code 5B.	MEDICARE	238		8 (01/2000 - 08/2001) 5.5 (09/2001- 06/2002) 3 (07/2002 - 06/2003)	20.325 Termed 06/03.
33	Effective **07/1974 - 08/2001**Safety Members Dept. of Justice, Life Guards (No active members) Effective **09/2001** Safety Members Elected to retain Miscellaneous or Industrial First Tier Formula in CBID's M16-M19, R16, R18, R19, and S16-S19. (Formerly code 12) Effective **07/2003** all CBID's moved to code 12. Effective **10/2003** CBID's R01, R04, R05, R08, R09, R10, R11, R14, R15, R16, R17, R19, R20, R21, C01 through C21, S01 through S21, M01 through M21, E, E01, E04, E05, E08, E09. E10, E11, E14, E15, E16, E17, E19, E20, E21, E48, E50, E58, E59, E67, E68, E77, E78, E79, E88, E89, E92, E97, E98, E99 (Formerly code 12)	NEITHER MEDICARE MEDICARE	317 317 317		Various 3.5 (09/2001 - 06/2002) 1 (07/2002 - 06/2003) 1 (Beginning 10/2003)	Termed 12/99 21.930 Termed 06/03. 21.930
34	Effective **01/2000** Peace Officer/Firefighter Members aligned with Unit 08 (Formerly code 15) Effective **07/2003** Peace Officer/ Firefighter Members in CBID's E08 and R08. All excluded aligned with Unit 08 moved to code 5A.	NEITHER	238		6 (01/2000 - 08/2001) 3.5 (09/2001- 06/2002) 1 (07/2002 - 06/2003) 6 (07/2003 – 09/2003) 1 (Beginning 10/2003)	22.205 20.325
35	Effective **07/1982 – 12/1982** Safety Members State Police (Not used after 1982)	NEITHER	238		8	21.930
36	Effective **01/2000** Peace Officer/Firefighter Members aligned with Unit 08 (Formerly code 16) Effective **07/2003** Peace Officer/ Firefighter Members in CBID's E08 and R08. All excluded aligned with Unit 08 moved to code 5B.	MEDICARE	238		6 (01/2000 - 08/2001) 3.5 (09/2001- 06/2002) 1 (07/2002 - 06/2003) 6 (07/2003 – 09/2003) 1 (Beginning 10/2003)	22.205 20.325
37	Effective **01/2000** Peace Officer/Firefighter Members CBID R06 only (Formerly code 78)	NEITHER	863		8 (01/2000 - 12/2001) 5.5 (01/2002 - 06/2002) 3 (07/2002 - 06/2003) 8 (Beginning 07/2003)	20.325
38	Effective **01/2000** Peace Officer/Firefighter Members CBID R06 only (Formerly code 79)	MEDICARE	863		8 (01/2000 - 12/2001) 5.5 (01/2002 - 06/2002) 3 (07/2002 - 06/2003) 8 (Beginning 07/2003)	20.325
39	Effective **01/2000** Peace Officer/Firefighter Excluded Members aligned with Units 06 and 07 (Formerly code 80) Effective **07/2003** Peace Officer/ Firefighter Excluded Members aligned with Unit 06 moved to code 55, excluded members aligned with Unit 07 moved to 57, and excluded aligned with Unit 08 moved to 5A.	NEITHER	238		8 (01/2000 - 08/2001) 5.5 (09/2001 - 6/2002) 3 (07/2002 - 06/2003)	20.325

ACCOUNT CODE	DESCRIPTION	M=MEDICARE O=SOCIAL SECURITY/ MEDICARE N=NEITHER	EXCLUSION AMOUNT MO	BIWEEKLY	EMPLOYEE RATE (%)	10/01/03 STATE SHARE (%)
40	Effective **01/2000 - 08/2001** Miscellaneous First Tier Members not covered by Social Security/Medicare (Formerly code 00) (Effective 09/2001 CBID's C01-C21, E, E05, E07, E08, E10, E12, E13, E16, E18, E19, E48, E50, E58, E59, E68, E78, E79, E88, E89, E92, E97, E98, E99, M01-M21, R05, R07, R08, R10, R12, R13, R16, R18, R19, and S01-S21 moved to code 07)	NEITHER	317	146.31	6	14.843
	Effective **09/2001-** Miscellaneous First Tier Members not covered by Social Security/Medicare in CBID's E01, E02, E03, E04, E06, E09, E11, E14, E15, E17, E20, E21, R01, R02, R03, R04, R06, R09, R11, R14, R15, R17, R20, and R21only Effective **10/2001** CBID's E13 and R13 (Formerly code 07) Effective **04/2002** CBID's E01, E02, E03, E04, E09, E11, E15, E21, R01, R02, R03, R04, R09, R11, R15, and R21 moved to code 05 Effective **05/2002** CBID's E14, E20, R14, and R20 moved to code 05 Effective **07/2002** CBID's E13 and R13 moved to code 07	NEITHER	317	146.31	6	14.843
	Effective **07/2003** CBID's from codes 05 and 07. Effective **10/2003** CBID's R01, R04, R05, R08, R09, R10, R11, R14, R15, R16, R17, R19, R20, R21, C01 through C21, S01 through S21, M01 through M21, E, E01, E04, E05, E08, E09. E10, E11, E14, E15, E16, E17, E19, E20, E21, E48, E50, E58, E59, E67, E68, E77, E78, E79, E88, E89, E92, E97, E98, E99 moved to code 05	NEITHER	317	146.31	6	14.843
41	Effective **07/1988** - Miscellaneous Second Tier Members covered by Social Security/Medicare. Elected Second Tier per AB 1104 General Election for past and future or prospective service, or eligible for PERS membership after 11/1/88 or thereafter.	SOCIAL SECURITY/ MEDICARE				10.265
42	Effective **01/2000** Miscellaneous First Tier Members covered by Medicare (Formerly code 20) (Effective 09/2001 CBID's C01-C21, E, E05, E07, E08, E10, E12, E13, E16, E18, E19, E48, E50, E58, E59, E68, E78, E79, E88, E89, E92, E97, E98, E99, M01-M21, R05, R07, R08, R10, R12, R13, R16, R18, R19, and S01-S21 moved to code 09)	MEDICARE	317	146.31	6	14.843
	Effective **09/2001** Miscellaneous First Tier Members covered by Medicare in CBID's E01, E02, E03, E04, E09, E11, E14, E15, E17, E20, E21, R01, R02, R03, R04, R09, R11, R14, R15, R17, R20, and R21 Effective **10/2001** CBID's E13 and R13 (Formerly code 09) Effective **04/2002** CBID's E01, E02, E03, E04, E09, E11, E15, E21, R01,	MEDICARE	317	146.31	6	14.843

ACCOUNT CODE	DESCRIPTION	M=MEDICARE O=SOCIAL SECURITY/ MEDICARE N=NEITHER	EXCLUSION AMOUNT MO	EXCLUSION AMOUNT BIWEEKLY	EMPLOYEE RATE (%)	10/01/03 STATE SHARE (%)
42 (cont.)	R02, R03, R04, R09, R11, R15 and R21 moved to code 06 Effective **05/2002** CBID's E14, E20, R14, and R20 moved to code 06 and E17 and R17 moved to code 09 Effective **07/2002** CBID's E13 and R13 moved to code 09 Effective **07/2003** CBID's from codes 06 and 09. Effective **10/2003** CBID's R01, R04, R05, R08, R09, R10, R11, R14, R15, R16, R17, R19, R20, R21, C01 through C21, S01 through S21, M01 through M21, E, E01, E04, E05, E08, E09. E10, E11, E14, E15, E16, E17, E19, E20, E21, E48, E50, E58, E59, E67, E68, E77, E78, E79, E88, E89, E92, E97, E98, E99 moved to code 06	MEDICARE	317	146.13	6	14.843
43	Effective **01/2000** Miscellaneous First Tier Members covered by Social Security/Medicare and employed by CHP or Justice (G.C. 21151) in class 1662, 1663, 1664, 1665, 8460, 8466, 8467, 8472, 8473, 8477, or 8478. (Formerly code 06) Effective **10/2003** Excluded Members aligned with Unit 7 moved to code 4A	SOCIAL SECURITY/ MEDICARE	513	236.77	5 (01/2000 - 08/2001) 2.5 (09/2001- 06/2002) 0 (07/2002 - 06/2003) 5 (Beginning 7/2003)	14.843
44	Effective **07/1988** Miscellaneous Second Tier Members covered by Covered by Social Security/Medicare and employed by CHP or Dept of Justice in class 1662, 1663, 1664, 1665, 8460,m 8466, 8467, 8472, 8473, 8477, or 8478. Elected Second Tier per AB 1104 General Election for past and future or prospective service, or eligible for PERS membership as of 11/1/1988 or thereafter.	SOCIAL SECURITY/ MEDICARE				10.265
45	Effective **01/2000 - 08/2001**Miscellaneous First Tier Members covered by Social Security/Medicare (Formerly code 08) (Effective 09/2001 CBID's C01-C21, E, E05, E07, E08, E10, E12, E13, E16, E18, E19, E48, E50, E58, E59, E68, E78, E79, E88, E89, E92, E97, E98, E99, M01-M21, R05, R07, R08, R10, R12, R13, R16, R18, R19, and S01-S21 moved to code 24) Effective **09/2001**Miscellaneous First Tier Members covered by Social Security/Medicare in CBID's E01, E02, E03, E04, E09, E11, E14, E15, E17, E20, E21, R01, R02, R03, R04, R09, R11, R14, R15, R17, R20 and R21 Effective **10/2001** CBID's E13 and R13 (Formerly code 24) Effective **04/2002** CBID's E01, E02, E03, E04, E09, E11, E15, E21, R01, R02, R03, R04, R09, R11, R15, and R21 moved to code 25. Effective **05/2002** CBID's E14, E20, R14, and R20 moved to code 25 and E17 and R17 moved to code 24 Effective **07/2002** CBID's E13 and R13 moved to code 24	SOCIAL SECURITY/ MEDICARE SOCIAL SECURITY/ MEDICARE	513 513	236.77 236.77	5 5	14.843 14.843

ACCOUNT CODE	DESCRIPTION	M=MEDICARE O=SOCIAL SECURITY/ MEDICARE N=NEITHER	EXCLUSION AMOUNT MO	EXCLUSION AMOUNT BIWEEKLY	EMPLOYEE RATE (%)	10/01/03 STATE SHARE (%)
45 (Cont.)	Effective **07/2003** CBID's from codes 24 and 25. Effective **10/2003** CBID's R01, R04, R05, R08, R09, R10, R11, R14, R15, R16, R17, R19, R20, R21, C01 through C21, S01 through S21, M01 through M21, E, E01, E04, E05, E08, E09. E10, E11, E14, E15, E16, E17, E19, E20, E21, E48, E50, E58, E59, E67, E68, E77, E78, E79, E88, E89, E92, E97, E98, E99 moved to code 24					14.843
46	Effective **01/2000 - 08/2001** Industrial First Tier Members not covered by Social Security/Medicare (Formerly code 90) (Effective 09/2001 CBID's C01-C21, E, E05, E07, E08, E10, E12, E13, E16, E18, E19, E48, E50, E58, E59, E68, E78, E79, E88, E89, E92, E97, E98, E99, M01-M21, R05, R07, R08, R10, R12, R13, R16, R18, R19, and S01-S21)	NEITHER	317		6	11.099
	Effective **09/2001** Industrial First Tier Members not covered by Social Security/Medicare in CBID's E01, E02, E03, E04, E09, E11, E14, E15, E17, E20, E21, R01, R02, R03, R04, R09, R11, R14, R15, R17, R20, and R21 Effective **10/2001** CBID's E13 and R13 added (Formerly code 93) Effective **04/2002** CBID's E01, E02, E03, E04, E09, E11, E15, E21, R01, R02, R03, R04, R09, R11, R15, and R21 moved to code 29 Effective **05/2002** CBID's E14, E20, R14, and R20 moved to code 29 and E17 and R17 moved to code 93 Effective **07/2002** CBID's E17 and R17 moved to code 93 Effective **07/2003** CBID's from codes 29 and 93. Effective **10/2003** CBID's R01, R04, R05, R08, R09, R10, R11, R14, R15, R16, R17, R19, R20, R21, C01 through C21, S01 through S21, M01 through M21, E, E01, E04, E05, E08, E09. E10, E11, E14, E15, E16, E17, E19, E20, E21, E48, E50, E58, E59, E67, E68, E77, E78, E79, E88, E89, E92, E97, E98, E99 moved to code 93	NEITHER	317		6	11.099 11.099
47	Effective **07/1988** Industrial Second Tier Members covered by Social Security/Medicare. Elected Second Tier per AB 1104 General Election for past and future or prospective service, or eligible for PERS membership as of 11/01/1988. Effective **07/2003** CBID's from codes 73 and 97.	SOCIAL SECURITY/ MEDICARE				11.099 11.099
48	Effective **01/2001 - 08/2001** Industrial First Tier Members covered by Medicare (Formerly code 93) (Effective 09/2001 CBID's C01-C21, E, E05, E07, E08, E10, E12, E13, E16, E18, E19, E48, E50, E58, E59, E68, E78, E79, E88, E89, E92, E97, E98, E99, M01-M21, R05, R07, R08, R10, R12, R13,	MEDICARE	317		6	11.099

ACCOUNT CODE	DESCRIPTION	M=MEDICARE O=SOCIAL SECURITY/ MEDICARE N=NEITHER	EXCLUSION AMOUNT MO	BIWEEKLY	EMPLOYEE RATE (%)	10/01/03 STATE SHARE (%)
48 (Cont.)	R16, R18, R19, and S01-S21 moved to code 97)					
	Effective **09/2001** Industrial First Tier Members covered by Medicare in CBID's E01, E02, E03, E04, E09, E11, E14, E15, E17, E20, E21, R01, R02, R03, R04, R09, R11, R14, R15, R17, R20, and R21 only	MEDICARE	317		6	11.099
	Effective **10/2001** CBID's E13 and R13 (Formerly code 97) Effective **04/2002** CBID's E01, E02, E03, E04, E09, E11, E15, E21, R01, R02, R03, R04, R09, R11, R15 and R21 moved to code 73 Effective **05/2002** CBID's E14, E20, R14, and R20 moved to code 73 and E17 and R17 moved to code 97. Effective **07/2002** CBID's E13 and R13 moved to code 97.					
	Effective **07/2003** CBID's from codes 73 and 97.					11.099
	Effective **10/2003** CBID's R01, R04, R05, R08, R09, R10, R11, R14, R15, R16, R17, R19, R20, R21, C01 through C21, S01 through S21, M01 through M21, E, E01, E04, E05, E08, E09. E10, E11, E14, E15, E16, E17, E19, E20, E21, E48, E50, E58, E59, E67, E68, E77, E78, E79, E88, E89, E92, E97, E98, E99 moved to code 97					
49	Effective **01/2001 - 08/2001** Industrial First Tier Members covered by Social Security/Medicare (Formerly Code 94) (Effective 09/2001 CBID's C01-C21, E, E05, E07, E08, E10, E12, E13, E16, E18, E19, E48, E50, E58, E59, E68, E78, E79, E88, E89, E92, E97, E98, E99, M01-M21, R05, R07, R08, R10, R12, R13, R16, R18, R19, and S01-S21)	SOCIAL SECURITY/ MEDICARE	513		5	11.099
	Effective **09/2001** Industrial First Tier Members covered by Social Security/Medicare in CBID's E01, E02, E03, E04, E06, E09, E11, E14, E15, E17, E20, E21, R01, R02, R03, R04, R06, R09, R11, R14, R15, R17, R20, and R21	SOCIAL SECURITY/ MEDICARE	513		5	11.099
	Effective **10/2001** CBID's E13 and R13(Formerly code 99) Effective **01/2002** CBID's E06 and R06 moved to code 99 Effective **04/2002** CBID's E01, E02, E03, E04, E09, E11, E15, E21, R01, R02, R03, R04, R09, R11, R15, and R21 moved to code 90					
	Effective **05/2002** CBID's E14, E20, R14, and R20 moved to code 90 and E17 and R17 moved to code 99 Effective **07/2002** CBID's E13 and R13 moved to code 99					11.099
	Effective **07/2003** CBID's from codes 90 and 99.					
	Effective **10/2003** CBID's R01, R04, R05, R08, R09, R10, R11, R14, R15, R16, R17, R19, R20, R21, C01 through					

ACCOUNT CODE	DESCRIPTION	M=MEDICARE O=SOCIAL SECURITY/ MEDICARE N=NEITHER	EXCLUSION AMOUNT MO	EXCLUSION AMOUNT BIWEEKLY	EMPLOYEE RATE (%)	10/01/03 STATE SHARE (%)
49 (Cont.)	C21, S01 through S21, M01 through M21, E, E01, E04, E05, E08, E09. E10, E11, E14, E15, E16, E17, E19, E20, E21, E48, E50, E58, E59, E67, E68, E77, E78, E79, E88, E89, E92, E97, E98, E99 moved to code 99					
4A	Effective **10/2003** Excluded Members aligned with Unit 7 (Formerly code 43)	SOCIAL SECURITY/ MEDI-CARE	513		0 Beginning 10/2003)	14.843
50	Effective **01/2000** Peace Officer/Firefighter Excluded Members aligned with Units 06 and 07 (Formerly Code 84) Effective **07/2003** Peace Officer/ Firefighter Excluded Members aligned with Unit 06 move to code 56, excluded aligned with Unit 07 moved to code 58, excluded aligned with Unit 08 moved to 5B.	MEDICARE	238		8 (01/2000 - 08/2001) 5.5 (09/2001 - 06/2002) 3 (07/2002 - 06/2003) 8 (Beginning 07/2003)	20.325
51	Effective **01/2000** Peace Officer CSU (Formerly code 86)	NEITHER	238		0	28.325
52	Effective **01/2000** Peace Officer CSU (Formerly code 88)	MEDICARE	238		0	28.325
53	Effective **01/2000** Peace Officer CSU (Formerly code 87)	NEITHER	238		8	20.325
54	Effective **01/2000** Peace Officer CSU (Formerly code 89)	MEDICARE	238		8	20.325
55	Effective **05/2001-08/2001** Peace Officer/Firefighter Members employed by Youth and Adult Correctional Agencies and Boards in CBID S06 class codes 8202, 8215, 8976, 9560, 9569, 9570, 9571, 9574, 9577, 9580, 9613, 9656, 9659, 9695, 9697, 9760, 9763, 9902, 9903, 9908, 9910 and E98 employees in class code 9767. (Formerly code 39) Effective **09/2001**- all excluded Peace Officer/Firefighter Members aligned with Unit 06.	NEITHER NEITHER	863 863		8 (05/2001 - 08/2001) 5.5 (09/2001 - 06/2002) 3 (07/2002 - 06/2003) 8 (07/2003 – 09/2003) 3 (Beginning 10/2003)	20.325 20.325
56	Effective **05/2001- 08/2001** Peace Officer/Firefighter Members employed by Youth and Adult Correctional Agencies and Boards in CBID S06 class codes 8202, 8215, 8976, 9560, 9569, 9570, 9571, 9574, 9577, 9580, 9613, 9656, 9659, 9695, 9697, 9760, 9763, 9902, 9903, 9908, 9910, and E98 employees in class code 9767 (Formerly code 50) Effective **09/2001 -** all excluded Peace Officer/Firefighter Members aligned with Unit 06.	MEDICARE MEDICARE	863 863		8 (05/2001 - 08/2001) 5.5 (09/2001 - 06/2002) 3 (07/2002 - 06/2003) 8 (07/2003 - 09/2003) 3 Beginning - 10/2003)	20.325 20.325
57	Effective **07/2001 - 08/2001** Peace Officer/Firefighter Members in CBID R07 (Formerly code 39) Effective **09/2001** Peace Officer/Firefighter Members in CBID R07 and excluded aligned with Unit 07. Effective **10/2003** Excluded Members aligned with Unit 7 moved to code 5C **Effective 01/2004 all members moved to code 5G except class codes 1988 and 1992.**	NEITHER NEITHER	513 513		8 (07/2001 - 08/2001) 5.5 (09/2001 - 06/2002) 3 (07/2002 - 06/2003) 8 (Beginning 07/2003)	20.325 20.325
58	Effective **07/2001- 08/2001** Peace Officer/Firefighter Members in CBID R07 (Formerly code 50)	MEDICARE	513		8 (07/2001 - 08/2001)	20.325

ACCOUNT CODE	DESCRIPTION	M=MEDICARE O=SOCIAL SECURITY/ MEDICARE N=NEITHER	EXCLUSION AMOUNT MO	EXCLUSION AMOUNT BIWEEKLY	EMPLOYEE RATE (%)	10/01/03 STATE SHARE (%)
58 (Cont.)	Effective **09/2001** Peace Officer/Firefighter Members in CBID R07 and excluded aligned with Unit 07. Effective **10/2003** Excluded Members aligned with Unit 7 moved to code 5D **Effective 01/2004 all members moved to code 5H except class codes 1988 and 1992.**	MEDICARE	513		5.5 (09/2001 - 06/2002) 3 (07/2002 - 06/2003) 8 (Beginning 07/2003)	20.325
59	Effective **04/2002** Safety Members in units E01, E03, R01, and R03 (Formerly code 63)	MEDICARE	0		1 (4/2002 - 11/2002) 0 (12/2002 - 6/2003)	21.930 Termed 06/03
5A	Effective **07/2003** Excluded Peace Officer/Firefighter Members aligned with Unit 08 (Formerly code 34).	NEITHER	513		6 (07/2003 – 09/2003) 1 (Beginning 10/2003)	20.325
5B	Effective **07/2003** Excluded Peace Officer/Firefighter Members aligned with Unit 08 (Formerly code 36).	MEDICARE	513		6 (07/2003 – 09/2003) 1 (Beginning 10/2003)	20.325
5C	Effective **10/2003** Excluded Peace Officer/Firefighter Members aligned with Unit 7 (Formerly code 57) **Effective 01/2004 CBID's S07 (except class code 1986), M07, C07 in class code 9013, and E48 in class code 8412 moved to code 5E.**	NEITHER	513		3 (Beginning 10/2003)	20.325
5D	Effective **10/2003** Excluded Peace Officer/Firefighter Members aligned with Unit 7 (Formerly code 58) **Effective 01/2004 CBID's S07 (except class code 1986), M07, C07 in class code 9013, and E48 in class code 8412 moved to code 5F.**	MEDICARE	513		3 (Beginning 10/2003)	20.325
5E	**Effective 01/2004 Peace Officer/Firefighter Members in CBID's S07 (except class code 1986), M07, C07 in class code 9013, and E48 in class code 8412 (Formerly code 5C).**	**NEITHER**	**513**		**3**	**20.325**
5F	**Effective 01/2004 Peace Officer/Firefighter Members in CBID's S07 (except class code 1986), M07, C07 in class code 9013, and E48 in class code 8412 (Formerly code 5D).**	**MEDICARE**	**513**		**3**	**20.325**
5G	**Effective 01/2004 Peace Officer/Firefighter Members in CBID R07 except class codes 1988 and 1992 (Formerly code 57).**	**NEITHER**	**513**		**8**	**20.325**
5H	**Effective 01/2004 Peace Officer/Firefighter Members in CBID R07 except class codes 1988 and 1992 (Formerly code 58)**	**MEDICARE**	**513**		**8**	**20.325**
60	Effective **04/1986 - 12/1999** Patrol Members (Not used after 1999 employees moved to code 61)	MEDICARE	863		8*	32.653
61	Effective **01/2000** Patrol Members (Formerly code 60)	MEDICARE	863		0	32.653
62	Effective **01/2000** Patrol Members (Formerly code 66)	NEITHER	863		0	32.653
63	Effective **10/2001** Safety Members in CBID's E01, E02, E03, E04, E09, E11, E13, E14, E15, E17, E20, E21, R01, R02, R03, R04, R09, R11, R13, R14, R15, R17, R20, and R21 (Formerly codes 17, 19, and 67) Effective **04/2002** Safety members in	MEDICARE	238		8	21.930

ACCOUNT CODE	DESCRIPTION	M=MEDICARE O=SOCIAL SECURITY/ MEDICARE N=NEITHER	EXCLUSION AMOUNT MO	BIWEEKLY	EMPLOYEE RATE (%)	10/01/03 STATE SHARE (%)
63 (Cont.)	CBID's E01, E03, R01, and R03 moved to code 59, E04, E11, E15, R04, R11, and R15 moved to code 70, and E09 and R09 moved to code 6F Effective **05/2002** Safety members in CBID's E02 and R02 moved to code 6A, E17 and R17 moved to code 67, and E20 and R20 moved to code 6D Effective **07/2002** Safety members in CBID's E13 and R13 moved to code 67					
64	Effective **10/2001** Safety Members in CBID's E01, E02, E03, E04, E09, E11, E13, E14, E15, E17, E20, E21, R01, R02, R03, R04, R09, R11, R13, R14, R15, R17, R20, and R21 (Formerly codes 18, 30, and 68) Effective **04/2002** Safety members in CBID's E01, E03, R01, and R03 moved to code 65, E04, E11, E15, R04, R11, and R15 moved to code 69, and E09 and R09 moved to code 6G Effective **05/2002** Safety members in CBID's E02 and R02 moved to code 6B, E17 and R17 moved to code 68, and E20 and R20 moved to code 6E. Effective **07/2002** Safety members in CBID's E13 and R13 moved to code 68	NEITHER	238		8	21.930
65	Effective **04/2002** Safety Members in CBID's E01, E03, R01, and R03 (Formerly code 64) Effective **07/2003** all CBID's moved to code 30.	NEITHER	0		1 (4/2002 - 11/2002) 0 (12/2002 - 6/2003)	21.930 Termed 06/03
66	Effective **07/1974 – 12/1999** Patrol Members (Not used after 1999 employees moved to code 62)	NEITHER	863		8*	32.653
67	Effective **09/2001** Safety Members in CBID's C01-C21, E, E05, E07, E08, E10, E12, E13, E16, E18, E19, E48, E50, E58, E59, E68, E78, E79, E88, E89, E92, E97, E98, E99, M01-M21, R05, R07, R08, R10, R12, R13, R16, R18, R19, and S01-S21. (Formerly codes 17 and 19) Effective **10/2001** CBID's E13 and R13 moved to code 63 Effective **05/2002** CBID's E17 and R17 added (Formerly code 63) Effective **07/2002** CBID's E13 and R13 added (Formerly code 63) Effective **07/2003** all CBID's moved to code 19. Effective **10/2003** CBID's R01, R04, R05, R08, R09, R10, R11, R14, R15, R16, R17, R19, R20, R21, C01 through C21, S01 through S21, M01 through M21, E, E01, E04, E05, E08, E09. E10, E11, E14, E15, E16, E17, E19, E20, E21, E48, E50, E58, E59, E67, E68, E77, E78, E79, E88, E89, E92, E97, E98, E99 (Formerly code 19)	MEDICARE MEDICARE	317 317		3.5 (09/2001 - 06/2002) 1 (07/2002 - 06/2003) 1 (Beginning 10/2003)	21.930 Termed 06/03 21.930
68	Effective **09/2001** Safety Members in CBID's C01-C21, E, E05, E07, E08, E10, E12, E13, E16, E18, E19, E48, E50, E58, E59, E68, E78, E79, E88,	NEITHER	317		3.5 (09/2001 - 06/2002) 1 (07/2002 - 07/2003)	21.930

ACCOUNT CODE	DESCRIPTION	M=MEDICARE O=SOCIAL SECURITY/ MEDICARE N=NEITHER	EXCLUSION AMOUNT MO	BIWEEKLY	EMPLOYEE RATE (%)	10/01/03 STATE SHARE (%)
68 (Cont.)	E89, E92, E97, E98, E99, M01-M21, R05, R07, R08, R10, R12, R13, R16, R18, R19, and S01-S21. (Formerly codes 18 and 30) Effective **10/2001** CBID's E13 and R13 moved to code 64 Effective **01/2002** CBID's E06 and R06 (Formerly code 30) Effective **05/2002** CBID's E17 and R17 (Formerly code 64) Effective **07/2002** CBID's E13 and R13 (Formerly code 64) Effective **07/2003** all CBID's moved to code 30. Effective **10/2003** CBID's R01, R04, R05, R08, R09, R10, R11, R14, R15, R16, R17, R19, R20, R21, C01 through C21, S01 through S21, M01 through M21, E, E01, E04, E05, E08, E09. E10, E11, E14, E15, E16, E17, E19, E20, E21, E48, E50, E58, E59, E67, E68, E77, E78, E79, E88, E89, E92, E97, E98, E99 (Formerly code 30)	NEITHER	317		1 (Beginning 10/2003)	Termed 06/30 21.930
69	Effective **04/2002** Safety Members in CBID's E04, E11, E15, R04, R11, and R15 (Formerly code 64) Effective **07/2003** all CBID'S moved to code 30.	NEITHER	238		1.15 (4/2002 - 10/2002) 0 (11/2002 - 6/2003)	21.930 Termed 06/03
6A	Effective **05/2002** Safety Members in CBID's E02 and R02 (Formerly code 63) Effective **07/2003** all CBID's moved to code 19.	MEDICARE			0	21.930 Termed 06/03
6B	Effective **05/2002** Safety Members in CBID's E02 and R02 (Formerly code 64) Effective **07/2003** all CBID's moved to code 30.	NEITHER			0	21.930 Termed 06/03
6C	Effective **05/2002** Safety Members electing to retain Miscellaneous or Industrial First Tier Formula in CBID's E02 and R02 (Formerly code 10) Effective **07/2003** all CBID's moved to code 10.	NEITHER			0	21.930 Termed 06/03
6D	Effective **05/2002** Safety Members in CBID's E20 and R20 (Formerly code 63) Effective **07/2003** all CBID's moved to code 19.	MEDICARE	317		1	21.930 Termed 06/03
6E	Effective **05/2002** Safety Members in CBID's E20 and R20 (Formerly code 64) Effective **07/2003** all CBID's moved to code 30.	NEITHER	317		1	21.930 Termed 06/03
6F	Effective **04/2002** Safety Members in CBID's E09 and R09 (Formerly code 63) Effective **07/2003** all CBID's moved to code 19.	MEDICARE	317		1	21.930 Termed 06/03
6G	Effective **04/2002** Safety Members in CBID's E09 and R09 (Formerly code 64) Effective **07/2003** all CBID's moved to code 30.	NEITHER	317		1	21.930 Termed 06/03

ACCOUNT CODE	DESCRIPTION	M=MEDICARE O=SOCIAL SECURITY/ MEDICARE N=NEITHER	EXCLUSION AMOUNT MO	BIWEEKLY	EMPLOYEE RATE (%)	10/01/03 STATE SHARE (%)
6H	Effective **05/2002** Safety Members electing to retain Miscellaneous or Industrial First Tier Formula in CBID's E20 and R20 (Formerly code 10). Effective **07/2003** all CBID's moved to code 10.	NEITHER	317		1	21.930 Termed 06/03
70	Effective **04/2002** Safety Members in CBID's E04, E11, E15, R04, R11, and R15 (Formerly code 63) Effective **07/2003** all CBID's moved to code 19.	MEDICARE	238		1.15 (4/2002 - 10/2002) 0 (11/2002 - 06/2003)	21.930 Termed 06/03
71	Effective **04/1986 -12/1999** Safety Members Forestry (Moved to code 17 effective 01/2000)	MEDICARE	317		6	21.930
72	Effective **07/1984 - 12/1999** Peace Officer/Firefighter (Moved to code 31 effective 01/2000)	NEITHER	238		8	20.325
73	Effective **07/1984 – 12/1999** Peace Officer/Firefighter Members Forestry elected to retain prior benefits and contributions (No active members) Effective **04/2002** Industrial First Tier Members covered by Medicare in CBID's E01, E02, E03, E04, E09, E11, E15, E21, R01, R02, R03, R04, R09, R11, R15, and R21 (Formerly code 48) Effective **05/2002** CBID's E14, E20, R14, and R20 (Formerly code 48) Effective **07/2003** all CBID's moved to code 48.	NEITHER MEDICARE	238 317		6 1	Termed 12/99 11.099 Termed 06/03.
74	Effective **04/1986 - 12/1999** Peace Officer/Firefighter Members Forestry (Moved to code 32 effective 01/2000)	MEDICARE	238		8	20.325
75	Effective **07/1974 - 12/1999** Safety Members Forestry (Moved to code 18 effective 01/2000)	NEITHER	317		6	21.930
76	Effective **07/1984 - 12/1999** Peace Officer/Firefighter Members Forestry elected to retain prior benefits and contributions (No active members)	NEITHER	317		Various	Termed 12/99
77	Effective **07/1974 - 12/1999** Safety Members Forestry (No active members)	NEITHER	317		Various	Termed 12/99
78	Effective **04/1995 - 12/1999** Peace Officer/Firefighter Member (Moved to code 37 effective 01/2000)	NEITHER	863		8	20.325
79	Effective **04/1995 - 12/1999** Peace Officer/Firefighter Members (Moved to code 38 effective 01/2000)	MEDICARE	863		8	20.325
80	Effective **07/1984 - 12/1999** Peace Officer/Firefighter Member (Moved to code 39 effective 01/2000)	NEITHER	238		8	20.325
81	Effective **07/1984 - 12/1999** Peace Officer/Firefighter Members elected to retain prior benefits and contributions (No active members)	NEITHER	317		6	Termed 12/99
82	Effective **04/1986 - 12/1999** Safety Members covered by Medicare - Corrections, Youth Authority, Justice, Fish and Game Wardens, Institutional Firemen, Campus Police, Life Guards, and State Police (Moved to code 19 effective 01/2000)	MEDICARE	317		6	21.930
83	Effective **07/1974 - 12/1999** Safety Members not covered by Medicare - Corrections, Youth Authority, Justice, Fish and Game Wardens, Institutional Firemen, Campus Police, Life Guards,	NEITHER	317		6	21.930

ACCOUNT CODE	DESCRIPTION	M=MEDICARE O=SOCIAL SECURITY/ MEDICARE N=NEITHER	EXCLUSION AMOUNT MO	BIWEEKLY	EMPLOYEE RATE (%)	10/01/03 STATE SHARE (%)
83 (Cont.)	and State Police (Moved to code 30 effective 01/2000)					
84	Effective **04/1986 - 12/1999** Peace Officer/Firefighter (Moved to code 50 effective 01/2000)	MEDICARE	238		8	20.325
85	Effective **07/1984 - 11/1984** Peace Officer/Firefighter Members elected to retain prior benefits and contributions (Moved to code 81)	NEITHER	317		6	20.325
86	Effective **04/1994 - 12/1999** Peace Officer CSU (Moved to code 51 effective 01/2000)	NEITHER	238		0	28.325
87	Effective **07/1986 - 12/1999** Peace Officer/Firefighter CSU (Moved to code 53 effective 01/2000)	NEITHER	238		8	20.325
88	Effective **07/1974 - 12/1999** Peace Officer CSU (Moved to code 52 effective 01/2000)	MEDICARE	238		0	28.325
89	Effective **07/1986 - 12/1999** Peace Officer/Firefighter CSU (Moved to code 54 effective 01/2000)	MEDICARE	238		8	20.325
90	Effective **01/1975 - 12/1999** Industrial First Tier Members not covered by Social Security 1959-61 election non-resident alien (Moved to code 46 effective 01/2000)	NEITHER	317		6	11.099
	Effective **04/2002** Industrial First Tier Member covered by Social Security/Medicare in CBID's E01, E02, E03, E04, E09, E11, E15, E21, R01, R02, R03, R04, R09, R11, R15, and R21 (Formerly code 49) Effective **05/2002** CBID's E14, E20, R14, R20 (Formerly code 49)	SOCIAL SECURITY/ MEDICARE	513		0	11.099
	Effective **07/2003** all CBID's moved to code 49.					Termed 06/03.
91	Effective **09/1986** Industrial Second Tier Members elected Second Tier retroactively for all past and future services (1959-61 election non-resident alien)	NEITHER				11.099
92	Effective **09/1986** Industrial Second Tier Members elected Second Tier for all future services (1959-61 election or non-resident alien)	NEITHER				11.099
93	Effective **04/01/86 - 12/31/99** Industrial First Tier Members (1959-61 election) (Moved to code 48 effective 01/2000)	MEDICARE	317		6	11.099
	Effective **09/2001** Industrial First Tier Members not covered by Social Security/Medicare in CBID's C01-C21, E, E05, E07, E08, E10, E12, E13, E16, E18, E19, E48, E50, E58, E59, E68, E78, E79, E88, E89, E92, E97, E98, E99, M01-M21, R05, R07, R08, R10, R12, R13, R16, R18, R19, and S01-S21. (Formerly code 46) Effective **10/2001** CBID's E13 and R13 moved to code 46 Effective **05/2002** CBID's E17 and R17 (Formerly code 46) Effective **07/2002** CBID's E13 and R13 (Formerly code 46)	NEITHER	317		3.5 (09/2001 - 06/2002) 1 (07/2002 - 06/2003)	
	Effective **07/2003** all CBID's moved to code 46.					Termed 06/03
	Effective **10/2003** CBID's R01, R04, R05, R08, R09, R10, R11, R14, R15, R16, R17, R19, R20, R21, C01 through	NEITHER	317		1 (Beginning 10/2003)	11.099

ACCOUNT CODE	DESCRIPTION	M=MEDICARE O=SOCIAL SECURITY/ MEDICARE N=NEITHER	EXCLUSION AMOUNT MO	BIWEEKLY	EMPLOYEE RATE (%)	10/01/03 STATE SHARE (%)
93 (Cont.)	C21, S01 through S21, M01 through M21, E, E01, E04, E05, E08, E09. E10, E11, E14, E15, E16, E17, E19, E20, E21, E48, E50, E58, E59, E67, E68, E77, E78, E79, E88, E89, E92, E97, E98, E99 (Formerly code 46)					
94	Effective **01/1975 - 12/1999** Industrial First Tier Members covered by Social Security/Medicare (Moved to code 49 effective 01/2000)	SOCIAL SECURITY/ MEDICARE	513		5	11.099
95	Effective **09/1986** Industrial Second Tier Members elected Second Tier for all past and future services	SOCIAL SECURITY/ MEDICARE				11.099
96	Effective **09/1986** Industrial Second Tier Members elected Second Tier for all future services	SOCIAL SECURITY/ MEDICARE				11.099
97	Effective **09/1986 - 08/2001** Industrial Second Tier Members. Elected the Second Tier retroactively for all past and future service (1959-61 election) (No active members as of 08/2001)	MEDICARE				11.099
	Effective **09/2001** Industrial First Tier Members covered by Medicare in CBID's C01-C21, E, E05, E07, E08, E10, E12, E13, E16, E18, E19, E48, E50, E58, E59, E68, E78, E79, E88, E89, E92, E97, E98, E99, M01-M21, R05, R07, R08, R10, R12, R13, R16, R18, R19, and S01-S21. (Formerly code 48)	MEDICARE	317		3.5 (09/2001 - 06/2002) 1 (07/2002 - 06/2003)	11.099
	Effective **10/2001**CBID's E13 and R13 moved to code 48 Effective **05/2002** CBID's E17 and R17 (Formerly code 48) Effective **07/2002** CBID's E13 and R13 (Formerly code 48)					
	Effective **07/2003** all CBID's moved to code 48.					Termed 06/03
	Effective **10/2003** CBID's R01, R04, R05, R08, R09, R10, R11, R14, R15, R16, R17, R19, R20, R21, C01 through C21, S01 through S21, M01 through M21, E, E01, E04, E05, E08, E09. E10, E11, E14, E15, E16, E17, E19, E20, E21, E48, E50, E58, E59, E67, E68, E77, E78, E79, E88, E89, E92, E97, E98, E99 (Formerly code 48)	MEDICARE	317		1 (Beginning 10/2003)	11.099
98	Effective **09/1986** Industrial Second Tier Members elected Second Tier for all future service (1959-61 election)	MEDICARE				11.099
99	Effective **06/1998 - 12/1999** Industrial Modified First Tier Members (Modified First Tier abolished effective 01/2000. Moved to code 49 effective 01/2000)	SOCIAL SECURITY/ MEDICARE	133.33		5	11.099
	Effective **09/2001** Industrial First Tier Members covered by Social Security/Medicare in CBID's C01-C21, E, E05, E07, E08, E10, E12, E13, E16, E18, E19, E48, E50, E58, E59, E68, E78, E79, E88, E89, E92, E97, E98, E99, M01-M21, R05, R07, R08, R10, R12, R13, R16, R18, R19, and S01-S21 (Formerly code 49)	SOCIAL SECURITY/ MEDICARE	513		2.5 (09/2001 - 06/2002) 0 (07/2002 - 06/2003)	11.099
	Effective **10/2001** CBID's E13 and R13 moved to code 49 Effective **01/2002** CBID's E06 and R06 (Formerly code 49)					

ACCOUNT CODE	DESCRIPTION	M=MEDICARE O=SOCIAL SECURITY/ MEDICARE N=NEITHER	EXCLUSION AMOUNT MO	EXCLUSION AMOUNT BIWEEKLY	EMPLOYEE RATE (%)	10/01/03 STATE SHARE (%)
99 (Cont.)	Effective **05/2002** CBID's E17 and R17 (Formerly code 49) Effective **07/2002** CBID's E13 and R13 (Formerly code 49) Effective **07/2003** all CBID's moved to code 49. Effective **10/2003** CBID's R01, R04, R05, R08, R09, R10, R11, R14, R15, R16, R17, R19, R20, R21, C01 through C21, S01 through S21, M01 through M21, E, E01, E04, E05, E08, E09. E10, E11, E14, E15, E16, E17, E19, E20, E21, E48, E50, E58, E59, E67, E68, E77, E78, E79, E88, E89, E92, E97, E98, E99 (Formerly code 49)	SOCIAL SECURITY/ MEDI-CARE	513		0 (Beginning 10/2003)	Termed 06/03. 11.099
J	Effective **07/1974** Judicial Retirement System (Except San Diego County)	NEITHER			8	-
JA	Effective **08/1989** Judicial Retirement System (San Diego County only)	NEITHER			1	-
JB	Effective **08/1989** Judicial Retirement System (San Diego County only)	MEDICARE			1	-
JC	Judicial Retirement System (Reserved for future use)	NEITHER			-	-
JD	Judicial Retirement System (Reserved for future use)	MEDICARE			-	-
JE	Judicial Retirement System (Reserved for future use)	NEITHER			-	-
JF	Judicial Retirement System (Reserved for future use)	MEDICARE			-	-
JG	Judicial Retirement System (Reserved for future use)	NEITHER			-	-
JH	Judicial Retirement System (Reserved for future use)	MEDICARE			-	-
JI	Judicial Retirement System (Reserved for future use)	NEITHER			-	-
JJ	Judicial Retirement System (Reserved for future use)	MEDICARE			-	-
JK	Judicial Retirement System (Reserved for future use)	NEITHER			-	-
JL	Judicial Retirement System (Reserved for future use)	MEDICARE			-	-
JM	Effective **04/1986** Judicial Retirement System (Except San Diego County)	MEDICARE			8	-
L	Effective **07/1974** Legislative Retirement System Members not covered by Social Security/Medicare	NEITHER			4 (07/1974 - 01/2000) 0 (02/2000 - current)	-
LO	Effective **07/1974** Legislative Retirement System Members covered by Social Security/Medicare	SOCIAL SECURITY/ MEDICARE			4 -8 (07/1974 - 02/2000) 0% (02/2000 - current)	-
N	Effective **07/1974** Retirement and Social Security/Medicare not withheld	NEITHER				-
NM	Effective **04/1986** Retirement not withheld but Medicare is withheld	MEDICARE				-
NO	Effective **07/1974** Retirement not withheld but Social Security/Medicare is withheld	SOCIAL SECURITY/ MEDICARE				-
T	Effective **07/1974 - 08/2001** State Teachers Retirement System Members not covered by Social Security/Medicare (Effective 09/2001 excluded members moved to code TB and effective 01/2002 CBID R21 members moved to code TB) Effective **07/2003** all CBID's moved to code TB.	NEITHER NEITHER			8 (07/2003 – 09/2003) 3 (Beginning 10/2003)	8.250
TA	Effective **01/2001- 12/2001** State Teachers Retirement System Members covered by Medicare (Effective 01/2002 members moved to code TC)	MEDICARE			8 (01/2001 – 12/2001)	8.250

ACCOUNT CODE	DESCRIPTION	M=MEDICARE O=SOCIAL SECURITY/ MEDICARE N=NEITHER	EXCLUSION AMOUNT MO	EXCLUSION AMOUNT BIWEEKLY	EMPLOYEE RATE (%)	10/01/03 STATE SHARE (%)
TA (Cont.)	Effective **07/2003** all CBID's moved to code TC	MEDICARE			8 (Beginning 07/2003)	
TB	Effective **09/2001** State Teachers Retirement System Members not covered by Social Security/Medicare (Formerly code T) Effective **07/2003** all CBID's moved to code T	NEITHER			5.5 (09/2001 - 06/2002) 3 (07/2002 - 06/2003)	8.250 Termed 06/03
TC	Effective **09/2001** State Teachers Retirement System Members not covered by Medicare (Formerly code TA) Effective **07/2003** all CBID's moved to code TA. Effective **10/2003** CBID's R01, R04, R05, R08, R09, R10, R11, R14, R15, R16, R17, R19, R20, R21, C01 through C21, S01 through S21, M01 through M21, E, E01, E04, E05, E08, E09. E10, E11, E14, E15, E16, E17, E19, E20, E21, E48, E50, E58, E59, E67, E68, E77, E78, E79, E88, E89, E92, E97, E98, E99 (Formerly code TA)	MEDICARE MEDICARE			5.5 (09/2001 - 06/2002) 3 (07/2002 - 06/2003) 3 (Beginning 10/2003)	8.250 Termed 06/03. 8.250
TD	Effective **07/1991** Part-time Seasonal and Temporary (PST) Retirement Plan participants not covered by Social Security/Medicare	NEITHER			7.5	-
TE	State Teachers Retirement System (reserved for future use)				-	-
TF	State Teachers Retirement System (reserved for future use)				-	-
TG	State Teachers Retirement System (reserved for future use)				-	-
TH	State Teachers Retirement System (reserved for future use)				-	-
TM	Effective **07/1991** Part-time Seasonal and Temporary (PST) Retirement Plan participants covered by Medicare	MEDICARE			7.5	-
TX	Effective 12/1991University of California Deferred Compensation Retirement Plan participants not covered by Social Security/Medicare	NEITHER			7.5	-
TY	Effective 12/1991 University of California Deferred Compensation Retirement Plan participants covered by Medicare	MEDICARE			7.5	-
	***** Rate was 4% for pay periods from 9/88 to 5/89 and 7/89 to 6/91.					

SUBJECT: SURVIVOR BENEFITS

H 225

INTRODUCTION
(Revised 06/95)

For retirement members who are subject, a survivor benefit contribution is deducted from only one payment for each pay period. The fixed deduction amount will normally be taken from the first salary warrant subject to retirement contributions issued for a pay period. Deduction code 076 is only for Judges Retirement System (JRS); deduction code 077 is for PERS, LRS, and JRS retirement members.

The basic rule applicable to survivor benefit contributions is that for any pay period in which earnings are subject to retirement, the survivor benefit coverage is also due.

ARREARS **H 226**
(Revised 06/95)

Arrears deductions will be established like retirement arrears, if possible.

Deductions for survivor benefit due on previous earnings of an employee may be withheld from payments not subject to retirement (e.g., overtime).

Survivor benefit deductions are not allowed for retirement members who have Social Security coverage or for members of STRS.

Survivor benefit deductions are allowed for retirement members who are subject to Medicare.

SUBJECT: SOCIAL SECURITY

INTRODUCTION **H 250**
(Revised 12/96)
Contributions for Social Security apply to earnings of employees who became members of PERS on or after January 1, 1962, and those who:

By election, chose coverage under PERS/Social Security Coordination Plan.
OR
By election, chose coverage under Social Security without electing membership in PERS
OR
By Public Law 101-508 (Omnibus Budget Reconciliation Act of 1990) that mandates Social Security coverage as of July 1, 1991 for employees who are not members of a retirement system.

Persons directly appointed by the Governor or the Attorney General, identified in Government Code 20320, are likewise subject to Social Security contributions even though they do not elect membership in PERS.

The annual percentage rates for Social Security are shown in Section H 256.

SOCIAL SECURITY COVERAGE PAYROLL RELATED **H 251**
(Revised 12/96)

The rates in Section H 256 apply to payments for services in a PERS related position up to the maximum earnings limit for that year. The ISSUE DATE determines the rate and earnings limit regardless of pay period.

Payroll deductions for flexible benefits with employee share (health, dental, Health Care Reimbursement, Dependent Care Reimbursement) are subtracted from the gross wages prior to computing Social Security withholding. Flexible Benefit cash option amount is added to gross wages prior to computing Social Security withholding.

When an employee reaches the maximum earnings limit, no further contribution will be deducted for Social Security coverage for that year.

If any of the service in a position is creditable for PERS purposes and the employee is a Social Security member, all of the service in the position is covered under Social Security.

Secondary positions considered overtime positions are NOT covered for PERS purposes and are NOT subject to Social Security. For further information regarding requirements for qualification of PERS and Social Security, refer to the PAM/PIMS.

SOCIAL SECURITY COVERAGE (NON-PAYROLL-RELATED) **H 252**
(Revised 12/96)

The Internal Revenue Code (IRC) and the California Revenue and Taxation Code require that certain other payments (non-payroll related) to state employees be reported. Refer to PPM Section N 100 for reporting instructions.

EMPLOYEE TRANSFER TO USPS **H 253**
(Revised 12/96)

The Social Security law states that the State of California is considered to be one employer even though there are several paying agents. The law also states that one employer (in this case the entire State of California) cannot deduct more Social Security than the maximum amount allowable for the calendar year.

If an employee transfers from Non-Uniform State Payroll System (non-USPS) (such as Military Department) to USPS and Social Security was being deducted from his earnings, the employee should notify his new agency that he has already had deductions for Social Security during the calendar year. When a request is received, verification of the amount of Social Security deduction and the subject gross reported to the federal government must be obtained from the employee's previous employer. After receiving verification, the agency/campus should submit a STD. 674 to Payroll Operations and include previous employer's name, Social Security amount, and subject gross.

The above law does not apply to other employers, only to the State of California, excluding the University of California. If a similar request is received from an employee who worked for private industry, federal government, etc., it cannot be granted.

Payroll Operations will refund current year excess Social Security contributions if the notification is not received before the employee reaches the maximum earnings limit for both the previous and current employer.

Refunds for the previous calendar year will be made only upon receipt of a declaration stating a refund will not be requested on the employee's income tax return.

ADJUSTMENTS **H 254**
(Revised 04/99)

No refund adjustments will be made if three years have elapsed since the calendar year in which the payment was made. This means that after January 1 of each year, another full calendar year is beyond the statute of limitations. Adjustments which affect a prior calendar year will result in corrected Forms W-2C.

SOCIAL SECURITY ARREARS LIMITATIONS **H 255**
(Revised 04/99)

If current year arrears are for three months or less, payroll deductions are established on a month-per-month basis, provided the arrears can be collected by January 1.

Agency collection account(s) receivable will be established if:

- Arrears are for more than three months, or cannot be collected by January 1;
- Arrears are for more than one month and are for a prior tax year;
- If payroll deduction arrears are uncollectible (e.g., employee separated or intermittent employee not working).

In all cases, the agency/campus personnel/payroll offices are notified of the arrears schedule via Payroll Form PR 370.

CONTRIBUTION RATE/LIMITATION ON DEDUCTIONS **H 256**
(Revised 01/04)

Under the provisions of the Social Security Act, the contribution rates will be applied as indicated in the following tables:

	PERCENTAGE RATE		
YEAR	**EMPLOYEE**	**EMPLOYER**	**TOTAL**
1973-77	**5.85%***	**5.85%***	**11.70%**
1978	**6.05***	**6.05***	**12.10**
1979-80	**6.13***	**6.13***	**12.26**
1981	**6.65***	**6.65***	**13.30**
1982-83	**6.70***	**6.70***	**13.40**
1984	**6.70***	**6.70***	**13.70**
1985	**7.05***	**7.05***	**14.10**
1986	**7.15***	**7.15***	**14.30**
1987	**7.15***	**7.15***	**14.30**
1988	**7.51***	**7.51***	**15.02**
1989	**7.51***	**7.51***	**15.02**
1990	**7.65***	**7.65***	**15.30**
1991	**7.65***	**7.65***	**15.30**
1992	**7.65***	**7.65***	**15.30**
1993	**7.65***	**7.65***	**15.30**
1994	**7.65***	**7.65***	**15.30**
1995	**7.65***	**7.65***	**15.30**
1995-2001	**6.20****	**6.20****	**12.40**
2002	**6.20****	**6.20****	**12.40**
2003	**6.20****	**6.20****	**12.40**
2004	**6.20****	**6.20****	**12.40**

* 1.45% of contribution is for Medicare. The remainder is for Social Security.

** Effective 06/02/95 Social Security only.

	LIMITATIONS		
YEAR	**EARNINGS LIMITATIONS**	**EARNINGS MAXIMUM**	**EMPLOYER MAXIMUM**
1977	**$16,500**	**$ 965.85**	**$ 965.85**

1978	**17,700**	**1,070.85**	**1,070.85**
1979	**22,900**	**1,403.77**	**1,403.77**
1980	**25,900**	**1,587.67**	**1,587.67**
1981	**29,700**	**1,975.05**	**1,975.05**
1982	**32,400**	**2,170.80**	**2,170.80**
1983	**35,700**	**2,391.90**	**2,391.90**
1984	**37,800**	**2,532.60**	**2,646.00**
1985	**39,600**	**2,791.80**	**2,791.80**
1986	**42,000**	**3,003.00**	**3,003.00**
1987	**43,800**	**3,131.70**	**3,131.70**
1988	**45,000**	**3,379.50**	**3,379.50**
1989	**48,000**	**3,604.80**	**3,604.80**
1990	**51,300**	**3,924.45**	**3,924.45**
1991	**53,400**	**4,085.10**	**4,085.10**
1992	**55,500**	**4,245.75**	**4,245.75**
1993	**57,600**	**4,406.40**	**4,406.40**
1994	**60,600**	**4,635.90**	**4,635.90**
1995	**61,200**	**4,681.80**	**4,681.80**
1996	**62,700**	**3,887.40**	**3,887.40**
1997	**65,400**	**4,054.80**	**4,054.80**
1998	**68,400**	**4,240.80**	**4,240.80**
1999	**72,600**	**4,501.20**	**4,501.20**
2000	**76,200**	**4,724.40**	**4,724.40**
2001	**80,400**	**4,984.80**	**4,984.80**
2002	**84,900**	**5,263.80**	**5,263.80**
2003	**87,000**	**5,394.00**	**5,394.00**
2004	**87,900**	**5,449.80**	**5,449.80**

SUBJECT: REFUND OF SOCIAL SECURITY TAXES FOR TEMPORARY DISABILITY LEAVE

H 257

REFERENCE
(Revised 06/95)

Public Law 97-123

INTRODUCTION
(Revised 06/95)

PL 97-123, revised Section 209(d)(2) of the Social Security Act regarding supplemental payments made on account of sickness or accident disability. For the first six months an employee is off work and receives Workers' Compensation Temporary Disability Leave (TDL) supplementation payments, the TDL payments are considered to be taxable wages for Social Security purposes. These payments are subject to Social Security withholding if the employee is subject to Social Security.

Employees who are off work for a period of time more than six consecutive calendar months and continue to receive TDL supplementation payments, are entitled to a refund of their Social Security taxes. The refund is based on the employee's sick leave, vacation, extra, holiday, and annual leave hours used to supplement the disability payments.

CALCULATION OF SOCIAL SECURITY EXCLUSION PERIOD **H 258**

(Revised 06/95)

PL 97-123 provides for the exclusion from Social Security withholding of taxes when the following absence criteria is met:

When an employee is absent from work for more than six consecutive calendar months, TDL payments issued after the six-month period are excluded from the Social Security withholding. Once the employee returns to work, the Social Security exclusion eligibility ceases.

The six-month waiting period begins the first month after the last month in which the employee worked and ends six consecutive calendar months thereafter. If an employee returns to work at all (even for one hour), the six-month waiting period starts anew.

In summary, an employee's "Social Security Exclusion Period" begins on the date following the expiration of the six-month waiting period and ends on the date preceding the date the employee returns to work.

REQUEST FOR REFUND **H 259**
(Revised 03/02)

Social Security taxes should be refunded for TDL payments issued within an employee's "Social Security Exclusion Period." Only those hours charged to sick leave, vacation, extra, holiday, and annual leave hours are eligible for exclusion from Social Security withholding.

Submit a STD. 674 following instructions in Section 260. A separate STD. 674 is required
for each employee and for each pay period a Social Security refund is due.

COMPLETION OF FORM STD. 674 **H 260**
(Revised 12/98)

For refund of Social Security taxes deducted from TDL supplemental payments per PL 97-123, the following items must be completed on STD. 674.

Top of form enter: REQUEST FOR SOCIAL SECURITY REFUND PER PL 97-123: TDL

Enter an "X" for PPSD/Payroll Operations.

Enter an "X" in the Retirement box.

Enter employee's Social Security Number.

Enter employee's initials and surname.

Enter the position number in which the payment(s) requiring refund was issued.

Enter an "X" in the Payment Request box.

REMARKS: Enter "1. ABSENCE PERIOD:"

"TDL begin date: = MM/DD/YY

Enter the date the employee last physically worked prior to beginning the period of absence.
"TDL/SOCIAL SECURITY-EXCLUSION BEGIN DATE" = MM/DD/YY

Enter the date the Social Security exclusion period begins

"TDL/SOCIAL SECURITY-EXCLUSION END DATE" = MM/DD/YY

Enter the date the Social Security Exclusion period ends (the date employee first returned to work). If the employee has not returned to work or has separated without returning to work, enter "N/A" (not applicable).
"2. Hours Used" = nnnnn

Enter the number of hours charged to sick leave, vacation, extra, holiday, and annual leave hours for each Payment Type U in need of a refund.

NOTE: When requesting a refund for Payment Type U and the employee had a TDL A/R processed for the same pay period, reduce the number of sick leave, vacation, extra, holiday, and annual hours restored by the A/R.

Enter all payment(s) and adjustment(s) for the pay period in the Payment Per Controller's Warrant Register box. This includes A/R's and transfers of funds.

Enter the Position Identifier from Item 4 - Position Number (e.g., "1" or "2") if the request affects more than one position.

Enter issue date, pay period, salary rate, time, appointment fraction, gross, and warrant number or account receivable number for each line item.

Leave blank the payment Should Be and the Overpayment/Underpayment box.

Enter applicable name, signature, phone number, and date for Form Completed By on bottom of STD. 674.

REFUND WARRANT **H 261**
(Revised 12/98)

Refund will be made via Payment Type P, Credit Issue Warrant. The warrant will reflect a credit code 098 deduction for each TDL supplemental payment due a Social Security refund.

SUBJECT: MEDICARE

INTRODUCTION **H 270**
(Revised 12/97)

Contributions for the Medicare portion of the Federal Insurance Contributions Act apply to earnings of employees not covered by Social Security. Public Law 99-272 extends Medicare taxation to state employees hired after March 31, 1986, who are not subject to Social Security taxation. For further information regarding the eligibility criteria for qualification of Medicare tax, refer to PAM Item 505, page 2.62.1a for Civil Service; and PIMS Item 505, pages 3.36 and 3.37 for CSU.

MEDICARE COVERAGE **H 271**

(Revised 12/97)

The rates in Section H 275 apply to payments for services in Medicare related positions up to the maximum earnings limit for that year. The ISSUE DATE determines the rate and earnings limit regardless of pay period.

Payroll deductions for flexible benefits with employee shares (health, dental, Health Care Reimbursement, Dependent Care Reimbursement) are subtracted from the gross wages prior to computing medicare withholding. Flexible benefit cash option amount is added to gross wages prior to computing Medicare withholding.

When an employee reaches the maximum earnings limit, no further contribution will be deducted for Medicare coverage for that year.

EMPLOYEE TRANSFER TO USPS **H 272**
(Revised 12/97)

The Medicare law states that the State of California is considered to be one employer even though there are several paying agents. The law also states that one employer (in this case the entire State of California) cannot deduct more Medicare than the maximum amount allowable for the calendar year.

If an employee transfers from an agency whose salary is not processed by the Uniform State Payroll System (USPS) (such as Military Department) and transfers to USPS and Medicare was being deducted from his/her earnings, the employee should notify his/her new agency that he/she already had deductions for Medicare during the calendar year. When a request is received, verification of the amount of Medicare deduction and the subject gross reported to the federal government must be obtained from the employee's previous employer. After receiving verification, the agency/campus should submit a form STD. 674 to Payroll Operations and include previous employer's name, Medicare amount, and subject gross.

The above law does not apply to other employers, only to the State of California, excluding the University of California. If a similar request is received from an employee who worked for private industry, federal government, etc., it cannot be granted.

Payroll Operations will refund current year excess Medicare contributions if the notification is not received before the employee reaches the maximum earnings limit for both the previous and current employer.

Refunds for the previous calendar year will be made only upon receipt of a declaration stating a refund will not be requested on the employee's income tax return.

ADJUSTMENTS **H 273**
(Revised 04/99)

No adjustments will be made if 3 years have elapsed since the calendar year in which the payment was made. This means that after January 1 of each year, another full calendar year is beyond the statute of limitations.

Adjustments, which affect a prior calendar year, will result in the issuance of Forms W-2C.

MEDICARE ARREARS LIMITATIONS **H 274**
(Revised 04/99)

If current year arrears are for six months or less, payroll deductions are established over a three-month period, provided the arrears can be collected by January 1.

Agency collection account(s) receivable will be established if:

- Arrears are for more than six months, or cannot be collected by January 1;
- Arrears are for a prior tax year and the entire amount cannot be collected via payroll deduction in one month;
- If payroll deduction arrears are uncollectible (e.g., employee separated or intermittent employee not working).

In all cases, the agency/campus personnel/payroll offices are notified of the arrears schedule via Payroll Form PR 370.

CONTRIBUTION RATE/LIMITATION ON DEDUCTIONS **H 275**
(Revised 01/04)

Under the provisions of Internal Revenue Code, Sections 3101(b) and 3111(b), contribution rates will be applied as indicated in the following tables:

PERCENTAGE RATE

YEAR	EMPLOYEE	EMPLOYER	TOTAL
1986-2004	1.45%	1.45%	2.90%

LIMITATIONS

YEAR	EARNINGS LIMITATIONS	EARNINGS MAXIMUM	EMPLOYER MAXIMUM
1986	$42,000	$609.00	$609.00
1987	$43,800	$635.10	$635.10
1988	$45,000	$652.50	$652.50
1989	$48,00	$696.00	$696.00
1990	$51,300	$743.85	$743.85
1991	$125,000	$1,812.50	$1,812.50
1992	$130,200	$1,887.90	$1,887.90
1993	$135,000	$1,957.50	$1,957.50
1994-2004	*	*	*

*** No Limit**

SUBJECT: REFUND OF MEDICARE TAXES FOR TEMPORARY DISABILITY LEAVE

H 280

REFERENCE
(Revised 05/89)

Public Law 97-123

INTRODUCTION
(Revised 05/89)

PL 97-123, revised Section 209(d)(2) of the Social Security Act regarding supplemental payments made on account of sickness or accident disability. For the first six months an employee is off work and receives Workers' Compensation Temporary Disability Leave (TDL) supplementation payments, the TDL payments are considered to be taxable wages for Social Security/Medicare purposes. These payments are subject to Medicare withholding if the employee is subject to Medicare.

Employees, who are off work for a period of time more than six consecutive calendar months and continue to receive TDL supplementation payments, are entitled to a refund of their Medicare taxes. The refund is based on the employee's sick leave, vacation, extra, holiday, and annual leave hours used to supplement the disability payments.

CALCULATION OF MEDICARE EXCLUSION PERIOD **H 281**
(Revised 05/89)

PL 97-123 provides for the exclusion from Medicare withholding of taxes when the following absence criteria is met:

> When an employee is absent from work for more than six consecutive calendar months, TDL payments issued after the six-month period are excluded from the Medicare withholding. Once the employee returns to work, the Medicare exclusion eligibility ceases.
>
> The six-month waiting period begins the first month after the last month in which the employee worked and ends six consecutive calendar months thereafter. If an employee returns to work at all (even for one hour), the six-month waiting period starts anew.
>
> In summary, an employee's "Medicare Exclusion Period" begins on the date following the expiration of the six-month waiting period and ends on the date preceding the date the employee returns to work.

REQUEST FOR REFUND **H 282**
(Revised 03/02)

Medicare taxes should be refunded for TDL payments issued within an employee's "Medicare Exclusion Period." Only those hours charged to sick leave, vacation, extra, holiday, and annual leave hours are eligible for exclusion from Medicare withholding.

Submit a form STD. 674 following instructions in Section 283. A separate form STD. 674 is required for each employee and each pay period a Medicare refund is due.

COMPLETION OF FORM STD. 674 **H 283**
(Revised 12/98)

For refund of Medicare taxes from TDL supplemental payments per PL 97-123, the following items must be completed on form STD. 674.

Top of form enter: REQUEST FOR MEDICARE REFUND PER PL 97-123: TDL
Enter an "X" for PPSD/Payroll Operations.
Enter an "X" in the Retirement box.
Enter employee's SSN.
Enter employee's initials and surname.
Enter the position number in which the payment(s) requiring refund was issued.
Enter an "X" in the Payment Request box.

REMARKS: Enter "1. ABSENCE PERIOD:"

"TDL begin date: = MM/DD/YY
Enter the date the employee last physically worked prior to beginning the period of absence.
"TDL/MEDICARE-EXCLUSION BEGIN DATE" = MM/DD/YY
Enter the date the Medicare Exclusion period begins.
"TDL/MEDICARE-EXCLUSION END DATE" = MM/DD/YY

Enter the date the Medicare Exclusion period ends (the date employee first returned to work). If the employee has not returned to work or has separated without returning to work, enter "N/A" (not applicable).

"2. Hours Used" = nnnnn

Enter the number of hours charged to sick leave, vacation, extra, holiday, and annual leave hours for each Payment Type U in need of refund.

NOTE: When requesting a refund for Payment Type U and the employee had a TDL A/R processed for the same pay period, reduce the number of sick leave, vacation, extra, holiday, and annual hours restored by the A/R.

Enter all payment(s) and adjustment(s) for the pay period in the Payment Per Controller's Warrant Register box. This includes A/Rs and transfers of funds.

Enter the Position Identifier from Item 4 - Position Number (e.g., "1" or "2") if the request affects more than one position.

Enter issue date, pay period, salary rate, time, appointment fraction, gross, and warrant number or account receivable number for each line item.

Leave blank the payment Should Be and the Overpayment/Underpayment box.

Enter applicable name, signature, phone number, and date for Form Completed By at bottom of form STD. 674.

REFUND WARRANT **H 284**
(Revised 12/98)

Refund will be made via Payment Type P, Credit Issue Warrant. The warrant will reflect a credit code 091 deduction for each TDL supplemental payment due a Medicare refund.

SUBJECT: VOLUNTARY CHILD/SPOUSAL SUPPORT

REFERENCES
(Revised 03/01)

G.C. 1151.5 (a)
AB 2932 and 1904

INTRODUCTION
(Revised 03/01)

Assembly Bill (AB) 2932 amended Government Code (GC) Section 1151.5(a) to allow state employees, both civil service and CSU, to authorize deductions made from salaries or wages for payment for the support, maintenance or care of the employee's child, children, or family for whom the employee has a duty of support. Effective July 1, 1989, SCO implemented the Voluntary Child Support (VCS) Program.

Subsequently, AB1904 again amended GC Section 1151.5(a) allowing state employees to authorize deductions for payment of support, maintenance, or care of the employee's former spouse. Therefore, effective January 1, 1990, SCO implemented the Voluntary Spousal Support (VSS) Program.

Two forms are used for the VCS and VSS programs.

- Form STD. 458, Voluntary Child Support Deduction/Authorization, and
- Form STD. 459, Voluntary Spousal Support Deduction/Authorization.

PPSD must receive the original and one copy of the appropriate form for processing.

- One copy should be retained in the employing personnel office
- One copy should be given to the employee.

Deduction code 025 is assigned to the Voluntary Child Support.
Deduction code 024 is assigned to the corresponding administrative fee.
Deduction code 047 is assigned to Voluntary Spousal Support.
Deduction code 048 is assigned to the corresponding administrative fee.

SUPPORT PAYMENT AUTHORIZATION **H 286**
(Revised 03/02)

Deduction authorizations must be submitted on form STD. 458 for VCS enrollment and on form STD. 459 for VSS enrollment. (Both forms available on DGS web site or from DGS stores.)

TIMING **H 287**
(Revised 09/98)

For negative attendance employees, if the form STD. 458 or form STD. 459 is received by Payroll Operations prior to the Master Payroll cutoff date, the Support will be deducted from the employee's regular salary warrant.

For positive attendance employees, the Support will be deducted from any payments (for pay periods within the withholding period) issued after the form STD. 458 or form STD. 459 is received/processed by Payroll Operations.

NOTE: STD. 458 and 459 forms cannot be processed until the pay period in which the transaction is to be effective. DO NOT submit the document prior to the month in which the transaction is to be effective.

SPECIAL INFORMATION **H 288**
(Revised 09/98)

An employee may have only one VCS and/or VSS payment deduction. If a duplicate form STD. 458 or 459 is submitted and the employee already has an active deduction, the payroll system will reject the new authorization. Support payments will continue to be issued to the prior established payee/custodial parent. If an employee wants to change the payee/custodial parent name, two STD. 458s or two STD. 459s are required: one to cancel the current deduction; one to add (as a new enrollment) the new payee/custodial parent.

It is the employee's responsibility to notify the affected payee/custodial parent of the cancellation of the support payment.

CORRESPONDENCE **H 289**
(Revised 09/98)

If the payee/custodial parent does not receive the support warrant, the payee/custodial parent must contact the employee who applied for VCS or VSS deduction.

All correspondence received by SCO, from or on behalf of the payee, will be transmitted to the employee's employing agency.

TIMING – RECEIPT OF DEDUCTION WARRANT **H 290**
(Revised 09/98)

If the authorization form is received prior to the 15th of the month, the support warrant will be issued and forwarded to the agency/campus with Master payroll. For daily cycles, VCS/VSS warrants will be issued no later than six work days following the issue date of the corresponding payroll warrant.

TRANSMITTAL OF CONTROLLER'S WARRANT **H 291**
(Revised 09/98)

When VCS/VSS authorizations are processed, the Division of Disbursements and Support (DDS) will issue a direct disbursement warrant payable to the payee/custodial parent in the amount indicated on the authorization form.

DDS will complete, in duplicate, a Transmittal of Controller's Warrant, CD 155, entering all information except the petitioner's name and the payee/custodial parent's address. The support warrant will then be sent to the agency/campus for distribution.

The support warrant must NOT be mailed to the payee/custodial by the agency/campus until it is determined that the employee's payroll warrant from which the deduction was withheld is accurate. IF THE EMPLOYEE'S WARRANT IS RETURNED TO DDS BECAUSE IT IS INCORRECT, THE SUPPORT WARRANT MUST ALSO BE RETURNED.

If the support warrant is not returned, DDS will send a Direct Disbursement Warrant Action Notice, CD 413, to the agency/campus. If the warrant cannot be recovered from the payee/custodial parent and returned to SCO, the agency/campus must send a revolving fund check to SCO in the amount of the support warrant. The agency/campus must then recover the amount from the employee involved to reimburse their revolving fund. If, after 30 days from the date of the CD 413, the revolving fund warrant is still outstanding, SCO will begin proceedings to establish an account receivable against the agency/campus.

RETURNING SUPPORT WARRANT **H 292**
(Revised 09/98)

To return a support warrant, complete a form STD. 674, Payroll Adjustment Notice. Indicate in Item #5, "Remarks", the reason the warrant is being returned and the action to be taken; e.g., (1) "support warrant is being redeposited for an adjustment request", or (2) "support warrant is being redeposited, no warrant to be rescheduled."

NOTE: A separate form STD. 674 must be completed for the payroll warrant being returned.

Attach the support warrant and the original CD 155 to the form STD. 674, and the payroll warrant to the corresponding form STD. 674 and send to DDS.

DEDUCTIONS **H 293**
(Revised 09/98)

If, after the support payment amount has been deducted from the employee's earnings the balance of the employee's remaining earnings will not cover other miscellaneous deductions (including but not limited to, garnishments, health benefits, and voluntary deductions), the employee must make payment directly to the company for whom automatic payroll deduction was not made.

For health and dental benefit insurance deductions, the employee may choose to have a one-time deduction the following month in order to have the state share for health benefits deducted. In this case, the agency/campus must submit a form STD. 674 to request the deduction be made.

See Section H 500 for treatment of deferred compensation wages against child support deductions.

TERMINATION **H 294**
(Revised 09/98)

VCS/VSS deductions shall continue until cancellation of the authorization via the appropriate STD. Form 458 or 459; until the employee separates from state services, or until the deduction program is canceled. If the support warrant is returned undeliverable and the employee has failed to submit a change and/or a cancellation request, SCO will cancel the payroll deduction and a refund warrant will be issued to the employee.

GENERAL COMPLETION INSTRUCTIONS **H 295**
(Revised 09/98)

Do not attempt to complete the form before reading the completion instructions on reverse side of the employee's copy. All items must be completed with a ball point ink pen or typed. If not typed, the items must be printed legibly.

Completion Instructions

Employee must complete Items 1 through 5, and 7 through 11 as follows:

EMPLOYEE INFORMATION:

1. Type of action-check one
2. Social security number
3. Employee name
4. Effective date - date payment deduction is to begin or end. NOTE: Please do not submit the document prior to the effective pay period.
5. Deduction amount per pay period - enter exact amount, in dollars and cents authorized for this deduction.
6. The administrative fee amount is preprinted on the form.
7. Employee signature and date

PAYEE/CUSTODIAL PARENT INFORMATION

8. Payee/custodial parent name
9. Optional, to be completed if name is longer than space in item 8
10. Street address or P.O. Box
11. City, state, zip code
12. Payee/Custodial Parent signature

AGENCY PERSONNEL must complete items 13 through 18:

13. Agency name
14. Agency code
15. Unit code
16. Pay period frequency (check one)
17. Authorized signature/date
18. Telephone number

SUBJECT: LEVY ON EARNINGS (GARNISHMENT)

INTRODUCTION **H 300**
(Revised 03/98)

Listed below, in general order of priority, are several types of levy on earnings (garnishments) that are accepted and processed in the USPS. Refer to PPM H 311 for actual order of priority.

Type of Levy	Legal Code	639 Item	Deduction Code	Amount of Disposable Pay	Admin. Fee $
Order assigning salary or wages for support of a minor child	**Family Code, Section 150, 5200**	**8A**	**038/NA**	**50%***	**1.00**
Order assigning salary or wages for spousal support	**Family Code, Section 150, 5200**	**8A**	**038/NA**	**50%***	**1.00**
Order assigning salary or wages for a support of a Conservatee	**Probate Code Section 3088**	**8A**	**038/NA**	**50%***	**1.00**
Earnings Withholding Order for support, including FTB Child Support Collection Program Orders	**Code of Civil Procedures Section 706.030; Revenue and Taxation Code 19271**	**8B**	**339/002**	**50%**	**1.00**

Certification of Facts federal tax levy	**Government Code Section 926.8**	**8C**	**339/003**	**No Limit**	**None**
Earnings Withholding Order for taxes, including FTB Registration Collection Program Orders and Court Ordered Debt	**Code of Civil Procedures Section 706.072; Revenue and Taxation Code 10878 and 19280**	**8D**	**339/004**	**25%**	**1.00**
FTB Student Loan Collections	**Government Code Section 16583.5**	**8D, 11D**	**339/004**	**10%**	**1.00**
Board of Equalization for taxes	**Code of Civil Procedures Section 706.074**	**8D**	**339/004**	**25%**	**1.00**
Unemployment Insurance for taxes	**Unemployment Insurance Code 1755**	**8D**	**339/004**	**25%**	**1.00**
Earnings Withholding Order for an ordinary money judgment	**Code of Civil Procedures Section 706.125**	**8E**	**339/007**	**25%**	**1.00**
Student Loan Default	**Higher Education Act of 1965: 20 U.S.C. Section 1095a**	**8E, 11D**	**339/008**	**10%**	**NONE**

* These Support Orders can go higher than 50% of the employee's disposable earnings if so ordered by the court and it specifically states this on the order.

Payroll Operations is **ONLY** authorized to withhold specific amount deductions for a "Federal Levy for Federal Tax through Payroll Deduction" (an agreement entered into between an employee and IRS) that is filed on IRS Form 668. If IRS Form 668 is received for this type, the department must complete a STD. 639 and submit it along with a photocopy of the IRS Form 668 to Payroll Operations for processing. Do not send a copy of IRS Form 668 for other Form 668 types. If an agency/campus receives an IRS Form 2159, Payroll Deduction Agreement, the agency/campus may **ACCEPT** or **REJECT** this voluntary payment arrangement. If an agency/campus voluntarily participates, it is the agency's/campus' sole responsibility to withhold and remit the deduction to IRS. Payroll Operations is NOT AUTHORIZED to process IRS Forms 2159.

A garnishment deduction will appear on the warrant register and employee's earnings statement in the miscellaneous deduction columns. Assignment of wages for support are identified as deduction code 038. The remaining garnishment types will appear as deduction code 339 with the garnishment type appearing as the organization code.

Any claim of exemption from a levy on earnings is the employee's personal responsibility and must be directed to the levying officer not SCO or employing agency/campus.

If a court order is filed under Chapter VII or Chapter XIII of the National Bankruptcy Act, a copy of the order must be sent to Payroll Operations (see Section H 327).

The garnishment process MUST NOT be used to satisfy bankruptcies. Refer to PPM Section H 327.

PAYOFF AMOUNTS: There are two ways to submit payoff amounts depending on the timing of the request. If you know the payoff amount **prior** to the garnishment being satisfied, a STD. 639 must be submitted as a type of action "Modification" showing the **total amount** owed towards the garnishment. If the request for the payoff amount is not submitted until after the garnishment has already been satisfied then the document must be submitted as a type of action "New" with the effective date being after the garnishment was satisfied, and showing only the payoff amount as the amount due.

Pursuant to Government Code Section 26746, a processing fee of $8 will be assessed for each disbursement of money collected by the levying officer. The $8 processing fee is withheld from the amount collected by the levying officer and reduces the amount that is forwarded to the obligee. Contact the levying officer if you have any questions.

If an assignment of wages for support (deduction code 038) is received and the employee is off pay status, **DO NOT SUBMIT STD. 639.** The Payroll system is unable to accept a STD. 639 to add, correct or cancel an ongoing support order when the employee is off pay status. Hold the order and wait until the employee is back on pay status before submitting a STD. 639. All other types of garnishments may be processed.

OUT-OF-STATE GARNISHMENTS **H 300.1**
(Revised 06/00)

Four citations address enforcement of judicial proceedings between states, including writs of garnishments. They are Article IV, Section 1 of the Constitution of the United States, the Federal Judicial Code, the California Code of Civil Procedure (CCP) Section 1710, and the Uniform Interstate Family Support Act, Family Code Section 4900.

Out-of-state judgments served upon a state agency may be subject to enforcement if they are appropriately processed, as follows:

1. An ordinary money judgment issued by an out-of-state court is enforceable if the agency is served within that state.

EXAMPLE: A state agency with an office out-of-state is served with an order (339-007) by that out-of-state court. According to the Constitution and the Federal Judicial Code, the state agency must adhere to the judicial proceedings of that state and process the order.

2. An ordinary money judgment issued by an out-of-state court is not valid if the state agency is served within California.

EXAMPLE: An agency in California is served with an out-of-state court order (339-007) to satisfy a debt owing to a judgment creditor in another state. According to CCP Section 1710, the out-of-state judgment is not enforceable since it was not served through a California court.

The judgment creditor may however apply for the entry of a sister state judgment by filing an application pursuant to CCP Section 1710 in a California court. Upon entry of the judgment, the judgment becomes a valid ordinary money judgment.

3. Defaulted Student Loans (339-008), issued by an out-of-state collection agency, for student loans guaranteed pursuant to the Higher Education Act of 1965, do not have to be registered in a California court. These are issued under the authority of the Secretary of Education and do not originate in a court, therefore, are not required to be registered with a court.

4. Effective January 1, 1998, out-of-state support orders do not have to be registered in California to be considered valid and enforceable. Senate Bill 568, Chapter 194, Statutes of 1997, repealed Family Code Section 4800 and the Uniform Reciprocal Enforcement of Support Act and added Section 4900 and the Uniform Interstate Family Support Act.

EXAMPLE: An agency in California is served with an out-of-state support order. The out-of-state support order does not have to be registered in California to be considered valid and enforceable.

GARNISHMENT APPLICATION DURATION **H 301**
(Revised 06/00)

Garnishments will be applied only to earnings for a PAY PERIOD ENDING during the withholding period. This applies to all garnishment types.

The "withholding period" means the period which commences on the effective date as shown on STD. 639 and which continues until the earliest of the following dates:

1. The month in which the full amount specified in the order is withheld.
2. The date of termination specified in a court order served on the agency.
3. The date of termination specified in a Notice of Termination served on the agency by the levying officer.

NOTE: If earnings FOR A PAY PERIOD THAT WAS WITHIN THE WITHHOLDING PERIOD are issued after a termination date has passed, the garnishment WILL BE applied, as all wages earned within the "withholding period" are subject to attachment.

MULTIPLE GARNISHMENTS **H 302**
(Revised 03/98)

An employee may have active, simultaneously, any of the garnishment types listed in H 300 with the following exceptions:

1. Order Assigning Salary or Wages for support, deduction code 038. May have more than one code 038 at the same time, if the amounts differ. If the order is for the same dollar amount, split the deduction amount into two different amounts; e.g., a second order in the amount of $100.00 would become $75.00 and $25.00. Use two separate STD. 639's showing the same case or file number and payee information in item 12. Send in the documents together noting "1 of 2" and "2 of 2" in the upper right corner of the documents.

2. Earnings Withholding Order for Support including FTB Child Support Collection Program Orders, deduction code 339/002. An employee may have any number of these as long as **effective dates differ.**

3. Federal Tax Levy, deduction code 339/003 - may have **only one** levy deduction under code 339/003 active at the same time.

4. Earnings Withholding Order for State Taxes including FTB Registration Collection Program Orders, Court-Ordered Debt, and Student Loan Collections, deduction code 339/004; Board of Equalization, deduction code 339/004; and Unemployment Insurance, deduction code 339/004 - may have **only one** garnishment deduction under code 339/004 active at the same time.

NOTE: Per the FTB, the maximum withholding amount of Student Loan Collections should be 10% of disposable earnings. Departments/campuses should compute 10% of disposable earnings and enter the amount in item 11D on the Salary Garnishment, STD. 639.

Per CCP 706.023, only one Earnings Withholding Order for state taxes, (deduction code 339-004) or ordinary money judgment (deduction code 339-007) or a Defaulted Student Loan (deduction code 339-008) may be applied at a time. It does not matter if there is sufficient disposable earnings to withhold both. Regardless of effective date, the Earnings Withholding Order for state taxes takes priority. If you receive an Earnings Withholding Order for an ordinary money judgment and/or a Defaulted Student Loan, submit one STD. 639 to cancel the earnings withholding order for ordinary money judgment and/or a Defaulted Student Loan. Submit a second STD. 639 to establish the earnings withholding order for state taxes. Notify the levying officer who served the earnings withholding order for an ordinary money judgment and/or the collection agency that served the Defaulted Student Loan that a supervening order for taxes is in effect.

5. Earnings Withholding Orders for Ordinary Money Judgment, deduction code 339/007 - may withhold **only one** ordinary money judgment at a time.

6. Defaulted Student Loan, deduction code 339-008 - may withhold only one administrative wage garnishment for a Defaulted Student Loan in the payroll system at a time. A Defaulted Student Loan and an Earnings Withholding Order for an ordinary money judgment may be simultaneously withheld as long as the effective dates differ.

NOTE: Multiple administrative wage garnishments for a Defaulted Student Loan may be withheld simultaneously, provided that the maximum amount withheld does not exceed 25% of disposable earnings. Due to system limitations, the State Controller's Office is unable to withhold both simultaneously; therefore, it is the responsibility of the departments /campuses to withhold both and remit the amounts to the collection agencies.

SUBMISSION OF STD. 639 **H 303**
(Revised 03/02)

The agency/campus which receives an Order Assigning Salary or Wages for support, Earnings Withholding Order, or Tax Levy Notice must retain the original court order in its possession.

- **Only the STD. 639 should be transmitted to Payroll Operations.**

The agency/campus must prepare a Salary Garnishment, form STD. 639 (available on DGS web site or from DGS Stores), in duplicate and send it to Payroll Operations to begin the deduction. ONLY THE STD. 639 SHOULD BE TRANSMITTED TO PAYROLL OPERATIONS.

STD. 639 may be submitted via FAX and will be accepted until NOON on Master Payroll Cutoff. Due to the volume of documents received via FAX, please submit only one copy per document. DO NOT follow up with a hard copy of the FAX copy document; this creates duplicate transactions and unnecessary workload.

Due to the time needed by Administration and Disbursements Division to process address changes, the cutoff to FAX address changes is the 15th of each month.

To allow us to provide you with better service, please verify your FAX communication to us via your "Communications Result Report" produced by your FAX equipment.

TIMING **H 304**
(Revised 06/99)

For negative attendance employees, if the STD. 639 is received by Payroll Operations prior to the cutoff date, the salary garnishment amount will be deducted from the employee's regular salary warrant.

For positive attendance employees and for supplemental or adjustment payments issued to negative attendance employees, the salary garnishment amount will be deducted from any payments (for pay periods within the withholding period) issued after the STD. 639 is received/processed by Payroll Operations.

If an employee's regular payroll warrant was released to the agency/campus prior to the receipt/processing of the STD. 639 by Payroll Operations, it is the agencies/campuses' responsibility to return the warrant to the Administration and Disbursements Division for redeposit. After the redeposit is processed, the Administration and Disbursements Division sends the redeposit documents to Payroll Operations. If documentation is correct, Payroll Operations will reschedule the pay with the salary garnishment deduction. If the regular payroll warrant was released and has not been returned, and the STD. 639 was processed prior to the issuance of supplemental payments, the deduction amount on the supplemental warrant will appear too high.

When the payroll system calculates the deduction amount, it aggregates all pay that issued for the pay period. When the regular payroll warrant is redeposited and rescheduled, the system recalculates the deduction amount and the correct percentage is taken. The supplemental warrant should not be redeposited due to an exaggerated deduction amount. The system recomputes the amount due as each payment issues.

When returning an employee's payroll warrant to be rescheduled with a garnishment deduction the agency/campus must submit STD. 674 to reschedule the payment. Complete the STD. 674 as outlined in Section I 317.

In addition, indicate in "Remarks" that the warrant is being rescheduled for a garnishment deduction and note which garnishment deductions are to be taken. Print or type in bold letters "GARNISHMENT" at the top center portion of the form. This method will facilitate processing and provide for added assurance of accurate reissuance of these warrants.

NOTE: STD. 674 item 6 "Payment Should Be" MUST be completed for rescheduling.

TRANSMITTAL OF GARNISHMENT AMOUNTS DEDUCTED **H 305**
(Revised 06/99)

When a salary garnishment amount is deducted, Administration and Disbursements Division will issue a direct disbursement warrant in that amount made payable as indicated on the STD. 639.

All garnishment warrants will be sent to the agency/campus for distribution.

If the garnishment, together with all other deductions, results in no balance remaining due the employee, a zero balance warrant and earnings statement will be written. In order to expedite the release of payrolls, the Administration and Disbursements Division does not retain the zero balance warrant prior to the release and mailing of payroll. Zero balance warrants must not be released to the employee. If you choose to return the warrant to the State Controller's Office, **the zero balance warrant must be returned to the Administration and Disbursements Division using a Mini-Memo, form STD. 100-B.**

Administration and Disbursements Division will complete in duplicate a Transmittal Form, CD 155, entering all information except the plaintiff's name, title of action, and payee address. The garnishment warrant, together with both copies of the Form CD 155, will be transmitted to the originating agency/campus after clearance to disburse has been received from Division of Accounting. No warrant register for this special warrant is furnished the agency/campus as no appropriation transfer is involved.

The agency/campus will enter on Form CD 155 all pertinent information which may include payee's address and, for withholding orders Code 399/007 (CCP 706.125), the full title, the action and the name of the plaintiff. The agency/campus will mail to the garnishment payee the duplicate CD 155 with the garnishment warrant attached. The original CD 155 should be retained by the agency/campus.

The warrant must NOT be mailed to the garnishment payee by the agency/campus until it is determined that the employee's payroll warrant from which the garnishment was withheld is accurate and released to the employee.

NOTE: IF THE EMPLOYEE'S WARRANT IS RETURNED TO THE ADMINISTRATION AND DISBURSEMENTS DIVISION BECAUSE IT IS INCORRECT, THE WARRANT PAYABLE TO THE GARNISHMENT PAYEE MUST ALSO BE RETURNED BECAUSE IT WILL REPRESENT AN OVERPAYMENT. SEPARATE FORMS STD. 674 MUST BE USED TO RETURN THE PAYROLL WARRANT AND GARNISHMENT WARRANT.

EXCEPTION:

If the employee's warrant is returned for redeposit and reissue and a garnishment was withheld for a specific amount; e.g., child/spousal support (038) or support arrearages (339-002), the original garnishment warrant may be released if the same garnishment warrant will be reissued.

However, it is extremely important that verification be made to ensure that sufficient disposable earnings are available to withhold the garnishment when the payment is rescheduled. This includes verifying that another garnishment (with higher priority) has not been established subsequently, that would prevent the original garnishment from being withheld again. Also, your actions should be documented if other staff handle your desk, and we suggest you notify your Accounting Office.

Once the second garnishment is received, it must be returned to Administration and Disbursements Division to satisfy the original redeposited warrant. If the second garnishment warrant is mistakenly released, it is the personnel/payroll office's responsibility to resolve the overpayment with the employee and/or payee. If unresolved, Administration and Disbursements Division will establish an account receivable against the department/campus for the amount of the garnishment deduction.

If the garnishment payee warrant is not returned, Administration and Disbursements Division will send a Garnishment Warrant Action Notice, CD 413, to the agency/campus. If the garnishment warrant cannot be recovered from the garnishment payee and returned to SCO, the agency/campus must send a revolving fund check to SCO in the amount of the garnishment warrant. The agency/campus must then recover the amount from the employee involved to reimburse their revolving fund. If, after 30 days from the date of the CD 413, the garnishment amount is still outstanding, an account receivable will be established against the agency/campus. (See GC 17097)

RETURNING GARNISHMENT WARRANT **H 306**
(Revised 06/99)

To return a garnishment warrant, complete a STD. 674. Indicate in item 5 "Remarks" the reason the garnishment warrant is being returned and the action to be taken; e.g., 1) garnishment warrant to be redeposited only - payroll warrant is being redeposited, or 2) garnishment warrant to be rescheduled payable to employee. Garnishment canceled, payroll warrant released.

NOTE: The disposition of the payroll warrant MUST be indicated in the remarks section of the STD. 674.

Attach the garnishment warrant along with the original CD 155 to the STD. 674 and forward to the Administration and Disbursements Division.

MODIFICATION OF GARNISHMENT WARRANT **H 306.1**
(Revised 06/99)

If the garnishment warrant is split internally by the agency or returned to Administration and Disbursements Division for the warrant to be made payable to the employee, and the garnishment is not canceled, a correcting STD. 639 must be sent to Payroll Operations to modify the balance of the garnishment; e.g., modification received to change specific amount from $200.00 to $75.00. The agency deposits the garnishment warrant in their revolving fund and issues a revolving fund warrant for $75.00 to the garnishment payee and a revolving fund warrant for $125.00 to the employee. At the same time a correcting STD. 639 must be submitted to increase the garnishment amount by the $125.00 that was issued to the employee. This must be done to ensure that the entire garnishment amount is satisfied.

TIMING – RECEIPT OF GARNISHMENT WARRANT **H 307**
(Revised 06/99)

Garnishment warrants for amounts withheld from master payroll will be issued and forwarded to the agency/campus within four work days following the close of the pay period; e.g., for deductions withheld from the January master payroll (ending Friday, January 31), the garnishment warrants would be forwarded to the appropriate agency/campus no later than Thursday, February 6.

For daily cycles, garnishment warrants will be issued no later than six work days following the issue date of the corresponding payroll warrant.

DEDUCTIONS **H 308**
(Revised 06/99)

After the garnishment amount has been deducted, IF the earnings of the employee will not cover insurance or other voluntary deductions, it is the employee's responsibility to directly pay the deduction company.

For health and dental benefit insurance deductions, the employee may choose to have a one-time deduction the following month in order to have the state share deducted. In this case, the agency/campus must submit STD. 674 to request the deduction be made.

SUPPORT ADMINISTRATIVE CHARGE **H 308.1**
(Revised 06/99)

An administrative charge will be assessed for every employee who has a deduction pursuant to a Wage Assignment for Support (deduction code 038), an Earnings Withholding Order for Support (deduction 339/002), an Earnings Withholding Order for State Taxes (deduction 339/004) and an Earnings Withholding Order for Ordinary Money Judgments (deduction 339/007). The administrative charge will be identified as deduction code "338" and will appear on the Statement of Earnings and Deductions as "SUP ADM CHG". The amount will be $1 for each 038, 339/002, 339/004 or 339/007 withheld. For example, if an employee has only one 038 deduction, the 338 amount will be $1. If the employee has one 038, one 339/002, and one 339/004, the 338 amount will be $3, etc. The administrative charge will be applied only once per pay period. Thus, if an additional or supplemental payment is issued which contains one of the above deduction codes, there will NOT be an administrative charge withheld.

EXCEPTIONS TO GARNISHMENTS **H 309**
(Revised 06/00)

Garnishments will be applied to all payments for which there are sufficient wages with the following exceptions:

Exempt from ALL garnishments:

Payment Type
I - LC 4800 tax refund
K - Deduction A/R collection
P - Credit deduction refund (except Flex Cash Option)

The following three payment types are subject to all four types of support order/assignment of wages but are exempt from the remaining garnishment/levy types listed:

Payment Type
6 - IDL Full Pay
N - IDL 2/3 pay
T - NDI pay

Exempt from

GC 926.8	- Federal tax levy
CCP 706.072, R&T 10878 and 19280, GC 16583.5	- State tax levy
CCP 706.125	- Earnings withholding order
CCP 706.074	- Board of Equalization
UI 1755	- Unemployment Insurance
Higher Education Act of 1965:20 U.S.C. Section 1095a	- Defaulted Student Loan

PAYMENT TYPES
3 - Lump Sum Overtime
4 - Lump Sum Vacation
5 - Lump Sum Sick Leave

An Earnings Withholding Order for an ordinary money judgment (deduction code 339-007) and/or a Defaulted Student Loan (deduction code 339-008) are exempt and will not be withheld from the following lump sum payment.

PAYMENT TYPE
4 - Lump Sum Vacation

AGGREGATE BY PAY PERIOD TYPE **H 310**
(Revised 06/00)

Garnishments will be computed using the aggregation method-aggregated by pay period TYPE within a pay period.

IF PAYMENT BEING MADE IS PAY PERIOD TYPE:	WILL AGGREGATE WITH ALL OTHER PAYMENTS FOR THE PAY PERIOD WITH PAY TYPE:
0	0, 1, 2
1, 2, A, B, C	Only the individual matching pay period types
D, E	D, E

PRIORITY ORDER FOR GARNISHMENTS **H 311**
(Revised 06/00)

If an employee has more than one active garnishment, they will be applied in the following priority order:

1. Order Assigning Salary or Wages (FC 150, 5200, PC 3088)
2. Earnings Withholding Order for Support, including FTB Child Support Collection Program (CCP 706.030; Rev & Tax Code 19271)
3. * Federal Tax Levy (GC 926.8)
4. * Earnings Withholding Order for State Taxes, including FTB Registration Collection Program, Court-Ordered Debt, and Student Loan Collections (CCP 706.072; Rev & Tax Code 10878 and 19280; GC 16583.5)

   If an Earnings Withholding Order for State Taxes, deduction code 339-004, is being applied and an FTB Registration Collection Program Order, Court-Ordered Debt, or Student Loan Collections is received, the original Earnings Withholding Order prevails. Return the Registration Collection Program Order, Court-Ordered Debt, or Student Loan Collections to the FTB and inform them that an earlier order is in effect.

5. * Unemployment Insurance (UI 1755)
6. * Board of Equalization (CCP 706.074)
7. ** Earnings Withholding Order (regular) CCP 706.125
8. ** Defaulted Student Loan (Higher Education Act of 1965: 20 U.S.C. Section 1095a)

* Among these, the first received will prevail; e.g., a state levy served on September 1 will prevail over a federal levy served on September 2.

** Among these, the first received will prevail; e.g., an Earnings Withholding Order (regular) served on September 1 will be withheld before a Defaulted Student Loan served on September 2.

Each garnishment amount will be reduced by the higher priority garnishment amount(s) applied (to the same pay period); e.g., if an employee has garnishment types 2 and 3, and $20.00 was applied for type 2, the garnishment amount computed for type 3 will be reduced by $20.00 (see H 319).

If there is an "Amount Owing the Agency" entered on the STD. 639, it will be applied to the disposable earnings before the actual garnishment is applied. A current balance will be kept of the amount(s) applied toward the "Amount Owing Agency." The actual garnishment will not be applied until the "Amount Owing Agency" has been satisfied. Occasionally, when the employee has multiple garnishments and/or multiple miscellaneous payments, manual intervention may be required to track the "Amount Owing Agency," please contact the Garnishment Unit if this occurs.

RESTRICTION ON GARNISHMENT EARNINGS **H 312**
(Revised 06/00)

Title III of the Consumer Credit Protection Act, 15 USC 1673, identifies that portion of a person's salary or wages which is subject to withholding and attachment. No court of the United States or any state may make, execute, or enforce any order in violation of this section.

The restrictions do not apply in the case of:

1. Any order for any court for the support of any persons issued by a court of competent jurisdiction or in accordance with an administrative procedure established by State Law.
2. Any order of any court of bankruptcy under Chapter VII or Chapter XIII of the Bankruptcy Act (see Section H 327 for further information).
3. Any debt due for any State or Federal Tax.

The maximum part of the aggregate disposable earnings of an individual for any work week which is subject to garnishment may not exceed:

1. 25 percent of disposable earnings for that week.

   OR

2. The amount by which the disposable earnings for that week exceeds 30 times the federal minimum hourly wage prescribed by Section 6(a)(1) of the Fair Labor Standards Act of 1938 in effect at the time the earnings are payable, whichever is less.

   In the case of earnings for any pay period other than a week, the Secretary of Labor shall by regulation prescribe a multiple of the federal minimum hourly wage equivalent.

DISPOSABLE EARNINGS **H 313**
(Revised 06/00)

The term "Disposable Earnings" means that part of the individual's earnings remaining after deduction amounts required by law are withheld (U.S. Code Title 15, Sec. 1672 [b]). The "amounts required by law" include:

1. Normal percentage deductions of taxes, Social Security, Medicare, and retirement.
2. Additional tax withholding (codes 094, 095, 096, 099)
3. Retirement deductions:
   - Arrears retirement (codes 003, 031, 032)
   - Redeposits (code 004, 314)
   - Survivor benefit (codes 076, 077)
4. Amounts due and owing the agency:

Account receivable deductions (code 035) to be deducted from the pay period that is subject to the garnishment.

Maintenance deductions (codes 011, 012) to be deducted from the pay period that is now subject to the garnishment.

The amount owing agency indicated on form STD. 639.

5. Social Security adjustments (codes 097, 098) or Medicare adjustments (codes 091, 092).
6. Fair Share, Fair Share Alternative, and Union Dues if required as a condition of employment.
7. The "Support Exemption Amount" entered on form STD. 639.

The support exemption amount will be computed by pay period type as follows:

If paid:	Reduce the disposable earning by the support exemption amount:
Monthly	- entire amount
Semimonthly	- divided by 2
Biweekly	- multiplied by 12 ÷ 26

COMPUTATION – ORDER ASSIGNING SALARY OR WAGES CODE 038 (FC 150, 5200 OR PC 3088) **H 314**
(Revised 06/00)

No computation is necessary as the amount shown on the form STD. 639 will be the amount deducted from each pay period (including semimonthly and biweekly pay period).

If there are two codes 038 existing at the same time with the SAME DEDUCTION AMOUNT TO BE APPLIED FOR EACH PAY PERIOD, the second 038 will be split into two different amounts; e.g., $100 would be split $60.00 and $40.00.

COMPUTATION – EARNINGS WITHHOLD ORDER FOR SUPPORT, INCLUDING FTB CHILD SUPPORT COLLECTION PROGRAM, CODE 339/002 (CCP 706.030; REV & TAX CODE19271) **H 315**
(Revised 06/00)

The amount to be deducted is one-half of the disposable earnings.

COMPUTATION - FEDERAL TAX LEVY CODE 339/003 (GC 926.8) **H 316**
(Revised 01/04)

The amount to be deducted is the disposable earnings reduced by the standard deduction, plus the total amount of deductions for personal exemptions claimed by the employee (see chart shown below).

STANDARD/PERSONAL EXEMPTIONS EFFECTIVE 1/01/04

STANDARD DEDUCTION	MO.	SEMI	BI-W
Single	404.17	202.08	186.54
Married filing Joint	808.33	401.17	373.08
Married filing Separately	404.17	202.08	186.54
Head of Household	595.83	297.92	275.00
Surviving Spouse	808.33	401.17	373.08
PERSONAL EXEMPTIONS (each)	258.33	129.17	119.23

EXAMPLE: A monthly paid employee claims "single" and is entitled to one personal exemption. The amount exempt from the levy would be $662.50 for the month.

	Annualized EFFECTIVE			
STANDARD DEDUCTION	**01/02/01**	**01/01/02**	**01/01/03**	**01/0/04**
Single	**$ 4,550**	**$4,700**	**$4,750**	**$4850**
Married, filing jointly	**7,600**	**7,850**	**7,950**	**9700**
Married, filing separately	**3,800**	**3,925**	**3,975**	**4850**
Head of Household	**6,650**	**6,900**	**7,000**	**7150**
Surviving Spouse	**7,600**	**7,850**	**7,950**	**9700**
Personal Exemptions (each)	**$ 2,900**	**$3,000**	**$3,050**	**3100**

Divide product by the employee's pay period frequency; e.g., 12 for monthly, 24 for semimonthly, 16 for biweekly.

EXAMPLE: Employee is married filing jointly, two dependents (effective 01/01/04).

Standard deduction	$ 9,700
Personal exemptions (2 X $3,100)	6,200
Total	$15,900

Monthly amount of exempt wages is $15,900.00 divided by 12 equals $1,325.00.

NOTE: Number of dependents MUST be at least one.

If employee does not fill out the IRS dependent form, show "Married Filing Separately with one dependent". This can later be modified if the employee completes the IRS form.

COMPUTATION-EARNINGS WITHHOLDING ORDER FOR STATE TAXES, INCLUDING FTB REGISTRATION COLLECTION PROGRAM CODE 339/004 (CCP 706.072, REV & TAX CODE 10878) (STD. 639, ITEM 8D)

OR

COURT-ORDERED DEBT CODE 339/004 (REV & TAX CODE 19280) (STD. 639, ITEM 8D)

OR

STUDENT LOAN COLLECTIONS CODE 339/004 (GC 16583.5) (STD. 639, ITEM 8D)

OR

UNEMPLOYMENT INSURANCE CODE 339/004 (UI CODE 1755) (STD. 639, ITEM 8D)

OR

BOARD OF EQUALIZATION CODE 339/004 (CCP 706.074) (STD. 639, ITEM 8D)

OR

EARNINGS WITHHOLDING ORDER CODE 339/007 (CCP 706.125) (STD.639, Item 8E)

OR

DEFAULT STUDENT LOAN CODE 339/008 (U.S.C. 1095a) (STD. 639, ITEM 8E)

If the court states a "Maximum Garnishment Amount Deductible per Month", the garnishment will be computed according to type. However, the garnishment amount will not exceed the maximum amount deductible per month entered on the STD. 639. The amount to be deducted will be computed based on the following:

PAY PERIOD	DISPOSABLE EARNINGS	MAXIMUM WITHHOLDING
Monthly	**$ 0.00 to $669.50**	**Nothing**
	$669.51 to $892.67	**All over $669.50**
	$892.68 and up	**25% of total disposable earnings**
Semimonthly	**$ 0.00 to $334.75**	**Nothing**
	$337.76 to $446.33	**All over $334.75**
	$446.34 and up	**25% of total disposable earnings**
Biweekly	**$ 0.00 to $309.00**	**Nothing**
	$309.01 to $412.00	**All over $309.00**
	$412.01 and up	**25% of total disposable earnings**

NOTE: The above limits are based on the federal minimum hourly wage of $5.15 per hour (effective 9/1/97).

The Defaulted Student Loan permits withholding of 10% of disposable earnings unless the employee provides written consent to withhold more, but never to exceed 25% of disposable earnings. If the amount to be withheld is more than 10%, calculate the amount to withhold and enter it in 11D on the STD. 639.

MISCELLANEOUS COMPUTATION-SPECIFIC AMOUNT TO BE DEDUCTED **H 318**
(Revised 06/00)

If the court states a "Specific Amount to be deducted per Month", do not follow the computation procedures under the type of garnishment being processed. The amount indicated on STD. 639 will be the amount applied per month. If the employee is paid semimonthly or biweekly, the "Specific Amount" will be computed as follows:

Semimonthly - the "Specific Amount Per Month" divided by 2, will be applied to each pay period.

Biweekly - the "Specific Amount Per Month" multiplied by 12÷26, will be applied to each pay period.

NOTE: There are two instances when an amount less than the "Specific Amount" may be withheld.

1. When the amount of the disposable earnings is insufficient to withhold the entire amount; a partial deduction may be withheld.
2. When the balance of the garnishment is less than the "Specific Amount"; the balance of the garnishment will be withheld.

COMPUTATION – MULTIPLE GARNISHMENTS **H 319**
(Revised 06/99)

If an employee has more than one type of active garnishment, deductions will be computed as follows:

Deduction/Organization Code	Deduction Amount Calculation
038 Continuing Support (child, spousal, conservatee)	**Deduction amount entered on the payroll master file is withheld (employee may have multiple codes 038).**
339/002 Delinquent Support (child, spousal, conservatee, FTB Child Support Collection Program)	**50% of the disposable earnings minus any amounts withheld for continuing support and Code 339/002 with an earlier effective date is withheld. If the garnishment balance is less, balance amount is withheld.**
339/003 Federal Tax Levy	**Disposable earnings minus employee and dependent allowance allowed based on Payroll Master File Garnishment Tax Dependent, minus any amounts withheld from garnishment(s) with a higher priority. If the garnishment balance is less, balance amount is withheld.**
339/004 Earnings Withholding Order for State Taxes, FTB Registration Collection Program, Court-Ordered Debt, Student Loan Collections, Unemployment Insurance, or Board of Equalization	**From disposable earnings the maximum withholding is computed (see H 316.) The maximum withholding is reduced by any amounts withheld for garnishment(s) of a higher priority. If the garnishment balance is less, balance amount is withheld.**
339/007 Earnings Withholding Order for an ordinary money judgment and Federally Guaranteed Student Loan	**From disposable earnings amount, the maximum withholding is computed (see H 317). The maximum withholding is reduced by amount(s) withheld for garnishment of a higher priority. If the garnishment balance is less, balance amount is withheld.**
339/008 Defaulted Student Loan	**From disposable earnings amount the maximum withholding is computed (see H 317). The maximum withholding is reduced by amount(s) withheld for garnishment of a higher priority. If the garnishment balance is less, balance amount is withheld.**

NOTE: For garnishment types 339/002, 339/004, 339/007 or 339/008, if the garnishment has a maximum amount per month to be withheld or a specific amount per month, that amount is not to be exceeded.

PRORATION OF SUPPORT ORDERS **H 319.1**
(Revised 06/00)

Family Code Section 5238 requires the employer to prorate multiple support orders if 50% of disposable earnings will not withhold all the support orders in full. The proration should be in the same proportion that each support order bears to the total support owed. The employer shall apply any remainder for support arrears in the same proportion that each support arrears bears to the total arrears owed.

For example, if an employee has two support orders that are greater than 50% of disposable earnings, determine the percentage that each support order bears to the total sum of all support orders. Multiply the disposable earnings by those percentages and enter the amounts in item 11D on the STD. 639.

EXAMPLE:

$2,655.94 (Employee's disposable earnings)
÷ 2
$1,327.97 (50% of disposable earnings)

$1,193 (Support order amount)
+ 599 (Support order amount)
$1,792 (Total support order amounts greater than 50% of disposable earnings)

$1,193 ÷ 1,792 = 66.6% (Percent of total support order amount)
$ 599 ÷ 1,792 = 33.4% (Percent of total support order amount)
$1,327.97 X 66.6% = $ 884.43 (Enter amount in Item 11D)
$1,327.97 X 33.4% = $ 443.54 (Enter amount in Item 11D)
100.0% $1,327.97

COMPLETION OF STD. 639 SALARY GARNISHMENT **H 320**
(Revised 03/02)

Agencies must complete the following items for ALL garnishments:

ITEM #	ENTER
1	Agency name
2	Social security number
3	Employee name (first/middle initial, complete surname)
4	Position number (employee's current position)
5	Effective date Enter the date which is 10 calendar days (not work/business days) after the date on which the Earnings Withholding Order was served; e.g., if an order was served on Friday, the withholding period would commence on the second following Monday. The 10-day delay affords the agency time to process the order and submit documentation to Payroll Operations.

NOTE:
We cannot process a STD. 639 with an effective date more than 10 days into the future. If this occurs, DO NOT submit the document prior to 10 days before the effective date.

Exceptions:

If the Earnings With holding Order is a "Jeopardy Withholding Order for Taxes", the effective date must be the date on which the order was served/received.

If the garnishment is a modification, enter the same effective date shown on the original form STD. 639.

If the garnishment is a cancellation, enter the date the cancellation was served/received.

6 Action Type – Cancellation of garnishment, enter the effective date shown on the original form STD. 639 that established the garnishment.

7 Pay frequency

8&9 See specific type of levy instruction in Section H 321 - H 323.

10 Sum amount - If applicable, enter the total of all amounts due and owing agency. Complete this item only if the employee owes your agency/campus money that **WILL NOT** be collected through a **payroll deduction** A/R. (The system already takes payroll deduction A/R's into consideration when computing the disposable earnings.) The amount owing agency will be subtracted from the disposable earnings before the garnishment amount is computed. This allows the agency/campus to collect any monies prior to the garnishment amount being deducted.

11 Complete this area only when it is specifically noted on the court order. Item 11 may be completed with items 8B, 8D and 8E. Use the following guidelines:

A Termination date of Earnings Withholding Order – may only be completed with 8B and 8E. If the court order or earnings withholding order indicates a specific termination date, enter the date specified on the order.

B Maximum garnishment amount deductible per month.

NOTE:Maximum amount means less than the amount specified may be deducted but under no circumstances will more be withheld.

C Support exemption amount - this is an additional amount subtracted from the disposable earnings before the garnishment amount is computed.

D Specific amount to be deducted per month - specific amount shown will be taken without the system doing any calculations or going through the multiple garnishment computations. It is the agencies responsibility to verify this information prior to submitting garnishment documents when this happens to ensure that the employee is not over garnished.

12 Warrant to be made payable to.

a. Warrants must include either the File, Case, or Account Numbers, as requested in the order. The appropriate numbers are located in the upper right hand corner of the order.

Complete the Levying Office File Number/Case Number Box, with the appropriate number as follows:

For	Enter
Sheriff's Office	Levying Officer
Marshal's Department	File Number
FTB Child Support Collection Program	Account Number
All others	Account Number

b. Four lines are provided for the appropriate payee and address information. Enter name shown on court order, writ, levy. Include address if pursuant to Family Code 150 and 5200; Revenue and Taxation Code 19271 and 10878; or Penal Code 3088.

NOTE: Each line must be limited to 25 characters.
The Billing Number must be entered for warrants payable to the Franchise Tax Board, Child Support Collection Program. Enter the number on the last of the 4 lines provided for the payee and address.

EXAMPLE: Billing No. 94-0000-12345

NOTE: Do not use window envelopes when mailing warrants with the billing number on line 4 as the post office may not deliver timely.

If you do not enter the Billing Number in the payee and address field, you must type or print the number on the CD 155, in the space below CASE NUMBER (See PPM Section Z, Attachment H-1).

14 Form completed by/and telephone number with extension if necessary. This will assist SCO in contacting you if further assistance is needed to process the document. This is especially important close to Master Payroll cut off.

15 Authorized signature/date

COMPLETION OF ITEMS 8 AND 9 ON STD. 639:

Order Assigning Salary or Wages for Support - Code 038 (FC 150, 5200 or PC 3088) - Item 8A

Garnishment Type - enter an "X" in box 8A and circle the applicable reference section (e.g., CC 4390 [Support of Minor Child or Spousal Support], or PC 3088 [Support of a Conservatee]). Complete the MONTHLY DEDUCTION AMOUNT in the space provided.

Deduction code 038 will be applied to every pay period; therefore, the DEDUCTION AMOUNT PER PAY PERIOD must also be completed as follows:

If the employee is paid:

Monthly	- enter the monthly amount
Semimonthly	- divide the monthly amount by 2 and enter the result
Biweekly	- multiply the monthly amount by 12 ÷ by 26 and enter the result.

EXAMPLE: If 8A is $300.00 per month, the deduction amount is determined by the employee's pay frequency as follows:

Monthly	$300.00 X 12 ÷ 12 = $300.00
Semimonthly	$300.00 X 12 ÷ 24 = $150.00
Biweekly	$300.00 X 12 ÷ 26 = $138.46

This is a monthly amount rather than a gross amount. It will continue to be withheld until Payroll Operations receives a STD. 639 to correct or cancel.

NOTE: If the employee has a change in pay frequency, it will be necessary to submit a STD. 639 to change the deduction amount per pay period.

If the employee currently has other Code 038 deductions (FC 150, 5200 or PC 3088), enter an "X" in the box entitled "Employee has other Deductions...".

If a change in the code 038 deduction amount is requested, enter an "X" in the box entitled "Deduction Amount Changed From $__" and enter the deleted monthly deduction amount in the space provided.

Earnings Withholding Orders for Support, including Child Support Collection Program - Code 339/002 (CCP 706.030)-Item 8B

Garnishment Type - enter an "X" in box 8B.

Enter the garnishment amount in column 9.

The total amount to be collected is entered in column 9. The system computes the deduction amount unless a specific amount is entered in item 11. The deduction will be withheld until the total garnishment amount is satisfied.

NOTE: If the total amount to be collected is not entered on the court order, enter 99,999.99 in column 9.

TAX LEVIES **H 322**
(Revised 09/00)

Federal Tax Levy - Code 339/003 (GC 926.8) - Item 8C

Garnishment Type - enter an "X" in box 8C.

Enter the garnishment amount in column 9.

When a federal tax levy is filed against an employee's salary, the agency/campus should contact the employee and verify his/her dependents. This information is obtained from the IRS Form 668-W(c), Notice of Levy on Wages, Salary and Other Income, which accompanies the levy. **(DO NOT USE THE WITHHOLDING TAX INFORMATION FILED BY THE EMPLOYEE ON AN EAR/SPAR SINCE IT IS USED FOR WITHHOLDING TAX PURPOSES ONLY AND DOES NOT NECESSARILY REFLECT THE EMPLOYEE'S TRUE EXEMPTIONS.)**

Effective 7/1/89, STD. 639's for federal tax levies must show the number of personal exemptions in item 8C(1) AND the standard deduction information (i.e., Single, Married Filing Separately) in item 8C(2).

NOTE: Number of dependents MUST be at least one.

If employee does not fill out the IRS dependent form, show "Married Filing Separately with one dependent". This can later be modified if the employee completes the IRS form.

The number of exemptions and the standard deduction indicated on STD. 639 will be used by Payroll Operations to compute the exemption from tax levy but will not be used to compute withholding tax. If the employee's number of exemptions or standard deduction should change while a tax levy is still in effect, a CORRECTED STD. 639 must be submitted to Payroll Operations. It is important to note that a change in tax exemptions or filing status reported on the EAR/SPAR WILL NOT change the information recorded for tax levies.

NOTE: IRS Levies - if an employee has a large Deferred Compensation (DC) and or Tax Sheltered Annuity (TSA) deduction, it could affect the calculation and withholding of an IRS levy and other miscellaneous deductions. If this occurs, contact the Garnishment Unit

as it may be necessary to modify the DC or TSA deduction.

Earnings Withholding Order for State Taxes (CCP 706.072), Registration Collection Program - (Rev & Tax Code 10878), Court-Ordered Debt - (Rev & Tax Code 19280) - Code 339/004, Student Loan Collections (GC 16583.5) - Code 339/004, Unemployment Insurance (UI 1755) - Code 339/004, or Board of Equalization (CCP 706.074) - Code 339/004 - Item 8D

Garnishment Type - enter an "X" in the applicable box in 8D.

Enter the garnishment amount in column 9.

The total amount to be collected is entered in column 9. The system computes the deduction amount unless a specific amount is entered in item 11. The deduction will be withheld until the total garnishment amount is satisfied.

ORDINARY MONEY JUDGMENTS **H323**
(Revised 06/00)

Earnings Withholding Order - Code 339/007(CCP 706.125) – Item 8E

Earnings withholding order will continue until the earliest of the following dates:

1. The month in which the full amount specified in the order is withheld.
2. The date of termination specified in a court order served on the agency.
3. The date of termination specified in a Notice of Termination served on the agency by the levying officer.

Enter the garnishment amount in column 9.

The total amount to be collected is entered in column 9. The system computes the deduction amount unless a specified amount is entered in item 11. The deduction will be withheld until the total garnishment amount is satisfied.

DEFAULTED STUDENT LOANS **H 323.1**
(Revised 06/00)

Defaulted Student Loan - Code 339-008 (Higher Education Act of 1965; 20 U.S.C. Section 1095a) - 8E

A Defaulted Student Loan will continue until the earliest of the following dates:

1. The month in which the full amount specified in the order is withheld.
2. The date of termination specified by the collection agency served on the agency/campus.

Highlight Student Loan Higher Education Act of 1965: 20 USCA Section 1095a in Section E and check the corresponding box if the amount to be withheld is 10% of disposable earnings, or complete Section 11D if a specific amount is to be withheld.

The total amount to be collected is entered in column 9. The system computes the deduction amount unless a specified amount is entered in item 11. The deduction will be withheld until the total garnishment amount is satisfied.

If a Defaulted Student Loan has been established in the payroll system as deduction code 339-007, it must be re-established in the payroll system as deduction code 339-008. To re-establish it as deduction code 339-008, submit one STD. 639 to cancel the Defaulted Student Loan as deduction code 339-007. Submit a second STD. 639 to re-establish the Defaulted Student Loan as deduction 339-008. When re-establishing as deduction code 339-008, the correct balance amount remaining to satisfy the Defaulted Student Loan must be entered on the STD. 639.

If a Defaulted Student Loan has been withheld and remitted outside the payroll system, submit a STD. 639 to establish it in the payroll system as deduction code 339-008. When establishing as deduction code 339-008, the correct balance amount remaining to satisfy the Defaulted Student Loan must be entered on the STD. 639.

MODIFICATIONS OR CORRECTIONS **H 324**
(Revised 06/99)

Complete garnishment type and effective date exactly as the original STD. 639 that was submitted to establish the garnishment. The amount of the garnishment may have changed due to action taken upon receipt of subsequent orders, with the exception of the following items:

1. Enter the correct information in the item(s) being changed.
2. Action Type - "X" the Modification Correction box and indicate the item number(s) being changed.

NOTE: If an order is received to modify the effective date, you must submit a STD. 639 to cancel the garnishment using the old date. Also, submit a second STD. 639 to establish the garnishment using the new date. Please note, if the new date is more than 10 days into the future, hold the second STD. 639 until within 10 days of the effective date.

Complete Item 13 "Remarks" if additional information or further explanation is necessary.

NOTE: If the original STD. 639 was used to establish two different types of garnishments and only one is being modified, complete the modification form with the information pertaining to the garnishment type that is changing. The other will continue to be withheld per the original request.

Example: When an employee has an Order Assigning Salary or Wages (8A) and an Earnings Withholding Order for Support (8B) that were established from the same STD. 639 and a new order is received to cancel the Earnings Withholding Order for Support, a STD. 639 should be completed to cancel the Earnings Withholding Order for Support only. The Order Assigning Salary or Wages will still be withheld per the original STD. 639 (if Item 8B is left blank).

ADDRESS CHANGES (Item 12): Due to the time needed by Administration and Disbursements Division to process address changes, please be aware that the cut-off for requesting address changes is the 15th of each month. This includes document requests submitted via the FAX.

PAYOFF AMOUNTS: For information regarding pay-off amounts please refer to PPM Section H 300.

CANCELLATIONS **H 325**
(Revised 06/99)

A cancellation STD. 639 must be submitted when the agency/campus receives legal proof that a garnishment has either been satisfied in full or that the employee is being released from obligation.

Complete the cancellation form exactly as the original STD. 639 that was submitted to establish the garnishment with the exception of the following items:

1. Item 5, "Effective Date" - enter the date the cancellation notice was received by the agency/campus.
2. Item 6, "Action Type" - "X" the cancellation box and fill in the original effective date of the garnishment as was shown on the original STD. 639 submitted to establish the garnishment in the blank space provided.

NOTE: If the original STD. 639 was modified, complete the cancellation form using the most recent information.

RETURNED GARNISHMENT WARRANTS **H 326**
(Revised 06/99)

If the levying officer returns a garnishment warrant to an agency/campus stating that the garnishment has been satisfied, send the garnishment warrant to the Administration and Disbursements Division with a form STD. 674 (see H 306 for completion instructions).

Upon receipt of a returned garnishment warrant, the Administration and Disbursements Division will stamp the warrant "replaced" and will issue a replacement warrant made payable to the employee.

If any part of a garnishment warrant is required to satisfy a garnishment, the levying officer must apply such part payment and issue a check to the garnishment debtor (employee) for the excess amount included in the SCO warrant.

GARNISHMENT DOCUMENTATION EXAMPLES **H 326.1**
(Revised 03/02)

See PPM Section Z, Attachment H-2 for examples.

SUBJECT: WAGE EARNER PLAN CHAPTER VII AND CHAPTER XIII

H 327

REFERENCES
(Revised 09/98)
SAM 8578

CHAPTER VII INTRODUCTION

The National Bankruptcy Act, Chapter VII, permits a wage earner to petition the United States District Court for liquidation of a debtors estate (at the time of filing) and distribute the assets to creditors.

PAYROLL DEDUCTIONS/GARNISHMENTS **H 328**
(Revised 09/98)

Postpetition earnings are NOT part of the bankrupt estate; therefore, voluntary deductions will not be affected by the filing of a Chapter VII petition.

Documents that are filed with a Bankruptcy Court under Chapter VII and issued a bankruptcy number, court date and bankruptcy trustee provide that the employer make no garnishment deductions for taxes or earnings withholding orders for ordinary money judgments from the employees pay except as authorized by the order (refer to 11 USCS 362, N11).

PROCESSING (CHAPTER VII) **H 329**
(Revised 09/98)

A copy of the court order must be sent to Payroll Operations, Garnishment Unit. If the original court order is sent directly to Payroll Operations instead of the employing agency/campus, the order will be processed. A copy will be maintained by Payroll Operations, and the original order will be forwarded to the employing personnel office.

Upon receipt, Payroll Operations will cancel the following deductions UNLESS otherwise noted on the court order:

- Court Ordered Assignment of Wages for Ongoing Support if the effective date is after the filing date of Chapter VII
  (Deduction Code 038).
- Earnings Withholding Order for Support Arrears and Franchise Tax Board Child Support Collection
  (Deduction Code 339-002).
- Federal Tax Levy (Deduction Code 339-003).
- Earnings Withholding Order for State Taxes, Vehicle Registration, Court Ordered Debt and Student Loan Collection (Deduction Code 339-004).
- Earnings Withholding Order for an Ordinary Money Judgment and Delinquent Student Loan (Deduction Code 339-007).

CHAPTER XIII INTRODUCTION **H 330**
(Revised 09/98)

The National Bankruptcy Act, Chapter XIII, permits a wage earner to petition the United States District Court for relief from attachment, harassment, and other creditor pressures. The Wage Earner Plan court order to the wage earner and to wage earner's employer and creditors:

- Provides that the employer make no payroll deductions from employee's pay except as authorized by the order,
- Either (a) make no provisions for the disposition of the employee's pay check, (b) provide that employer send employee's pay check to the trustee appointed by the court, or (c) provide that employer deduct from employee's pay an amount ordered by the court and remit it to the trustee.

DISPOSITION OF WAGE EARNER'S PAYROLL WARRANT **H 331**
(Revised 09/98)

Court orders may provide for the disposition of the employee's payroll warrant. In such cases, the employing agency/campus will do as directed by the order.

NOTE: The garnishment process is not to be used for the purpose of remitting specific amounts to the trustee appointed by the Bankruptcy Court.

PROCESSING (CHAPTER XIII) **H 332**
(Revised 09/98)

A copy of the court order must be sent to Payroll Operations, Miscellaneous Deductions Unit. If the original court order is sent directly to Payroll Operations instead of the employing agency/campus, the order will be processed. A copy will be maintained by Payroll Operations, and the original order will be forwarded to the employing personnel office. Upon receipt, Payroll Operations will cancel the following deductions UNLESS otherwise noted on the court order:

- All garnishments and tax levies including: Court Ordered Assignment of Wages for On-Going Support
- Credit Union
- Banks
- Savings and Loan Associations
- Industrial Loan Companies

ATTACHMENT OF WAGES **H 333**
(Revised 09/98)

In the event any creditor attempts to attach (garnish) the pay of an employee while the court order remains in effect, THE EMPLOYING AGENCY/CAMPUS WILL NOT honor the attachment. The employing agency/campus is to notify the persons (County Sheriff, County Marshal, Franchise Tax Board, Internal Revenue Service, etc.) attempting the attachment, that they are "Unable to respond to the Levy. Income of employee under jurisdiction of U.S. District Court under Chapter XIII."

RESCINDING COURT ORDERS **H 334**
(Revised 09/98)

Employing agencies/campuses will honor subsequent court orders from higher courts or United States District Court rescinding orders regarding Wage Earner Plans under Chapter XIII.

All United States District Court orders regarding Wage Earner Plans under Chapter XIII remain in effect until rescinded by a subsequent court order.

SUBJECT: FAIR SHARE

H 400

REFERENCES
(Revised 12/85)

G.C.	3515.7
Senate Bill	1419

INTRODUCTION
(Revised 12/85)

Fair share fee/fair share alternative deductions were initiated effective January 1, 1983. Employee organizations are authorized to enter into agreements with the state as an employer to assess fair share fees to employees who are not dues paying members and who are represented by an exclusive representative for collective bargaining purposes. Fair share fee is identified as deduction code 500.

For employees who are members of a religious body whose traditional tenets or teachings include objections to joining or financially supporting unions, the law requires employees to pay sums equal to the fair share fee to a nonreligious nonlabor, charitable organization fund, approved by the State Board of Control. Fair share alternative is identified as deduction code 550.

The amount of fair share fee/alternative that may be assessed is limited. These fees cannot exceed the standard initiation fee, membership dues, and general assessment of the recognized employee organization. The fees are set by the union.

TERMINATION **H 401**
(Revised 12/85)

Fair share fee/alternative deductions shall continue for the duration of the agreement between the employee and employee organization or for a period of three years from the effective date of the agreement, whichever comes first. These fees are mandatory for all nondues paying members once an agreement is signed and for the duration of that agreement. There is no 30-day window period for fee cancellation by employees.

The only exception is that fees may be rescinded by a majority vote of all the employees in the unit covered by a MOU. Without such a vote, Payroll Operations will not cancel fees when requested by either employees or the employer. Fees will only be canceled upon request by the employee organization.

CANCELLATION **H 402**
(Revised 12/85)

Fair share fee/alternative cannot be canceled by the employee or employer via an administrative cancellation letter. If a cancellation letter is received from an employee, it will be returned via a Notice of Incomplete Deduction Action Request, Form PR 352. Fees can only be canceled by the employee organization.

SUBMISSION OF CD 88A **H 403**
(Revised 03/02)

Payroll Deduction Fair Share Authorization, BLUE Form CD 88A, is the only form to be submitted for fair share fee/alternative deductions. The form must be completed by the exclusive representative and forwarded to Payroll Operations, Deductions Unit. This form is used for adding, changing, and deleting deductions.

COMPLETION OF CD 88A **H 404**
(Revised 12/85)

Complete Form CD 88A as follows:

Full name of organization
Social security number
Employee name
Deduction code – must be 500 or 550
Organization code
Amount of deduction – must be entered on all additions and changes
Type of change – enter “X” in the appropriate box
Pay period – numerical month/year
Authorized signature/year

SUBJECT: SALARY REDUCTIONS

H 500

REFERENCES

(Revised 06/95)

GC 19993, 12420.2
SAM 8576
IRS 403(b)

INTRODUCTION
(Revised 06/95)

There are several types of salary reductions available in the USPS—Flexible Benefits Employee Amounts, EPMC Amounts, Deferred Compensation, and Tax Sheltered Annuity (TSA). This section deals exclusively with TSA plans and Deferred Compensation. Refer to Section H 200 for EPMC information and Section H 750 for Flexible Benefits Information. Deferred Compensation is available to all state officers and employees; TSA plans are available only to eligible non-CSU employees in specific agencies and CSU employees.

GENERAL INFORMATION FOR ALL SALARY DEDUCTIONS H 501
(Revised 06/95)

Although Deferred Compensation/TSA are salary reductions rather than a payroll deduction, it is procedurally expedient to identify them by deduction and organization codes.

Deferred Compensation/TSA amounts are not subject to federal or state withholding tax, although they are subject to retirement and Social Security/Medicare deductions. They are also subject to garnishments, tax levies, and child support court orders.

If an employee's net pay is not sufficient to make all authorized deductions, Deferred Compensation/TSA will be applied according to the deduction priority order (see H 001).

If the gross wages of an employee are not sufficient to withhold the Deferred Compensation/TSA, the entire gross then becomes subject to federal and state withholding taxes. In such a situation, the salary reduction plans will not be applied to the payment.

If an SCO warrant is redeposited, the deferred amount will be recovered from the proper company; a credit entry will appear on the payroll report. If the redeposited payment is subsequently reissued, the deferred amount will be withheld if gross wages are sufficient.

If a salary reduction amount must be refunded because of a retroactive cancellation, the entire gross then becomes subject to federal and state taxes. Such refunds must be by credit issue warrants for each pay period with taxes withheld from the warrants. Refunds will be recovered from the proper company; a credit entry will appear on the payroll report.

The form to add, change, or delete a salary reduction must be received in Payroll Operations by the 15th of the month. If the 15th falls on Saturday, Sunday, or a holiday, the following workday will be cutoff.

SCO salary payments to employees are sometimes suspended (not issued) temporarily for nonsufficient funds, no appropriation header, etc. When these payments for prior pay periods are issued, Deferred Compensation/TSA will be withheld.

A prior year account receivable which reduces the gross to an amount that necessitates recovery of Deferred Compensation/TSA will be processed by refunding the salary reduction amounts by credit issue warrant and establishing the account receivable in the following cycle.

On current year account receivable, Deferred Compensation/TSA to be recovered will be credited against the account receivable.

Deferred Compensation/TSA cannot be deferred when an employee is on nonpay status (leave, suspension, temporary disability, academic vacation, etc., or intermittent employee does not work) during a pay period.

Employees CANNOT make direct payments for Deferred Compensation/TSA to companies under this plan because the state is not paying wages which can be deferred.

Deferred Compensation/TSA will be withheld from supplemental temporary disability payments.

Deferred Compensation/TSA will be terminated if an employee permanently separates from state service; however, Deferred Compensation/TSA will be withheld from regular separation payments (payment type 0) if the net is sufficient.

WAGE AND TAX STATEMENT FORM W-2 **H 502**
(Revised 03/94)

All Deferred Compensation/TSA amounts will be reflected in box # 13 on the Form W-2.

DEFERRED COMPENSATION PLAN

H 503

INTRODUCTION
(Revised 06/97)

The Deferred Compensation Plan is administered by DPA. SCO provides salary reduction and accounting services. Monies withheld are placed in the Deferred Compensation Plan Fund against which DPA files claims for remitting monies to the companies.

Reductions are made under deduction codes 029-401 and 029-457 for the total amount due the plan type, either 401K or 457, regardless of how many separate companies are receiving the deferrals.

There are no state costs assessed against the employee for administering the plan, however due to system limitations, deduction code 028 will appear on payroll data but no amount is withheld.

RESTRICTIONS **H 504**
(Revised 06/97)

Deferred Compensation amounts for employees who are paid biweekly or semimonthly are withheld from each payment; 26 or 24 deferred amounts will be withheld per year. Employees must enter the biweekly and semimonthly amount to be deferred on Form 277.

Deferred Compensation cannot be deducted from special emergency appointments.

The amount of Deferred Compensation may not be less than $20 and the total amount of Deferred Compensation for all plans combined may never exceed 25% of the employee's compensation or $7500 per year, whichever is less. For employees under an Employer Paid Member Contribution (EPMC) plan, the above 25% amount is computed on the employee's compensation as reduced by EPMC. Refer to Section H 200 to determine the employee's compensation as reduced by EPMC.

NOTE: There are special provisions for employees retiring within three years. Employees should contact the Deferred Compensation Office.

EFFECTS OF PAYROLL/PERSONNEL TRANSACTIONS **H 505**
(Revised 03/03)

When an employee transfers and has previously authorized Deferred Compensation, it will continue to be applied by SCO.

Deferred Compensation will be withheld from lump sum payments if requested/elected by the employee and the PAR/PPT remarks indicate the withholding information. Employees separating under Labor Code Section 201 or 202 must submit a written election five days before her/his final day of employment authorizing the deferral.

Deferred Compensation will be withheld from academic employee final settlement pay ONLY if the PPT indicates the deferred amount. The number of deductions could vary depending upon whether the employee worked on an academic year, quarter, or semester basis.

When any other type of separation notice is received by PPSD, Deferred Compensation will be retained with the employee's record. If the employee returns or reinstates, Deferred Compensation will be applied automatically, unless a cancellation Form 277 has been received from DPA.

FORM SUBMISSION **H 506**
(Revised 06/98)

Only Deferred Compensation Plan Enrollment, Form 277, approved by DPA will be accepted to add, change, or delete deferred compensation amounts.

TAX SHELTERED ANNUITY PLAN (TSA)

H 507

INTRODUCTION
(Revised 06/98)

The following procedures are limited to those agencies/campuses which by legislative action, have been authorized to participate in TSA plans.

<u>These agencies are:</u>
California State University
Board of Governors of the California Community Colleges
Department of Corrections
Department of Education
Department of Mental Health (hospitals only)
California Maritime Academy
Commission for Teacher Credentialing
Department of Youth Authority
Department of Developmental Services (hospitals only)
California State Library
California Postsecondary Education Commission
Private Postsecondary Vocational Education Council
Department of Consumer Affairs – Agency Code 597

The TSA Program Administrators are the Chancellor's Office for CSU participants and the Office of the State Controller (SCO) for non-CSU participants.

SCO provides salary reduction and accounting services. TSA monies collected for non-CSU employees' will be transferred by the Division of Accounting to the Special Deposit Fund or will be disbursed directly to each TSA company via the direct disbursement method. Disbursements from the Special Deposit Fund (non-CSU) will be made from claims filed by the participating state agencies. TSA monies collected for CSU employees' are disbursed directly to each TSA company via the direct disbursement method.

State costs for administering the plan, withholding TSA amounts from salary payments, and remitting withheld amounts to TSA companies for CSU sponsored TSA deductions will be assessed against the CSU Chancellor's Office. State costs for non-CSU sponsored TSA companies will be assessed against the participating agency and participating employee.

Deduction code 041 is an administrative fee charged to participating non-CSU employees. This deduction is withheld only once a month, regardless of the number of code 040 deductions the employee may have and the employees' payment schedule (i.e., monthly, semimonthly or biweekly).

RESTRICTIONS **H 508**
(Revised 06/98)

Deduction code 040 with organization code (refer to PPM section B022.1 for organization codes) is assigned for the non-CSU TSA reductions. Deduction codes 026 and 027 with organization code (refer to PPM section B020-B021 for organization codes) are assigned for CSU TSA reductions.

A tax sheltered annuity amount may not be less than $25. The maximum annual contribution amount is $9,500. This applies to all TSA plans combined.

Catch-up limit – for employees with 15 years of service with annual contributions averaging less than $5,000. The "catch-up" limit is $3,000 per year and $15,000 over a lifetime. These amounts are in addition to the regular yearly TSA contributions.

NOTE: Effective January 1, 1989, DPA established a policy that does not allow an employee with a TSA deduction to have a Deferred Compensation Plan and/or a Thrift Plan (DC/TP) in the same tax year.

Only one code 030 tax sheltered annuity amount is permitted an employee. If an employee has various plans or companies, the agency will be responsible for apportioning these amounts.

Multiple deduction codes 040 are permitted; however, only one annuity amount per organization code is allowed.

A limit of two separate organization codes for CSU codes 026 and/or 027 tax sheltered annuities is permitted an employee but only one annuity amount per organization code is allowed.

EFFECTS OF PAYROLL/PERSONNEL TRANSACTIONS **H 509**
(Revised 03/03)

When a non-CSU employee transfers within the same agency code, the annuity deduction will continue to be applied. If a non-CSU employee transfers to a new agency code, the annuity deduction will not be applied. The previous department must submit a Miscellaneous Deduction Change Report (STD. 650) to cancel the deduction and the new department must submit a STD. 650 to establish the deduction. For CSU employees the annuity deduction will continue to be applied if the employee transfers within the same CSU campus or another campus.

Tax shelter annuity deduction will be withheld from lump sum payments if requested/elected by the employee and the PAR/PPT remarks indicate the withholding information. Employees separating under Labor Code Section 201 or 202 must submit a written election five days before her/his final day of employment authorizing the deferral.

Annuity amounts will be withheld from academic final settlement pay ONLY if documentation to report the separation indicates the amount of the annuity, as this will vary depending upon whether the employee worked on an academic year, semester, or quarter basis.

When any type of separation other than permanent separation is received by PPSD, annuities will be retained in the deduction file. Upon the employee's return or reinstatement, the non-CSU or CSU employee annuities will continue to be applied automatically.

REPORTS AND REMITTANCES **H 510**
(Revised 06/98)

The SCO has converted the majority of non-CSU employees' annuity deductions from claim processing to direct disbursement processing. In the interim, two methods (claims and direct disbursement) exist for remitting non-CSU annuity deductions to TSA companies. Remittances for CSU employees' annuity deductions are issued via the direct disbursement method. Following is an explanation of each process:

CLAIMS PROCESSING

Approximately the 2nd and 17th of each month, SCO's Division of Disbursements will send two original copies of the Payroll Deduction Report (CD446) to SCO's Division of Accounting and a copy to the employing agency showing the annuity amounts withheld for each employee for each agency.

The first report is for amounts withheld from payments issued between the 17th of the preceding month and the 1st of the current month; the second report is for payments issued between the 2nd and 16th of the current month.

SCO's Division of Accounting will transfer the money from the Payroll Revolving Fund to the Special Deposit Fund and will then forward a copy of the register and a transfer of notice to each participating agency. The agency will file claims with SCO's Division of Audits to remit the money to the proper companies. No reconciliation of payroll reports will be made by Payroll Operations.

DIRECT DISBURSEMENT PROCESSING

Approximately the 2nd of the each month, SCO's Division of Disbursements will send the warrant, remittance advice, and the original and one copy of the CD 446 showing the annuity amounts withheld for each CSU employee to each TSA company. The warrant, remittance advice, and the report will be for amounts withheld from payments issued the 2nd of one month through the 1st of the following month (e.g., warrant, remittance advice, and CD446 dated 10/1/92 will reflect deductions withheld from payments issued 9/2/92 through 10/1/92).

To redeposit a warrant with a TSA deduction, please refer to PPM Section I 318 for instructions.

FORM SUBMISSION **H 511**
(Revised 03/02)

A Miscellaneous Deduction Change Report, STD. 650 (available on DGS web site or from DGS Stores), sent to Payroll Operations is the only document which may be submitted to

add, change, or delete tax sheltered annuities.

COMPLETION OF STD 650 **H 512**
(Revised 06/98)

The following items must be completed on STD. 650:

ITEM	INSTRUCTION
Social Security Number	Enter the employee's SSN
Name	Enter the employee's first/middle intial(s) and surname
Position Number	Must be entered
Deduction Code	For non-CSU employees, enter 040. For CSU employees, enter 026 or 027.
Organization Code	Must be completed
Deduction Amount	Leave blank for Delete, otherwise complete. (When completed, must be greater than or equal to $25.00.)
Type of Change	Check the appropriate box
Pay Period	Enter month/year
Remarks	Describe the status of the employee's TSA account(s) (e.g., Cancel 040-069, Northern Life. Employee still has code 040-032, General American Life for $200.00).
Form Completed by/ Telephone Number	Must be completed
Agency Name	Must be completed
Authorized Signature/ Date Signed	Must be completed

One STD. 650 may be used for multiple changes for an employee.

SUBJECT: DUES, INSURANCE, CREDIT UNION

H 600

REFERENCES
(Revised 03/89)

GC 1151-1153

INTRODUCTION
(Revised 03/89)

This section contains general information regarding dues, insurance, and credit union deductions. The following types of deduction are submitted by associations for dues or by private companies for insurance/employee benefit deductions.

Deduction Type	Deduction Code**
Dues	088, 089
Insurance's	
Employee Organization Sponsored	074
State Agency Sponsored	075
Credit Union	051

* See Section B 024-028 for organization codes.

Although personnel/payroll offices do not submit the documentation for these deductions, the following information is provided to assist with employee questions.

DUES (FOR BONA FIDE ASSOCIATIONS) **H 601**
(Revised 03/89)

Bona fide associations may request membership dues from the salaries and wages of employees and former employees of agencies/campuses of the State of California. These deductions are limited to organizations having a minimum of 50 employees participating via payroll deductions. SCO will cancel deduction privileges and individual deductions if the level of 50 deductions is not met/maintained within three months from the month in which the deduction code was assigned.

INSURANCE (SPONSORED BY EMPLOYEE ORGANIZATIONS) **H 602**
(Revised 03/89)

Deductions can only be made for rank and file employees for premiums on an insurance/benefit program that have the sponsoring employee organization deduction. Audits are made by SCO to determine rank and file employees are members of the association that sponsors related insurance/employee benefit plans. Insurance/employee benefit plans will be canceled for non-members. Unrepresented employees do not have to have a sponsoring association deduction to have the insurance/employee benefit plan deduction. These deductions are limited to companies having a minimum of 50 employees participating via payroll deduction. SCO will cancel deduction privileges and individual deductions if the level of 50 deductions is not met/maintained within three months from the month in which the deduction code was assigned.

INSURANCE (SPONSORED BY STATE AGENCY) **H 603**
(Revised 12/85)

Deductions can only be made for payments for insurance or other employee benefit programs sponsored by a state agency/campus under appropriate statutory authority. Only group life and disability insurance approved by CSU and medical and life insurance offered to corpsmembers of the California Conservation Corps are allowed by law.

CREDIT UNIONS **H 604**
(Revised 12/85)

Deductions can only be made for a regularly chartered credit union. A change from one credit union to another requires a cancellation notice from the former credit union and new authorization from the new one.

SPECIAL INFORMATION **H 605**
(Revised 12/85)

Deductions will only be made in a fixed amount each month beginning in the period in which, the Payroll Deduction Authorization, Form CD 88, is received. Deductions will continue until the employee separates or a CD 88 change or cancellation is received.

Associations/companies do receive notices of some transactions affecting employees such as name/SSN changes, changes to nonpay status, separations, etc.

If employees wish to get advice or information on coverage rights, refunds, etc., they should contact the company/association.

Separate deductions for several types of coverage for a single company will not be made. Only the total amount will be shown; companies must apportion amounts based on their own records.

The relations between the employee and the deduction company/association determines the employee's status. Whether deductions are made is not a governing fact. Deduction companies/associations will collect delinquent amounts, make refunds, or will arrange with Payroll Operations for proper action in special cases only.

A deduction company/association will refund excess amounts directly to the employee where amounts have been deducted after the cancellation date or change. To prevent duplicate refunds, Payroll Operations will not make a refund of any amount without first clearing with the deduction company/association to ensure a refund has not already been made. Refunds will only be made if overcollection was an SCO error.

SUBJECT: BENEFIT TRUST FUND

H 610

REFERENCES
(Revised 08/93)

GC	19831
SAM	8597
SPB Rule	112

INTRODUCTION
(Revised 08/93)

Certain union agreements require, a) the employer to make contributions to casual employee benefit trust funds, b) that the employer withhold income tax on these contributions. Payments to private benefit trust funds of payroll deductions for vacation, holidays, and similar benefits for casual employees are prescribed in Department of Industrial Relations General Prevailing Wage Determinations (G.P.W.D.). These payments will be distinguished from state contributions to health and welfare funds by a statement on the G.P.W.D. Letter that income tax will be withheld. For further information, refer to SAM.

Fund contributions are identified as deduction code 049 and must be withheld from all payments made to a trade rate employee who has contributions paid into a benefit trust fund.

COMPUTATION
H 611
(Revised 08/93)

In order to withhold income tax on these amounts, the rate is included in the employee's hourly salary rate for gross wages. The amount of each deduction is an hourly amount multiplied by the number of hours worked in the pay period; e.g.,

Employee hourly rate is	$ 17.00
Benefit trust funds rate is	2.00
Total hourly rate	$ 19.00
Hours worked during the pay period	x 45
Gross wages	$855.00
Minus tax computed on $855.00	- xx.xx
Minus code 049 deduction (45 hours X $2.00)	- 90.00
Net amount	$ xx.xx

SUBMISSION
H 612

(Revised 03/02)

Benefit Trust Fund Deductions can be requested via the Payroll Input Process (PIP) System using the STD. 671 or Form 672. Refer to H 613 for Processing Procedures and Limitations and H 616-617 for document completion instructions.

For all retroactive deduction requests, a STD. 674 and STD. 650 must be submitted to Payroll Operations for processing. The code 049 deduction amount will be certified on a Miscellaneous Deduction Change Report, STD. 650 (available on DGS web site or from DGS Stores). This form will be attached to the related STD. 674 and will be certified on the PAR/PPT for separations or emergency appointments.

The deductions withheld will be for the total amount due from the employee (e.g., separate deductions will not be withheld for vacation and holidays).

PROCESSING PROCEDURES AND LIMITATIONS **H 613**
(Revised 08/93)

Code 049 is limited to the pay period (month/year) of the regular or overtime payment being requested (i.e., if the regular pay is for the May 1992 pay period, the code 049 will be processed in the PPSD Personnel/Payroll systems as 05/92 pay period.) To request a code 049 for an arrears pay period other than the pay period in which the payment is being issued, the requests must be SUBMITTED TO PPSD on a 674 and 650.

DO NOT process 1st and 2nd half code 049's for the same pay period month in the same payroll cycle (e.g., if an employee has a request for an adjustment to 1st half 06/92 with code 049 and 2nd half 06/92 pay code with code 049 is also being requested, key/process the 2nd half payroll, then key/process the 1st half in the next payroll cycle). Code 049 deductions must be cycled as the deduction does not process in the PPSD Personnel/Payroll system with a Pay Period Type; therefore, the system cannot determine 1st and 2nd half of a pay period.

Requests for pay at multiple rates with separate code 049's for each rate must be processed in separate payroll cycles (e.g., if requesting two regular pay and two overtime payments at different rates with separate code 049 deductions, request/key the higher rate regular pay, overtime and corresponding code 049's. In the next cycle key the lower rate regular pay and overtime with the applicable code 049's.)

It is very IMPORTANT to call the PPSD, Payroll Phone Liaison Unit to verify the status (suspended or rejected) of a code 049 before keying a code 049 request.

Code 049 transactions may also be documented and keyed for salary adjustments created by retroactive PAR/PPT transactions. The code 049 deductions must be keyed on the same day or prior to keying the PAR/PPT and will be deducted from the first half of each pay period. For example, on 10/01/92 a PAR/PPT is keyed effective 09/01/92 for a salary increase. Code 049 deductions for the first and second half of September must also be keyed on 10/01/92. Both code 049 deductions (first and second half) will be deducted from the first half September adjustment.

REPORTS **H 614**
(Revised 08/93)

Approximately the 2nd of each month, Division of Disbursements will send to the Division of Accounting two original copies of the register. These registers will show the amount of benefit trust fund deductions for each employee for each agency withheld from salaries and wages issued between the second of the preceding month and first of the current month. The money will be transferred from the Payroll Revolving Fund to the Special Deposit Fund. Division of Accounting will then forward a copy of the register and a transfer notice to each participating agency.

Each agency will file claims with Division of Audits to remit the money to the proper deduction companies each month.

No reconciliation will be made by SCO between registers for the current month and those of preceding months.

COMPLETION OF FORM STD. 650 **H 615**
(Revised 08/93)

Complete the following items on each STD. 650:

- Social security number
- Employee name
- Position number
- Deduction code – must be 049
- Deduction amount
- Pay period
- Form completed by/telephone number
- Agency name
- Authorized signature/date

One STD. 650 may be used for several employees. Enter "various" in the boxes for SSN, name, and deduction amount and list in Remarks for each employee:

- Social security number
- Employee name
- Deduction amount

STD. 671 COMPLETION REQUIREMENTS **H 616**
(Revised 03/02)

Complete STD. 671 as follows (available on DGS web site or from DGS Stores)

Item	Enter
	Pay Period
1	Type
2	Month (two digits)
3	Year (two digits))
4	Agency Name
8	Social Security Number
9	Initials
10	Name (surname)
	Position
11	Agency (Agency Code))
12	Unit (Reporting Unit)
13	Class
14	Serial

15 Earnings ID – Enter BT for Regular Pay deduction, BT1 for Overtime deduction
Time To Pay
16 Days – Blank
17 Hours/Hdths – Blank
18 Alt. Fund Code (Alternative Funding Code) –
DO NOT USE FOR BENEFIT TRUST DEDUCTIONS
19 Rate – Enter amount to be deducted
20 Work Week – Blank
21 Alternative Funding – DO NOT USE FOR BENEFIT TRUST DEDUCTIONS
22 Total Time – Complete for batch entry control
23 Total Rate – Complete for batch entry control
Authorized Signature/Phone/Date

FORM 672 COMPLETION REQUIREMENTS **H 617**
(Revised 03/02)

Form 672 may be used for request Benefit Trust deductions.

Header Information
PAY PERIOD* - Type, month and year
ROLL* - Roll Code
PAGE* -
BATCH ID* - Batch number assigned by the system

OK (Indicator) – Enter an "X" in box if pay is requested for employee
SSN* - Social Security Number
NAME* - Initials, Surname
CLASS* - Class Code
SERIAL* - Serial Number
ERN ID* - Earnings ID - Enter BT for Regular Pay deduction, BT1 for Overtime deduction
DYS – Blank
HOURS – Blank
RATE – Enter amount to be deducted
AF – Alternative Funding Code - DO NOT USE FOR BENEFIT TRUST DEDUCTIONS
AGY* - Agency Number
UNIT* - Reporting Unit Number

NO. OF EMPLOYEES*- Total number of employees printed on the last page within a given agency, reporting unit, roll code and pay period.
TOTALS – Complete for Batch Control
DATE KEYED - Leave blank (enter initials and date after document has been keyed)
AUTHORIZED SIGNATURE – Must be completed

* This item may be preprinted. Preprinted information may be changed <u>except</u> for the agency, reporting unit, pay period, roll code and Batch ID.

SUBJECT: UNITED STATES SAVINGS BONDS

H 620

REFERENCES
(Revised 03/95)

GC 1153

INTRODUCTION

(Revised 03/02)

Employees may authorize deductions from warrants for the purchase of United State Savings Bonds Series EE; the deduction code is 036.

Authorization must be submitted on form STD. 242, United States Savings Bonds Purchase/Payroll Deduction Authorization (available on DGS web site or from DGS Stores)

The denomination of the bond to be purchased may be authorized ONLY in accordance with one of the options shown in the Deduction Amounts Table below. NOTE: The Deduction Amounts Table is included in completion instructions on the first page of form STD. 242.

DENOMINATION AMOUNT	PURCHASE AMOUNT	DEDUCTION AMOUNT	PAY PERIODS
100.00	**50.00**	**12.50**	**4**
100.00	**50.00**	**25.00**	**2**
100.00	**50.00**	**50.00**	**1**
200.00	**100.00**	**25.00**	**4**
200.00	**100.00**	**50.00**	**2**
200.00	**100.00**	**100.00**	**1**
500.00	**250.00**	**50.00**	**5**
500.00	**250.00**	**250.00**	**1**
1000.00	**500.00**	**100.00**	**5**
1000.00	**500.00**	**500.00**	**1**

CUT OFF DATE **H 621**
(Revised 03/95)

An authorization shall be effective for the month/year indicated on form STD. 242 unless it is not received in sufficient time for processing. The cutoff date for form STD. 242 is the 10th of the month. Forms received after the cutoff date will be effective the subsequent month.

PURCHASE PROCEDURES **H 622**
(Revised 06/99)

PPSD's Bond Unit will establish a separate bond account for each bond authorization. The monies deducted from the employee's warrant are deposited in the State Treasury, Special Deposit Savings Bond Account, to the credit of the Employee's Defense Savings Account. The monies in the account are used to either: 1) purchase bonds for employees when the total bond purchase price is accumulated, or 2) issue a refund when accounts are closed (see REFUNDS below).

The State Controller's Office will have each bond purchased registered in the name or names authorized and delivered to the employee in accordance with procedures by the United States Treasury Department.

REFUNDS **H 623**
(Revised 06/99)

Employees who cancel a bond will receive a refund of monies remaining in the bond account being canceled. If an employee separates or retires and there is money remaining in the bond account(s), a refund will also be issued. Refunds will be issued approximately 60 days after the account(s) is(are) canceled.

SPECIAL INFORMATION **H 624**
(Revised 03/02)

An employee may have a maximum of four separate bond accounts. These accounts cannot be identical (i.e., the registered owner, denomination amount, or co-owner/beneficiary must be different).

Each bond account has a 3-digit account number. The account number is assigned by the Bond System for each new bond authorization, starting with 001. The account number is displayed on the face of the bond in the bottom left corner. Each time an employee submits a change to a bond authorization, the Bond System cancels the existing bond account and account number, creates a new bond account containing the changed information, and assigns a new sequential bond account number for the changed bond authorization. The bond account number is required to ensure that the correct bond account is changed or canceled. All inquiries or correspondence regarding bonds must contain the current 3-digit bond account number.

Bonds will be mailed only to the address of the registered owner, as printed on the face of the bond. If the address of the registered owner changes, a new Bond Authorization Form must be completed to change the mailing address.

NOTE: The FORM STD. 686, EAR, DOES NOT CHANGE THE ADDRESS ON THE BOND ACCOUNT.

Bonds will be issued and mailed to the registered owner by the Federal Reserve Bank. Bonds will be dated as of the month and year for which the deductions were withheld and all bonds will be mailed within sixty days from that date.

If the employee has an escrow account, the bond will be dated after the last deduction is withheld to purchase the bond.

A bond deduction will not be withheld if there are insufficient funds for that pay period. If another payment for the same pay period is generated, the bond deduction will be applied. Otherwise, the bond deduction for that pay period is never withheld; i.e., no retroactive deductions.

Information on the U.S. Savings Bonds can be found on the State Controller's Office web site by accessing: (http://www.sco.ca.gov/ppsd/empinfo/bonds/bonds.shtml)

UNDELIVERABLE BONDS **H 624.1**
(Revised 03/02)

Bonds returned as "Undeliverable" by the United States Post Office will be held by PPSD's Program Support Section (PSS). The Bond Unit will attempt to locate a correct address. Specifically, three items are verified: 1) bond correspondence/inquiries from employees, 2) bond activity within the Payroll System, and 3) EAR screen activity.

If an authorized address is found via the first two items described on the previous page, the Bond Unit will notify PSS to forward the bond to the correct address.

If an authorized address is not found, the Bond Unit will verify the address against the address on the EAR screen as follows:

1. For separated employees, if EAR and bond addresses are different, employees will be sent a memo, form PR 358 (See PPM Section Z, Attachment H-3) for completion. This form will be sent to the address indicated on the EAR.

2. For active employees, if EAR and bond addresses are different, employees will be sent a memo (form PR 358) and a form STD. 242 (available on DGS web site or from DGS Stores) for completion. These forms will be sent to the address indicated on the EAR. If there is no response within 30 days or if EAR and bond addresses are the same, a memo (form PR 358) and a form STD. 242 will be sent to the employee's Personnel Office.

The following steps will be taken if an authorized address change (via form STD. 242) is not received by the Bond Unit six months after the bond(s) is(are) returned as undeliverable.

1. A final notice, PR 358 will be sent to the employee and/or Personnel Office requesting an authorized address change.

2. The PR 358 will also inform the employee that unless an authorized address change is received within six weeks of the PR 358 date, the Bond Unit will initiate cancellation of the bond account(s).

If a correct address is not located, PSS will continue to hold the bond. Each July, PSS will transfer all employee's undeliverable bond(s) to the State Controller's Office, Division of Unclaimed Property (DUCP), if the last bond issue date is nine months or prior. If the last bond issue date is not nine months or prior, all bonds for the employee will remain at PSS.

CORRESPONDENCE **H 625**
(Revised 03/02)

If an employee receives a bond which does not agree with their records (their most current Form STD. 242), the bond must be returned with a letter explaining the nature of the error. The bond and letter must be sent to:

State Controller's Office
Attention: Bond Unit
PO Box 942850
Sacramento, CA 94250-5878

If the Bond Unit verifies that the inscription on the bond is incorrect, a form PR 468 (See PPM Section Z, Attachment H-4) will be sent to the Federal Reserve Bank to request a replacement of the bond.

In case of lost, stolen, or destroyed bonds after receipt by the bond owner, a notice, including a full description of the bond, should be sent to the State Controller's Office, PPSD, Attn: Bond Unit, who will arrange for a replacement bond to be issued. Inquiries must be sent to:

State Controller's Office
Personnel/Payroll Services Division
P.O. Box 942850
Sacramento, CA 94250-5878

Attn: Bond Unit

REPLACEMENT BOND PROCESS **H 625.1**
(Revised 03/02)

If a bond needs to be replaced because it was lost, stolen or destroyed, a form PDF3062 must be completed. If lost, stolen or destroyed after receipt, a form PDF1048 must be completed, both forms available on the US Savings Bonds web site by accessing http://www.savingsbonds.gov. Only a signature of the owner, co-owner or beneficiary is required to replace the bond when completing the form PDF3062. However, in addition to the owner, co-owner or beneficiary signature, you will need an authorized certifying officer to sign on the form PDF1048.

Upon receipt of a bond replacement request, the Bond Unit will complete part 1 of the appropriate form. The form will then be forwarded to the Bond Owner who is responsible for completing and sending the form to the Federal Reserve Bank (FRB).

Replacement bonds will be issued within 15 business days after the form is received by the FRB. The FRB will not notify the State Controller's Office of the replacement bond information.

CORRECTIONS TO EMPLOYEE BOND RECORD FILE **H 626**
(Revised 06/99)

The Bond Unit will limit bond deduction corrections to those instances when a discrepancy between the amount authorized and deducted exists. If a correction is required, it will be processed in a subsequent pay period. Retroactive deductions are not allowed.

If a bond deduction amount is erroneous, and the employee claims a hardship as a result of the error, the agency/campus can submit a form STD. 674 to PPSD, Attn: Bond Unit. The Bond Unit will take the appropriate corrective action.

In Remarks, enter "EE claims hardship. Please refund erroneous bond deduction amount of $_____."

FORM STD. 242 GENERAL COMPLETION INSTRUCTION **H 627**
(Revised 06/99)

A separate form STD. 242 must be completed for each registered owner for whom a bond is to be purchased. A separate form STD. 242 is required for each bond transaction (new, cancel, or change). NOTE: If a form STD. 242 was sent in error, a corrected authorization must be sent to PPSD, Attn: Bond Unit.

All items on the form STD. 242 must be completed in ink or typed. If not typed, the items must be printed legibly. If all required information is not completed on the form STD. 242, the form will be returned to the employee for completion.
NOTE: Due to system limitations, the following restrictions must be applied.

Name	30 spaces
Number and Street	30 spaces
City	19 spaces
State	2 spaces
Zip code	5 spaces

The following abbreviations may be used for completing the street address

Apartment	Apt	Hospital	Hosp
Avenue	Ave	Lane	Ln
Boulevard	Blvd	Park	Pk
Box	Bx	Place	Pl
Canyon	Cyn	Post Office Box	P O Box
Circle	Cir	Road	Rd
Court	Ct	Route	Rt
Drive	Dr	Street	St
General Delivery	Gen Del	Terrace	Ter
Highway	Hwy	Trailer	Trlr
		Way	Wy

BONDS MUST BE SENT TO ADDRESSES IN THE UNITED STATES ONLY. NO FOREIGN ADDRESSES WILL BE ALLOWED.

The following abbreviations must be used when completing the state:

Alaska	AK	Louisiana	LA	Oklahoma	OK
Alabama	AL	Maine	ME	Oregon	OR
Arizona	AZ	Maryland	MD	Pennsylvania	PA
Arkansas	AR	Massachusetts	MA	Puerto Rico	PR
California	CA	Michigan	MI	Rhode Island	RI
Colorado	CO	Minnesota	MN	South Carolina	SC
Connecticut	CT	Mississippi	MS	South Dakota	SD
Delaware	DE	Missouri	MO	Tennessee	TN
Dist. Of Columbia	DC	Montana	MT	Texas	TX
Florida	FL	Nebraska	NE	Utah	UT
Georgia	GA	Nevada	NV	Vermont	VT
Hawaii	HI	New Hampshire	NH	Virginia	VA
Idaho	ID	New Jersey	NJ	Virgin Islands	VI
Illinois	IL	New Mexico	NM	Washington	WA
Indiana	IN	New York	NY	West Virginia	WV
Iowa	IA	North Carolina	NC	Wisconsin	WI
Kansas	KS	North Dakota	ND	Wyoming	WY
Kentucky	KY	Ohio	OH		

FORM STD. 242 COMPLETION **H 628**
(Revised 06/99)

The following items must be completed:

SECTION A: EMPLOYEE INFORMATION

1. Social Security Number
2. Employee Name
3. Agency Name
4. Agency Code

SECTION B: ACTION TO BE TAKEN

1. If action is a NEW DEDUCTION authorization:
   - ► Box #1 (New Deduction Authorization) must be x'd.

- ► Month and Year deduction is to begin must be completed.

2. If action is a CANCELLATION in authorization:
   - ► Box #2 (Cancellation of an existing bond) must be x'd.
   - ► Month and Year in which the deduction is to be canceled must be completed.
   - ► Bond Account Number must be entered.

NOTE: The form STD. 242 cannot be processed without the Bond Account Number.

3. If action is a CHANGE in authorization:
   - ► · Box #3 (Change an existing bond) must be x'd.
   - ► · Month and Year in which the deduction is to be changed must be completed.
   - ► · Bond Account Number must be entered.

NOTE: The form STD. 242 cannot be processed without the Bond Account Number.

To change an existing Bond Account, one or more of the following must be checked:
Address Change
Owner's Name Change
Beneficiary or Co-owner Change
Denomination or Deduction Amount Change

SECTION C: BOND INFORMATION - All items must be completed.

Social Security Number.	Bond owner's social security number
Owner's Name	Bond owner's First Name, M.I., and Last Name. (Due to SCO system limitations, Trust accounts cannot be used.)
Address	Bond owner's mailing address.
City	City.
State	Two digit state code (see State Code Table in Section H 627 for abbreviation).
Zip Code	Five digit zip code.
Deduction and/or Denomination Information	Must agree with one of the options shown on the Deduction Amounts Table as provided on the form STD. 242.
Co-owner or Beneficiary Information	Check one if applicable and enter complete name. (Due to SCO system limitations, Trust accounts cannot be used.)

SECTION D: AUTHORIZATION - all items must be completed.

Employee Signature	Form must be signed (if employee has died, enter "deceased").
Date Signed	Month, day, year.
Daytime Telephone No.	Daytime phone number.
Employee Address	Complete address (number, street, city).
State	Two-digit state code (see State Code Table in Section H 627 for abbreviation).
Zip Code	Five-digit zip code.

SUBJECT: CHARITABLE CONTRIBUTIONS

H 630

REFERENCES
(Revised 03/89)

GC 1151 (f)
Board of Control Rule 663

INTRODUCTION
(Revised 03/89)

The Charitable Contribution procedures apply to all agencies/campuses in the USPS and to all principal combined fund drive agencies for which payroll deductions are made.

AUTHORIZATIONS FOR DEDUCTIONS **H 631**
(Revised 03/89)

The deductions withheld by Payroll Operations shall be for only one of the approved fund drive agencies per employee. Separate deductions should not be made from an employee's salary for several fund drives.

Deduction code 017 has been assigned for all charitable deductions. An organization code is used to identify each individual fund drive. See Section B 018 for organization codes.

SPECIAL PROVISIONS **H 632**
(Revised 03/89)

If the net wages of an employee are not sufficient to withhold the voluntary deduction or the employee is on leave, the employee may make a direct payment to the fund drive.

No deduction should be taken from separation pay of employee unless the separation occurs at the close of the last work day of the pay period. When an employee separates from a position (by leave of absence or permanently) prior to the end of the pay period, a separation payment to the employee should not include charitable contribution deductions.

PLEDGE DRIVE **H 633**
(Revised 03/02)

State agencies/campuses shall designate employees in each locality, office, or reporting unit to assist the local charitable fund drive in its appeal for contributions from state employees. This assistance shall include the distribution of preprinted pledge forms and the proper disposition of these forms after the employee has signed a pledge form.

All pledges to fund drive agencies not approved for payroll deduction and pledge forms indicating support by means other than by payroll deduction must be treated by representatives of the agency/campus as requested by the fund drive.

Pledge forms authorizing payroll deductions for charitable contributions to approved fund drive agencies shall be delivered to the personnel clerk for the locality, office, or reporting unit of each agency/campus.

PLEDGE DRIVE FORMS **H 634**
(Revised 12/85)

Pledge forms will be sent directly from a state agency/campus to Payroll Operations daily as the basis for the addition, change, or deletion of a deduction. Such notices must be received in Payroll Operations by the 15th of the month in order to be processed in that month. If the 15th falls on a Saturday, Sunday, or holiday, cutoff will be the following workday. Authorized deductions will show on succeeding warrant registers and Statement of Earnings and Deductions.

No requests for new deductions, deduction of retroactive amounts, or notices of change of amounts

will be accepted from employees by Payroll Operations. All requests and information must be sent by the employees to their employing agency/campus. Deductions will be processed only in the period in which received. After the United Way Drive is completed, cancellations will be accepted from employees the same as other administrative cancellations (see H 014).

SUBMISSION OF PLEDGE FORMS **H 635**
(Revised 12/85)

Agencies/campuses will review pledge forms for payroll deduction and send them to Payroll Operations.

Errors in SSN, name, or incorrectly completed forms may result in the return of deduction authorization forms. Since this may result in no deduction in the initial pay period, extreme care must be exercised in obtaining and transcribing the correct information on the pledge form.

COMPLETION OF PLEDGE FORM **H 636**
(Revised 12/85)

The following information is required on the pledge form:

Social Security Number	
Employee name	Show complete last name (although SCO listing will show only the first 13 characters)
Agency, unit	
Fund drive code	Indicate code number assigned (see Section B 001).
Amount of deduction	Up to 6 digits. Must be entered on all additions and changes.
Employee's signature/date	

SUBJECT: MAINTENANCE-FIXED AND VARIABLE

H 650

REFERENCES
(Revised 12/85)

CD	1156(e)
SAM	11000-11075

INTRODUCTION
(Revised 03/02)

Maintenance charges may be submitted as payroll deductions by agencies in the USPS. An agency may have both fixed (deduction code 011) and variable (deduction code 012) maintenance deductions. Different procedures are employed for reporting variable maintenance deductions and for reporting fixed maintenance deduction amounts. An employee may have one deduction for fixed maintenance and one deduction for variable maintenance in the same pay period.

Maintenance cannot be deducted if related personnel documents have not been forwarded to PPSD. All maintenance deductions originated by the agency on a list should be checked against the personnel records prior to transmittal to Payroll Operations.

Maintenance deductions not withheld from the master payroll will be taken from supplemental payrolls if applicable. Also, if a warrant is redeposited, the related maintenance deduction will be taken from the warrant as reissued.

Miscellaneous Deduction Change Report, form STD. 650, (available on DGS web site or from DGS Stores), and attached listing, if necessary, should be sent to Payroll Operations as early in the month as possible, but must be received by the 15th of the month. If the 15th falls on Saturday, Sunday or holiday, the following workday will be cutoff.

FIXED MAINTENANCE **H 651**
(Revised 12/85)

Fixed maintenance is the same as other "fixed" deductions. The deduction amount after being documented to Payroll Operations will continue to be automatically deducted for the same employee each pay period until changed or canceled by another document.

If several fixed maintenance deductions are involved for the same employee, the amount must be aggregated into one amount to be reported by Payroll Operations.

Fixed maintenance deductions are restricted to the agency code shown on form STD. 650 or PAR. Therefore, if an employee transfers from one agency code to another, a delete form STD. 650 cancellation from the delete agency is necessary. A form STD. 650 must be submitted to establish the deduction in the new agency.

A fixed maintenance deduction may be reported on a PAR to coincide with an appointment or a separation pay. This is in lieu of submitting a form STD.650.

VARIABLE MAINTENANCE **H 652**
(Revised 03/02)

Variable maintenance should be used when the deduction amounts vary for each pay period. It is treated as a "one-time" deduction each time it is submitted. If several variable maintenance deductions are involved for the same employee, the amount must be aggregated into one amount to be reported to Payroll Operations.

Agencies will report variable maintenance deductions only once each pay period. For employees paid semimonthly, maintenance will be deducted from the payment for the first or the second half of the pay period, depending on when the deduction is processed.

Variable maintenance charges will be reported by use of form STD. 650 and Variable Maintenance Lists (See PPM Section Z, Attachment H-5). SCO will generate lists for the subsequent pay period for employees who had maintenance deductions processed in the current pay period. Employees are listed alphabetically by initials within the surname.

No variable maintenance charges will be deducted per any other document except STD. 674 requesting supplemental pay for temporary disability as outlined in Section E 300.

Form STD. 650 and lists must be received by the close of business on the 15th of the month. If the 15th falls on a Saturday, Sunday, or holiday, the following workday will be cutoff.

Agencies who decentrally request maintenance deductions should follow the instructions in the Keymaster Decentralized Users Manual, form STD. 650 Application Only.

ADJUSTMENTS OF VARIABLE MAINTENANCE DEDUCTIONS **H 653**
(Revised 08/93)

When excess deductions have been withheld from an employee's warrant, an agency may reduce the next month's deduction amount for that employee by the amount of such overdeduction or may write a check against the proper account to reimburse the employee for the amount overdeducted.

If the agency failed to report the full amount of maintenance deductions to be withheld or if the deductions were not made as requested, the agency may add the amount of such uncollected deductions to the maintenance deduction amount to be taken for the succeeding month if the individual is still employed by the agency. At its option, an agency may act immediately to collect the amount due from the employee.

PAYMENT TO AGENCY OF MAINTENANCE DEDUCTIONS **H 654**
(Revised 08/93)

SCO will prepare a warrant for each agency for the total amount of maintenance deductions withheld. This warrant must be drawn payable to the fund and appropriation or account designated in advance as the proper payee by the appointing power or representative. The warrant together with Notice of Claim Paid, form CD 102, will be released to the agency about the first of the month.

After the first of each month (the cutoff date for payroll reports), all maintenance items deducted during the preceding business month will be sorted alphabetically to the employee's initials and surname within agency code and a listing will be prepared for each agency.

COMPLETION OF FORM STD. 650 FOR FIXED MAINTENANCE **H 655**
(Revised 04/02)

The following items must be completed on STD. 650

Social security number
Employee name
Position number
Deduction code - must be 011
Deduction amount - leave blank for cancellation
Type of change - enter "1" for new
"2" for delete
"3" for change
Pay period
Form completed by/telephone number
Agency name
Authorized signature/date

If more than one employee is involved, a listing in Remarks or an attached listing may be submitted. The listing must include the following:

Social security number
Employee name
Position number - agency code only
Deduction amount

On the STD. 650, show "various" for the above items. Deduction Amount should be totaled on the attached listing.

COMPLETION OF VARIABLE MAINTENANCE LISTS **H 656**
(Revised 04/02)

For employees shown who have maintenance deductions, ENTER (in ink) the amounts due in the blank space between the columns "SERIAL NUMBER" and "DEDUCTION PAY PERIOD". Entries must show two decimal places; e.g., 7.00 not 7.

For employees shown who DO NOT have maintenance deduction due, line out the entire line of information.

For employees who have maintenance deduction due but the employee information is incorrect on list, line out the entire line of information and submit a STD. 650 (see H 655).

Prepare adding machine tapes showing totals of the maintenance deduction amounts due for each reporting unit on the listing. A SEPARATE COVERING form STD. 650 MUST ACCOMPANY THE LIST FOR EACH AGENCY CODE. A separate line must show pay period, agency and reporting unit codes. It must contain a statement of the number of entries, sum of maintenance deduction amounts reflected on the listing and the adding machine tapes. The forms STD. 650 must be signed by an authorized person, stapled to the front of the lists in the upper left hand corner and sent to Payroll Operations.

Agencies will submit/process variable maintenance deductions only once each pay period. For employees paid semimonthly, maintenance will be deducted from the payment for the first or second half of the pay period, depending on when the deductions is processed.

The Miscellaneous Deduction Change Report, form STD. 650, and the related variable maintenance lists must be received by the close of business on the 15th of the month. If the 15th falls on a Saturday, Sunday or holiday, the following workday will be cutoff.

SUBJECT: PARKING

H 660

REFERENCES
(Revised 03/01)

GC 1151(d)

INTRODUCTION
(Revised 04/02)

Civil service agencies that wish to collect parking fees by payroll deduction must contact the Department of General Services and PPSD for collection plan approval; CSU campuses need only contact Payroll Operations.

Before sending deduction authorization forms, Payroll Deduction Authorization, Form CD88, the agency/campus must satisfy statutory requirements and furnish the following to PPSD:

Complete the Payroll Deduction Specification Form.

Signature Cards of agency employees authorized to sign forms CD88 must be on file with Payroll Operations.

Complete the Internet Payroll Deduction Reporting Participation Form.

Deduction codes 050 (Post-Tax) and 360 (Pre-Tax) are assigned for all parking

deductions. An organization code is used to identify each individual parking lot. See Sections B 023 and B 032 for organization codes.

SPECIAL INFORMATION **H 661**
(Revised 04/03)

Parking deductions will be made in a fixed amount each month beginning with the pay period Payroll Operations receives the notice from the agency/campus (if received by the cutoff date) and will continue until the employee separates or until the agency/campus submits a cancellation.

Effective with the June 2000 pay period, the Department of Personnel Administration (DPA) established a pre-tax parking program for Civil Service employees. For details of this program, please refer to the DPA Personnel Management Liaison (PML) memorandum 2000-024 and the State Controller's Office Payroll Letter 00-012.

Effective with the December 2001 pay period, the Office of the Chancellor established a pre-tax parking program for CSU employees. For details of this program, please refer to the Office of the Chancellor's Technical Letter HR/Benefits 2001-20 and 2001-20 Supplements 1, 2 and 3 and 2002-13 the State Controller's Payroll Letter 01-022.

Please refer to PPM Section N 161.1 for the monthly benefit exclusion amount.

A change from one parking lot to another requires a cancellation notice from the old and a new authorization for the new.

AUTOMATED CONVERSION PROCESS **H 661.1**
(New 07/02)

A monthly Mark IV program, PDC1086 – 1087 (Civil Service) and PDC 2086 – 2087 (CSU), is run to convert parking deductions to or from pre-tax status for employees who become eligible or ineligible. If the employee is eligible or has previously declined participation and wishes to resume participation in the pre-tax plan their deduction will convert to pre-tax status. For the employees who become ineligible or decline participation in the pre-tax plan, their deduction is converted to post-tax status.

CHANGE IN ELECTION (OPT-OUT/IN) **H 661.2**
(New 07/02)

If eligible, participation in the pre-tax plan is automatic unless chosen otherwise. Participation in the pre-tax plan is optional and employees may choose to start/stop participation at any time. All changes must be prospective. Requests must be received at the Controller's Office by the 15th of the month to be effective current month. If the 15th falls on Saturday, Sunday or a holiday, the following workday will be the cutoff.

Civil Service employees that decide to discontinue or resume participation must send a written request containing the following information:

- State the action requested – either decline participation in the pre-tax parking plan or request participation in the pre-tax parking plan
- Employee's name
- Employee's social security number
- Employee's original signature

- Date request signed

Send the written requests to:

State Controller's Office
Personnel/Payroll Services Division, Collective Bargaining Unit
P.O. Box 942850
Sacramento, CA 94250-5878

CSU employees that decide to discontinue or resume participation must complete and submit a CSU Pre-Tax Parking Deduction Election Authorization form to their campus Human Resources Office

APPLICATION FOR PARKING **H 662**
(Revised 03/01)

Applications must be obtained by the employee through contact with the agency. Application fees, if any, must be collected by the agency, as only the normal monthly deductions will be collected by payroll deductions.

An application, signed by an employee, will show his social security number. An authorization for Payroll Operations to take deductions from the employee's pay must be included in the application. The deduction authorization forms must provide that the agency/campus is to act as the agent of the employee in payroll deduction agreements for parking fees.

Upon receipt of applications from employees, the agencies/campuses shall complete Form CD 88. Employee's applications shall be retained by the agencies/campuses.

AUTHORIZATION FOR PARKING **H 663**
(Revised 03/01)

No retroactive additions, cancellations, or changes in amount may be requested by an agency/campus or employee. Deductions or cancellations of deductions will only be processed by Payroll Operations in the period in which received (16th of one month through the 15th of the following month constitutes current pay period).

The agency/campus must notify Payroll Operations daily of deduction changes. Change in deductions will be made only upon notice from the agency/campus. No requests for new deductions, deduction of delinquent fees or notices of changes of amounts of fees will be accepted from employees. All requests and information in such cases must be sent by the employees to the agency/campus.

AUTHORIZATION FOR REFUNDS **H 664**
(Revised 04/02)

Effective with the implementation of the pre-tax parking plans, the State Controller's Office must refund pre-tax parking deductions because the amount refunded becomes taxable income and all applicable taxes need to be withheld from the refund. Therefore, if an employee is due a refund for parking fees because fees were deducted after the effective date of a cancellation or change, complete and submit a Parking Adjustment Notice, form PPSD 360 (See PPM

Section Z, Attachment H-6) to the Miscellaneous Deductions Unit. For PPSD 360 completion instructions refer to PPM Section Z, Attachment H-7.

EFFECTS OF PAYROLL/PERSONNEL TRANSACTIONS **H 665**
(Revised 04/02)

When an employee transfers from one agency to another and has previously authorized a payroll deduction, the deduction will continue to be applied automatically unless a cancellation has been received.

Employees on leave must make arrangements with agencies to make direct payment.

No deduction will be taken from separation pay of employee unless the separation occurs at the close of the last work day of the pay period. When an employee separates from a position (by leave of absence or permanently) prior to the end of the pay period, the final payment to the employee will not include deductions.

If the gross wages of an employee are not sufficient to withhold a parking deduction, agencies/campuses may submit STD. 674 to request the deduction be taken from a subsequent month provided there was sufficient gross earnings for the previous pay period to withhold the deduction. Employees enrolled in the pre-tax parking plan should not make direct payments to the agency/campus because they would not receive the pre-tax benefit.

REPORTS/REMITTANCES TO AGENCIES **H 666**
(Revised 04/02)

After the first of each month, SCO will remit to each agency/campus the amount deducted for that agency/campus from employees between the second of the preceding month and the first of the month in which the remittance is made.

Each remittance will be followed within six days by a payroll report showing the amount deducted for each employee.

No reconciliation will be made between reports for the current month and those of preceding months. Notices of transactions affecting employees, such as SSN, name changes, changes of nonpay status, separations, etc., will be sent by Payroll Operations on Notice of Deduction Deletion or Temporary Discontinuance, PR 1740A.

Agencies/campuses shall not contact Payroll Operations regarding nonreceipt of a deduction unless the deduction has not been made for two consecutive months. Agencies should research PR 1740A carefully and should also check to see if forms CD 88 were returned due to errors. Frequent causes of deductions not being made initially are incorrect data, future pay period and late receipt. Late problems usually involve delayed pay that will be in the next listing.

SUBMISSION OF PAYROLL DEDUCTION AUTHORIZATION CHANGE **H 667**
(Revised 04/02)

Forms CD 88 will be sent directly to the Payroll Operations daily as a basis for the addition, change, or deletion of a deduction. Authorized deductions will show on succeeding warrant registers and Statement of Earnings and Deductions. Form CD 88 must be received by the 15th of the month. If the 15th falls on Saturday, Sunday or holiday, the following workday will be cutoff.

Deduction authorization forms will be returned if forms are incorrectly completed or if there is an error in name or SSN. Since this will result in no deduction in the initial pay period, extreme care must be exercised in obtaining and transcribing the correct information to the form CD 88.

The only deduction form Payroll Operations will accept is form CD 88. Payroll Operations supplies master forms CD 88 from which the agencies/campuses can make their own copies. All copies must be EXACT reproductions of the master form CD 88 including the white paper. Reformatting or changing the form CD 88 in any way will result in its return to the agency/campus.

COMPLETION OF FORM CD 88 **H 668**
(Revised 04/02)

Complete the information on the form CD 88 as follows:

Full name of company or organization (agency/campus)
Social security number
Employee name - show complete last name (although SCO listing will show only the first 13 digits)
Deduction code - enter 360
Organization code - indicate code number assigned by Payroll Operations
Amount of deduction - up to 7 digits. Must be entered on all additions and changes. Leave blank for cancellations.
Type of change - enter "X" in the appropriate box
Pay period - use numerical month and year (e.g., enter 04/85 for April 1985)
Authorized signature/date

SUBJECT: FINGERPRINTING FEES – CCC

H 670

REFERENCE
(New 06/97)

GC 1151(a)

INTRODUCTION
(New 06/97)

There are several types of state agency program fee deductions available to state employees. This section deals exclusively with CCC fingerprinting fees which is available only to newly hired corps members of the California Conservation Corps.

GENERAL INFORMATION **H 671**
(New 06/97)

The California Conservation Corps must fingerprint all newly hired corpsmembers and the fingerprint cards are then forwarded to the Department of Justice (DOJ) for processing. The one-time fingerprinting fee charged by DOJ is passed on to the corpsmember as a one-time deduction from the employee's first paycheck. CCC later refunds the fee as a "longevity" bonus after the corpsmember completes 320 hours of work. The refund is handled outside the payroll process.

FORM STD. 650 COMPLETION **H 672**
(Revised 03/02)

Form STD. 650 (available on DGS web site or from DGS Stores) is used to submit the

deduction information to Payroll Operations. The form must be received in Payroll Operations by the 15th of the month. If the 15th falls on a weekend or holiday, the following workday is the cutoff.

The following items must be completed on form STD. 650:

Social Security number
Employee name
Position number
Deduction code - must be 021
Organization Code - must be 532
Deduction amount
Type of change - must be NEW
Pay period
Number of times - must be ONCE
Agency name
Telephone number
Authorized signature/date

PAYMENT TO AGENCY **H 673**
(New 06/97)

SCO will prepare a warrant for the total dollar amount of deductions withheld that month and will be released to the agency on the first of the following month.

SUBJECT: CALIFORNIA STATE LIBRARY

H 675

REFERENCE
(New 01/00)

Education Code Sections 19331 and 19332

GENERAL INFORMATION
(New 01/00)

The California State Library provides books and materials on loan to other libraries, the Legislature, the Executive Branch of Government and State employees. When books or materials borrowed by State employees are not returned in a timely manner, the California State Library is authorized to charge up to three times the value of the borrowed material. The amount authorized shall be repaid by the delinquent borrower through payroll deduction.

After the California State Library provides the State Controller's Office in writing with the employee's name and deduction amount, the State Controller's Office will notify the employee in writing that pursuant to Education Codes 19331 and 19332, the State Controller's Office will withhold the amount directed by the California State Library from his/her next payroll warrant to recover the cost of delinquent materials.

The employee should contact the California State Library if he/she has any questions.

SUBJECT: COUNTY MISCELLANEOUS

INTRODUCTION **H 680**
(Revised 12/85)

Miscellaneous voluntary deductions for Superior Court Judges are identified as "County Miscellaneous" and are assigned deduction code 014. The list of deductions included in this code are shown in B 017.

SUBMISSION OF FORM CD 88 **H 681**
(Revised 03/02)

A Payroll Deduction Authorization, form CD 88 must be submitted by the payroll office to add, delete, or change a deduction

COMPLETION OF FORM CD 88 **H 682**
(Revised 12/85)

Complete form CD 88 as follows:

Full name of company or organization
Social security number
Employee name
Deduction code - must be 014
Organization code
Amount of deduction - must be entered on all additions and change
Type of change - enter "X" in the appropriate box
Pay period - numerical month/year
Authorized signature/date

SUBJECT: DOMESTIC PARTNER BENEFITS

H 690

REFERENCES
(Revised 11/03

Assembly Bill No. 26 (AB 26)(Stats. 1999, Ch. 558),
Assembly Bill No. 25 (AB 25)(Stats. 2001, Ch. 893),
Department of Personnel Administration (DPA) Personnel Management Liaison (PML) memorandum 99-068 and 2001-002;
California State University Technical Letter HR 2000-01, HR 2000-01 Supplement #1, HR 2000-01 Supplement #2, HR/Benefits 2001-08, HR/Benefits 2002-03, HR/Benefits 2002-03 Supplemental #1
CalPERS Circular Letter 600-18, 600-006-02 and
State Controller's Office Payroll Letter 00-008, 02-006

INTRODUCTION
(New 06/01)

With passage of AB26, effective January 1, 2000, domestic partners of Non-CSU and CSU employees became eligible to obtain health benefits under the standard eligibility rules of the Public Employees' Medical Health and Care Act (PEMHCA). The DPA and the Board of Trustees and employee unions extended dental and vision benefits to domestic partners of eligible employees. Employees were advised that adding domestic partner benefits could result in taxable income to the employee (See Tax Implications for exceptions).

ELIGIBILITY **H 691**
(Rev. 11/03)

AB 26 began January 1, 2000 and established the right to register a domestic partnership relationship with the State. The Secretary of State will register the domestic partnership and provide a Declaration of Domestic Partnership to the domestic partners. Same-sex domestic partnerships between persons who are both at least 18 years of age, and opposite sex domestic partnerships when both persons are over age 62, are eligible to register with the Secretary.
AB 25, effective January 1, 2002, changed the eligibility requirements to include opposite sex domestic partnerships if *one or both* partners are over age 62.

After the employee registers his/her domestic partner, the employee may enroll a domestic partner in the health, dental and vision benefits and receive the increased employer contribution for the coverage. An employee may add the domestic partner's children to the benefit plans provided they reside in the employee's home and meet the definition of economic dependents.

If the partnership dissolves, the employee must file a notice of Termination of Domestic Partnership with the Secretary of State and cancel coverage of the domestic partner and any children who were added as a result of the partnership.

ENROLLMENT PROCESS **H 692**
(New 06/01)

After the employee registers the partnership with the Secretary of State he/she may enroll a domestic partner in the health, dental and vision benefits. Refer to CalPERS Circular Letter No. 600-18 for the enrollment process in a CalPERS health plan. The same modifications used for the health documents are followed in completing dental enrollment. Because the vision benefit enrollment process is automated and the cost is a flat rate regardless of the number of dependents, it is not necessary to add dependents to the vision program.

PARTY RATE CODES **H 693**
(New 06/01)

To compute the tax liability of the domestic partner's benefits applicable to health and dental, party rate codes A and B were established. Party rate code A is equivalent to party rate code 2 and represents an employee plus a domestic partner. Party rate code B is equivalent to party rate code 3 and represents an employee, a domestic partner plus one or more dependents.

TAX DEPENDENT DESIGNATIONS **H 694**
(Revised 11/03)

Adding domestic partner benefits results in taxable income to the employee unless the domestic partner is a tax dependent for purposes of federal and state taxes. If a non-CSU employee's domestic partner qualifies as a dependent for tax reporting and wishes to claim the tax exemption, a DPA 680 form must be completed and signed by the employee. When an employee no longer qualifies for the tax exemption, the employee is required to rescind his/her affidavit. For non-CSU employees, please refer to DPA PML 2001-02 for instructions regarding domestic partner benefits tax exemption. CSU employees may designate domestic partner tax dependent status by following the instructions outlined in Technical Letter HR/Benefits 2001-08. When a domestic partner no longer qualifies as a tax dependent, the appropriate form must be completed and forwarded to the State Controller's Office. The employee's domestic partner benefit will then be subject to the imputed tax liability.

TAX IMPLICATIONS
(New 06/01)

The DPA and Chancellor's Office have determined that the actual cost of the domestic partners benefit is taxable income to the employee. The premium structure for health, dental, and vision benefits was examined to arrive at the actual cost of this benefit. Because the vision premium has a single composite rate and adding dependents does not result in any additional cost, the vision benefit is not a taxable benefit for the employee. The most equitable way to calculate actual cost for adding a domestic partner to health and dental benefits is to use the difference between the health and dental premiums of party rate one and party rate two. This method uses party rate one premium as the baseline and treats the domestic partner as the first addition to the employee's coverage.

TAX COMPUTATION **H 695**
(Rev. 11/03)

The reportable/taxable income for the domestic partners benefit is an "imputed value" based on the difference between the one and two party health and dental premiums. Federal and the appropriate state (NY, Ill.) taxes will be applied at their flat rates. Social Security and Medicare taxes will be withheld if applicable. Please note that California state taxes were applicable from the beginning of the program, January 1, 2000, up through December 31, 2001. AB 25, effective January 1, 2002, acknowledges domestic partners as dependents, thus eliminating any further California state tax liability.

EXAMPLE: Employee is enrolled in Kaiser, party rate code B and Delta Dental, party rate code A.

The monthly 'imputed value' of the domestic partner benefit is computed as follows:

Kaiser, party rate code 2 premium	$ 518.42
Kaiser, party rate code 1 premium	- 259.21
Health Benefit Taxable Income	$ 259.21
Delta Dental, party rate code 2 premium	$ 71.67
Delta Dental, party rate code 1 premium	- 40.82
Dental Benefit Taxable Income	$ 30.85
Health Benefit Taxable Income	$ 259.21
Dental Benefit Taxable Income	30.85
Total Monthly Taxable Income	$ 290.06

Each month the employee will have an additional $290.06 in taxable income.

The monthly tax liability is computed on the total taxable income of $290.06 as follows:

Federal Tax	$290.06 x 25%	$72.52
Social Security Tax, if applicable	$290.06 x 6.2%	$17.98
Medicare Tax, if applicable	$290.06 x 1.45%	$ 4.21

TAX WITHHOLDING **H 696**
(Revised 11/03)

Tax withholding is on a one month lag (i.e., taxes withheld from the July pay period warrant are for deduction activity that occurred during the June pay period).

All applicable taxes, Federal, State (NY, Ill.), Social Security and Medicare are withheld on a monthly basis. Federal and State taxes are not withheld from the December pay period warrant for the November benefits since the December warrant is income for the following year.

Tax liability is applied to the employee's regular payroll warrant. Should the employee separate or be on a leave of absence, an account receivable will be established for the Social Security and/or Medicare taxes.

WAGE AND TAX FORM W-2 **H 697**
(Revised 11/03)

The 'imputed value' of the domestic partner benefits is reported as taxable income on the Form W-2. Taxes withheld will also be reflected on the Form W-2.

RETROACTIVITY **H 698**
(Revised 11/03)

In addition to the health and/or dental premiums being adjusted, for the current year all Federal, State (NY, Ill.), Social Security and Medicare, and the taxable gross will be adjusted. For prior years only the health and/or dental premiums, Social Security, Medicare and taxable gross will be adjusted. Corrected Forms W-2 will be generated for each prior year adjusted.

YEAR-TO-DATE INQUIRY (TAXI) SYSTEM **H 699**
(New 06/01)

Class Code 0009 displayed on the Year-To-Date Inquiry System identifies domestic partner benefit "imputed value".

SUBJECT: BASIC LIFE INSURANCE

H 700

REFERENCES
(Revised 03/89)

GC 19849.10-19849.12, 1151a

INTRODUCTION
(Revised 03/89)

The Basic Life Insurance Deduction Plan is available to all agencies/campuses in the USPS and to all group insurers for whom payroll deductions are made by SCO for specific groups of managers, supervisors, and excluded confidential employees.

The Program Administrators, Chancellor's Office and DPA, will approve the deduction company interested in participating in the Basic Life Insurance Payroll Deduction Program. Once the respective administrator approves the company for participation, PPSD is notified and will assign an organization code to identify the approved deduction plan.

Deduction code 200 is assigned for civil service basic life insurance deductions--deduction code 250 is assigned for CSU for basic life insurance. For organization code numbers assigned to the basic life insurance deductions, see Section B 031.

LIFE INSURANCE ENROLLMENT AUTHORIZATION **H 701**
(Revised 03/02)

Life Insurance Enrollment Authorization, form STD 698 (available on DGS web site or from DGS Stores), is the only form that Payroll Operations will accept to establish, change, or cancel a basic life insurance deduction.

Agencies will send the original and carrier copy of the form STD 698 to Payroll Operations for review and approval. After the form has passed the audit stage (with a carrier copy intact), it is processed through the payroll system. Once the deduction is established, changed, or deleted, the carrier copy is forwarded to the Department of Personnel Administration (non-CSU) or to carrier (CSU).

An employee may authorize only one payroll deduction for a basic life insurance plan.

If an employee elects not to enroll in the Basic Life Insurance Plan, the form STD 698 is forwarded by the agency directly to the Department of Personnel Administration (non-CSU only). The form STD 698 for CSU employees is retained in the campus file. NO COPIES are forwarded to Payroll Operations for non-elects.

EFFECTIVE DATE **H 702**
(Revised 03/89)

The effective date of coverage is the first day of the month following the pay period the life insurance deduction is taken.

RETROACTIVITY **H 703**
(Revised 03/89)

Retroactivity is limited to a PPSD error in processing a correctly completed form received by the tenth of the month.

EFFECT OF PAYROLL/PERSONNEL TRANSACTIONS **H 704**
(Revised 09/92)

Employees must make direct payments to deduction companies while on leave if they wish to continue coverage. Employees should contact the Department of Personnel Administration to arrange direct payments. CSU employees should contact their personnel/payroll office for direct payment information.

Deductions will be taken from separation pay (unless the separation is for death) and from TD payments.

When an employee transfers from one agency to another and has previously authorized a payroll deduction, the deduction will continue to be automatically applied providing the employee still meets eligibility requirements. However, if any employee transfers from a civil service position to a CSU position or vice versa, the payroll deduction will be canceled. The receiving agency/campus should enroll the employee in the new life insurance plan if eligible.

REFUND OF PREMIUM OVERPAYMENTS AND RECOVERY OF STATE CONTRIBUTION **H 705**
(Revised 03/89)

If a carrier receives a premium which is not due and was paid by payroll deduction, the overpayment must be reported to SCO. They will process documents to correct the employee's deduction record as well as process a transaction to recover the overpayment.

REPORT OF STATE CONTRIBUTION TRANSFER **H 706**
(Revised 03/89)

The transfer of the state share will be made at the same time and by the same transfer document Payroll Revolving Fund Transfer Notice, SM 62, which transfers the gross wages from the appropriation to the Payroll Revolving Fund.

In some instances, Form SM 62 which involves transfers of funds will reflect state contributions.

COMPLETION OF FORM STD.698 **H 707**
(Revised 06/91)

Complete the following items on form STD. 698:

Section A	Social security number
	Employee name
	Date of birth
	Marital status
	Sex
	Mailing address
Section B	Name of plan (complete only for new or change)
Section C	Name of plan (complete only for change or cancellation)
Section D	Check one box
	Employee signature/date
Section E	Complete only if box B is X'd in
Section D	Employer deduction code
	Life insurance plan code
	Employee deduction amount
	State share amount
	Total premium account
	CBID
	Effective date
	Permitting event date
	Permitting event code
	Agency code
	Unit code
	Check if PI employee
	Agency name
	Remarks, if applicable
	Authorized signature/telephone number

SUBJECT: DENTAL INSURANCE

H 710

REFERENCES
(Revised 01/02)

GC 22950-22958

INTRODUCTION
(Revised 01/02)

The Dental Deduction plan applies to all agencies/campuses in the USPS and to all group insurers for whom payroll deductions are made under the State Employee's Dental Care Act.

Program Administrators, Chancellor's Office, and DPA will approve a deduction company which is interested in participating in the dental benefits payroll deduction program. If the respective administrator approves the company for participating, PPSD is notified and will assign an organization code to identify the approved deduction. Deduction codes 351 and 100 (civil service) and 150 (CSU) have been assigned for all dental benefit deductions. See Section B 029, 030, and 032 for organization codes. The Program Administrators will also set rules and regulations on enrollment activities.

CIVIL SERVICE ONLY

Civil Service employees will automatically have their dental deductions pre-taxed via the Premium Only Plan (POP). Refer to PPM Section 766. The exceptions to this program are employees who voluntarily disenroll via a Request for Disenrollment Form or a STD.674 submitted through their Personnel Office. Disenrollment may be done within the first 60 days of dental benefit eligibility or during the Benefit Open Enrollment period each year.

DENTAL PLAN ENROLLMENT AUTHORIZATION **H 711**
(Revised 03/02)

The Dental Plan Enrollment Authorization form, STD. 692 (available on DGS web site or from DGS Stores), is the only form that Payroll Operations will accept to establish, change or delete a dental insurance deduction.

CIVIL SERVICE ONLY

If the employee is enrolled in FlexElect, the choice to enroll in dental or dental cash is a three year commitment. The only exception to this commitment would be in the event employee loses other dental coverage (see FlexElect Brochure).

Agencies/campuses will send the original and carrier copy of the form STD. 692 regarding payroll deduction to Payroll Operations for review and approval. After the form has passed the audit stage (with carrier copy intact), it is processed through the payroll system. Once the deduction has been established, changed, or deleted, the carrier copy is sent to the respective dental carrier.

An employee may authorize only one payroll deduction for a state sponsored dental plan.

If an employee chooses not to enroll in a dental plan, the form STD. 692 is filed in the employee's file. It is NOT sent to Payroll Operations.

The effective date of form STD. 692 is either "Standard" or "Mandatory" based on the permitting event code. Refer to the Permitting Event Chart in the "Benefits Administrative Manual" for Civil Service or the "Dental Administrative Guide" for CSU. The effective date rules are:

CSU ONLY

"Standard" If a properly completed form STD. 692 is received in the State Controller's Office by the 10th of the month, the effective date of enrollment or change of enrollment is the first of the month following.

CIVIL SERVICE ONLY

"Standard" The effective date shall be the first day of the month after the form STD. 692 is received by the employing department. (Effective 7/1/98.)

"Mandatory" The effective date shall be the first day of the month following the event.

CBID **H 712**
(Revised 01/02)

The employee's designation and/or bargaining unit must be used to determine in which dental plan the employees are entitled to enroll. If the employees are in more than one bargaining unit, they must enroll in the dental plan offered under the permanent position having the greatest time base. If the time base of multiple positions is equal, employees may select either plan.

RETROACTIVITY **H 713**
(Revised 01/02)

CIVIL SERVICE ONLY

Request for retroactive deductions not in accordance with the procedures in the Benefits Administrative Manual must be submitted with form STD. 692 to DPA. Upon approval, DPA will forward the form STD. 692, with an authorized seal, to SCO for processing.

CSU ONLY

Request for retroactive deductions not in accordance with the procedures in the Dental Administrative Guide must be submitted with Permitting Event Code 44 and signed by the Benefits Officer or designated staff, who has a letter on file with SCO, to authorize the use of Code 44. The Code 44 authorized signature may be included on the dental form itself or on an attached letter authorizing the use of the Code 44.

If the net earnings of an employee's warrant is not sufficient to withhold the dental deduction but the gross earnings are sufficient, the deduction may be requested on form STD. 674 from a subsequent warrant. If the gross is not sufficient, the employee must make direct payment to the deduction company.

EFFECT OF PAYROLL/PERSONNEL TRANSACTIONS **H 714**
(Revised 01/02)

Employees must make direct payments to deduction companies while on leave, if they wish coverage to continue. The employee's Health Benefit Officer will provide information.

Deductions will be taken from separation pay unless the separation is for death or if retirement is effective the 10th of the month or prior.

When an employee transfers from one agency/campus to another and has previously authorized a payroll deduction, the deduction will continue to be applied automatically.

REFUND OF PREMIUM OVERPAYMENT/RECOVERY OF STATE CONTRIBUTION **H 715**
(Revised 01/02)

If a carrier receives a premium which is not due and was paid by payroll deduction, the overpayment must be reported to Payroll Operations. They will process correction documents to reflect proper payment of deductions and process a refund for an employee and recover the state share amount.

Payroll Operations may process a refund for an employee under this plan without first notifying the carrier, as duplicate refunds should not occur if the carriers comply with instructions.

If an overpayment in state contributions has been paid due to an erroneous enrollment, a form STD. 692 must be processed to correct the error. The effective date of action should be the same as the original document. Payroll Operations will reverse the incorrect deduction(s) so that the state contribution is recovered from the carrier. If the adjustment cannot be made in this manner, because the individual is no longer employed by the state, a credit issue warrant or an account receivable must be processed.

REPORT OF STATE CONTRIBUTION TRANSFER **H 716**
(Revised 01/02)

The transfer of state share will be made at the same time and by the same transfer document Revolving Fund Transfer Notices, Form SM 62, which transfers the gross wages from the appropriation to the Payroll Revolving Fund. In some instances, Form SM 62, which involves transfer of funds, will reflect state share.

COMPLETEION OF FORM STD. 692
(Revised 11/03)

The following items must be completed on STD. 692:

Section A
1. Type of action
2. Social security number
3. Name
4. Address
5. Check if Permanent Intermittent employee

Section B — Complete only if new or change.
1. Name of dental plan
2. Provider/facility number
3. Enrollees

Section C — Complete only if change of plans or cancel.
1. Prior dental plan name

Section D
1. Check one box.
2. Employee signature/date signed

Section E — Complete only if 2nd or 3rd boxes are X'd in Section D.
1. Employer deduction code
2. Dental organization code
3. Employee deduction amount
4. Party code (if domestic partner, refer to H 693 for party codes)
5. State share amount
6. Pay period (must be month before effective date)
7. Employee designation
8. Bargaining unit
9. Total premium amount
10. Prior employer deduction code (complete on changes and cancels)
11. Prior dental organization code and prior party code (complete on changes and cancels)

12. Permitting event date
13. Permitting event code
14. Effective date
15. Agency code
16. Unit code
17. Agency name
19. Authorized agency signature
20. Telephone number
21. Date received in employing office

SUBJECT: HEALTH BENEFITS INSURANCE

H 720

REFERENCES
(Revised 01/02)

GC 1156(a), 22751-22856
CCP 330

INTRODUCTION
(Revised 01/02)

The Health Benefit Insurance applies to employees of all agencies/campuses in the USPS and to all group insurers for whom payroll deductions are made under Meyers-Geddes State Employees Medical and Hospital Care Act.

Health Benefits Division (HBD), Public Employee's Retirement System (PERS), will approve a deduction company which is interested in participating in the health benefits payroll deduction program. After HBD approves the company for participation, PPSD is notified and will assign a code to identify the approved deduction plan. Deduction codes are listed in Section B 016.

Employees will automatically have their health deductions pre-taxed via the Premium Only Plan (POP). Refer to PPM Section 766. The exceptions to this program are employees who voluntarily disenroll via a Request for Disenrollment Form or a form STD. 674 submitted through their Personnel Office. Disenrollment may be done within the first 60 days of health benefit eligibility or during the Benefit Open Enrollment period of each year.

AUTHORIZATION FOR HEALTH BENEFIT DEDUCTIONS **H 721**
(Revised 01/02)

Only forms authorized by HBD may be used to establish, change, or cancel an insurance deduction. Health Benefits Plan Enrollment, Form HBD 12, is used to establish, change, or cancel a health benefit deduction.

Agencies will either key the HBD-12 into the CalPERS ACES system or send the original HBD-12 to HBD for review and approval. The health deduction information will be forwarded by HBD to Payroll Operations electronically or via a paper copy of the approved form as the basis for the addition, change or deletion of a health insurance deduction.

An employee may authorize payroll deduction for only one basic plan or Medicare supplement plan.

If the net earnings of an employee's warrant is not sufficient to withhold the health benefit deduction but gross earnings are sufficient, the deduction may be requested on form STD. 674 from a subsequent warrant. If the gross is not sufficient, the employee must make direct payment to the deduction company.

Although special provisions have been made for open enrollment periods, current change and new enrollments will be made under regulations of PERS which provides:

"The effective date of any other enrollment or change of enrollment for an employee whose Health Benefits Plan Enrollment Form is received by his employing office during the month, shall be the first day of the following month."

Under this regulation, if the employment office receives the authorization form any time during the month and transmits the completed form properly, the payroll deduction will be made from the next regular salary payment issued to the employee.

RETROACTIVITY **H 722**
(Revised) 01/02

Retroactivity is restricted to a period of three years, including the pay period in which the adjustment can be made.

Retroactive HBD 12 will be processed only in accordance with the dates indicated above. Questions involving deductions retroactive to an earlier date should be directed to HBD. When eligibility or validity of retroactive processing is established, HBD will so indicate on the forms sent to Payroll Operations.

EFFECT OF PAYROLL/PERSONNEL TRANSACTIONS **H 723**
(Revised 01/02)

Employees must make direct payments, including the state share, to deduction companies while on leave if they wish coverage to continue. The employee's Health Benefit Officer will provide information.

Deductions will be taken from separation pay of employees unless the separation is for death or if retirement is effective the tenth day of the month or prior.

REFUND OF PREMIUM OVERPAYMENTS/RECOVERY OF STATE CONTRIBUTIONS **H 724**
(Revised 01/02)

If a carrier receives a premium which is not due and which was paid by payroll deduction, the overpayment must be reported to Payroll Operations, who will process correction documents to reflect proper payment of the deduction and will process a transaction for refund to the employee and to recover the state share amount.

Payroll Operations may process a refund to an employee under this plan without first notifying the carrier. Duplicate refunds should not occur if the carriers comply with instructions.

If an overpayment in state contribution has been paid due to an erroneous enrollment, an HBD-12 must be processed to correct this error. The effective date of action should be the same as the original document. If the date received in the employing office is not the same as that of the original document, a memo of explanation must be attached to the form. In either case, Payroll Operations will reverse the incorrect deduction(s) so that the state contribution is recovered from the carrier. If the adjustment can not be made in this manner because the individual is no longer employed by the state, a credit issue warrant or an account receivable must be processed.

REPORT OF STATE CONTRIBUTION TRANSFER **H 725**
(Revised 06/97)

The transfer of state share and the percentage required for the Administrative Cost/Contingency Reserve Fund will be made at the same time and by the same transfer document (Form SM 62) which transfers the gross wages from the appropriation to the Payroll Revolving Fund. Following is the percentage required for the Administration Cost/Contingency Reserve Fund. In some instances, Form SM 62, which involve transfers of funds, will reflect the state contributions.

Effective Date	Pay Period Coverage Begins	Admin. Cost	Contingency Reserve Portion	Total % Rate
07/88	**08/88**	**0.5**	**0.0**	**0.5**

MEDICARE PART B REIMBURSEMENT **H 726**
(Revised 06/97)

Some employees who have Medicare coverage are entitled to a refund on the state share of the monthly premium.

These refunds are submitted by agency/campus to Division of Audits by claim schedule and payments are issued by Division of Disbursements.

Although this process is not included in the payroll procedures, SCO prepares a list of employees who are eligible for the refund based on payroll activity for the month. This list is produced for the agency as information only to complete the claim schedule.

SUBJECT: VISION INSURANCE

H 730

REFERENCES
(Revised 01/02)

GC 19849.10-19849.12, 1151a

INTRODUCTION
(Revised 01/02)

The Vision Insurance Deduction Plan is available to all agencies/campuses in the USPS and to all group insurers for whom payroll deductions are made by SCO.

The Program Administrators, DPA and the Chancellor's Office will approve the deduction company interested in participating in the vision insurance payroll deduction program. Once approval is given, PPSD is notified and will assign an organization code to identify the approved deduction plan.

Deduction codes 475 (civil service) and 450 (CSU) are assigned for vision insurance deductions. For organization code numbers assigned to the vision insurance deductions, see Section B 032 and 033.

VISION INSURANCE ENROLLMENT AUTHORIZATION **H 731**
(Revised 03/02)

CIVIL SERVICE ONLY

Vision Insurance Enrollment Authorization, form STD. 700 (available on DGS web site or from DGS Stores), is the only form that Payroll Operations will accept to establish, change, or cancel a vision insurance deduction.

Most vision insurance enrollment has been automated by Payroll Operations, with one exception. Permanent Intermittent employees (PIE) must first meet certain qualifications as set forth in the "Benefits Administrative Manual". Once a PIE gains or loses eligibility, a form STD. 700 is required to set up or cancel his/her vision insurance deduction. Agencies/campuses will send the original form STD. 700 to Payroll Operations for review and approval. After the form has passed the audit stage, it is processed through the payroll system..

CSU ONLY

Vision Insurance enrollment has been automated by the Chancellor's Office. The vision deduction information will be forwarded to Payroll Operations to set up or cancel deductions as necessary. Vision insurance is effective the first of the month following an appointment to an eligible position and is canceled effective the first of the second month following loss of eligibility. If the personnel action is not keyed on a timely basis, retroactive vision adjustments will be created by the Chancellor's Office and forwarded to Payroll Operations for processing in the payroll system.

An employee may authorize only one payroll deduction for vision insurance plan.

If an employee elects to disenroll from their vision insurance plan, a form STD. 700 cancellation or a form indicating "I do not wish to enroll" in Section D must be submitted to Payroll Operations. Disenrollment from a vision insurance plan may be done at any time with a "Standard" effective date. If a properly completed form STD. 700 is received in the State Controller's Office by the 10th of the month, the effective date of disenrollment is the first of the month following. Note: CoBen employees are not allowed to disenroll from vision insurance coverage.

EFFECTIVE DATE **H 732**
(Revised 01/02)

DPA and the Chancellor's Office establish rules and regulations for enrollment activities. The effective date of any enrollment, change, or deletion for an employee whose form STD. 700 is received by his/her employing office during the month, is the first day of the following month, providing the form is received by Payroll Operations by the tenth of the current month. If not, the enrollment activity is effective the first of the following month.

RETROACTIVITY **H733**
(Revised 01/02)

CIVIL SERVICE ONLY

Request for retroactive deductions not in accordance with the procedures in the Benefits Administrative Manual must be submitted with form STD. 700 to DPA. Upon approval, DPA will forward the form STD. 700, with an authorized seal, to SCO for processing.

EFFECT OF PAYROLL/PERSONNEL TRANSACTIONS H 734

(Revised 01/02)

Employees must make direct payments to deduction companies while on leave if they wish to continue coverage. The employee's Health Benefits Officer will provide information.

Deductions will be taken from separation pay unless the separation is for death.

When an employee transfers from one agency to another and has previously authorized a payroll deduction, the deduction will continue to be automatically applied providing the employee still meets eligibility requirements. However, if any employee transfers from a civil service position to an CSU position, the payroll deduction will be canceled.

REFUND OF PREMIUM OVERPAYMENTS AND RECOVERY OF STATE CONTRIBUTION H 735

(Revised 01/02)

If a carrier receives a premium which is not due and was paid by payroll deduction, the overpayment must be reported to SCO. They will process documents to correct the employee's deduction record as well as process a transaction to recover the overpayment.

REPORT OF CONTRIBUTION TRANSFER H 736

(Revised 01/02)

The transfer of the state share will be made at the same time and by the same transfer document Payroll Revolving Fund Transfer Notice, SM 62, which transfers the gross wages from the appropriation to the Payroll Revolving Fund.

In some instances, Form SM 62 which involves transfers of funds will reflect state contributions.

COMPLET\ION OF FORM STD. 700 H 737

(Revised 01/02)

The following items must be completed on form STD. 700:

Section A
1. Type of action
2. Social security number
5. Name
6. Address

Section B Complete only if new.
1. Name of vision plan

Section C Complete only if cancel.
1. Name of vision plan

Section D
1. Check one box
   Complete only if voluntary cancel.
2. Employee signature/date signed

Section E Complete items 2. through 16. only if 2nd or 3rd boxes are X'd in Section D.

2. Vision plan organization code
4. Employee deduction amount
5. State share amount
6. Effective date
7. Employee designation
8. Bargaining Unit
9. Total premium amount
10. Permitting event date
11. Permitting event code
12. Agency code
13. Unit code
14. Agency name
16. Check if Permanent Intermittent employee
17. Authorized agency signature
18. Telephone number
19. Date received in employing office

SUBJECT: CSU – LONG TERM DISABILITY

H 740

REFERENCES
(Revised 03/89

GC	19849.10-19849.12, 1151a, 1153
Education Code	89506

INTRODUCTION
(Revised 03/89)

The CSU Long Term Disability (LTD) benefit plan is available to all campuses in the USPS and to all group insurers for whom payroll deductions are made by SCO for specific groups of managers and supervisors.

The Program Administrator (Chancellor's Office) will approve the deduction company interested in participating in the CSU-LTD Payroll Deduction Program. Once the administrator approves the company for participation, PPSD is notified and will assign an organization code to identify the approved deduction plan.

Deduction code 250 is assigned for CSU-LTD benefit deductions. For organization code numbers assigned to the LTD benefit deductions, see Section B 031.

LONG TERM DISABILITY ENROLLMENT AUTHORIZATION **H 741**
(Revised 03/02)

CSU - Long Term Disability Enrollment Authorization form (contact CSU Chancellor's Office), is the only form that Payroll Operations will accept to establish, change, or cancel a LTD benefit deduction.

Campuses will send the original CSU-LTD form to Payroll Operations for review and approval. After the form has passed the audit stage, it is processed through the payroll system.

An employee may authorize only one payroll deduction for a CSU-LTD benefit plan.

If an employee elects not to enroll in the CSU-LTD benefit plan, the CSU-LTD form is retained in the campus file. NO COPIES are fowarded to Payroll Operations for non-elects.

EFFECTIVE DATE **H 742**
(Revised 03/89)

The effective date of coverage is the first day of the month in which the deduction is applied.

RETROACTIVITY **H 743**
(Revised 03/89)

Retroactive enrollment forms will be processed in accordance with the procedures set forth by the Chancellor's Office.

EFFECT OF PAYROLL/PERSONNEL TRANSACTIONS **H 744**
(Revised 09/92)

There will be no direct payment of premiums for the CSU-LTD plan for employees on leave of absence.

Deductions will be taken from separation pay unless the separation is for death.

When an employee transfers from one campus to another and has previously authorized a payroll deduction, the deduction will continue to be automatically applied providing the employee still meets eligibility requirements. However, if an employee transfers from a CSU position to a civil service position, the payroll deduction will be canceled.

REFUND OF PREMIUM OVERPAYMENTS AND RECOVERY OF STATE CONTRIBUTION **H 745**
(Revised 09/92)

If a carrier receives a premium which is not due and was paid by payroll deduction, the overpayment must be reported to SCO. They will process documents to correct the employee's deduction record as well as process a transaction to recover the overpayment.

REPORT OF STATE CONTRIBUTION TRANSFER **H 746**
(Revised 09/92)

The transfer of the state share will be made at the same time and by the same transfer document Payroll Revolving Fund Transfer Notice, SM 62, which transfers the gross wages from the appropriation to the Payroll Revolving Fund.

In some instances, Form SM 62 that involves transfers of funds will reflect state contributions.

COMPLETION OF FORM 747 **H 747**
(Revised 09/92)

Complete the following items on the CSU-LTD Form:

Section A
- Type of action; one box must be checked.
- Social security number
- Name
- Date of birth
- Marital status

Sex
Mailing address

Section B Name of LTD plan (complete only for new or change)
Section C Name of LTD plan (complete only for change or cancellation)
Section D Check one box (This section cannot be altered in any manner.)

Employee signature
Date signed

Section E Complete if box B or C is X'd in Section D

Employer deduction code – 250
LTD organization code
Employee deduction amount
State share amount
Total premium amount
Employee CBID
Effective date of action
Permitting event date
Permitting event code
Agency code
Unit code
Check if PI employee
Agency name
Remarks, if applicable
Authorized signature/telephone number
Date received in employing office

SUBJECT: FLEXIBLE BENEFITS

H 750

REFERENCES
(Revised 12/92)

G. C. 1156
IRS Section 125
FlexElect Procedures Manual
FlexElect Brochure

INTRODUCTION
(Revised 12/92)

Flexible Benefits is an alternative benefit plan for certain eligible employees which offers tax advantages and dollar savings to those who elect to participate. There are 5 flexible benefits programs:

- Civil Service FlexElect
- CSU Flexible Benefits
- Assembly Rules Flex
- Senate Flex
- Civil Service Premium Only Plan (POP)

CIVIL SERICE FLEXELECT ELIGILIBITY **H 751**
(Revised 12/92)

Employees eligible to enroll in FlexElect are:

- State employees designated rank and file, managerial, supervisory, confidential, exempt E97, E98, and E99, Constitutional Officers, Judicial Council, and Supreme, Appellate, and Superior Court Judges.
- All of the above eligible employees must work full time or, if part-time, work half-time or more.
- All of the above civil service employees must have permanent status or if limited term or TAU appointees, have a right of return to a permanent position.
- Intermittent (PI) employees may enroll, but have limited eligibility. Refer to annual FlexElect Brochure for specific eligibility and benefit criteria.
- Employees must be paid through the Uniform State Payroll System (USPS).
- Unit 6 employees may use any of the options within Flex except the cash option in lieu of their dental insurance. This requirement is per the union's trust account restriction.
  Newly eligible employees may enroll in FlexElect during the Plan Year with the effective date being on a current basis; retroactive enrollments are not permissible. Newly eligible employees must enroll within 60 days of becoming eligible. Newly eligible employees are:
- New employees hired after the open enrollment period whose designation and time base are one of the above.
- Employees whose time base changes to one of the above.
- Employees who were on an approved leave of absence during open enrollment.
- Employees who experience a family status change as defined under the "Family Status Change" portion of this section. In addition, if the employee's family status change results in a concurrent approved leave of absence (i.e. birth of baby and maternity leave), employee may enroll upon return to work within the specified time period.

CIVIL SERVICE FLEXELECT PLAN **H 752**
(Revised 01/02)

The Civil Service Flex plan offers the following benefit choices:

- A reimbursement account process to pay unreimbursed health care expenses from pre-tax earnings.
- A reimbursement account process to pay dependent care expenses from pre-tax earnings.
- Cash options for employees who do not enroll in a medical and/or dental plan.

Health Care Reimbursement Account
Each year during the FlexElect enrollment period, participants designate how much money to deposit in their Health Care Reimbursement Accounts. On a monthly basis participants may contribute a minimum of $10 per month up to $416.66 per month ($5,000 per year). Note: Monthly maximum amounts may be larger than $416.66 if the employee is allowed to enter the program during the plan year, but the annual amount may never exceed $5,000.

Deductions into Reimbursement Accounts begin with the December pay period pay warrants. (Note: Judges [CBID = E91S] begin with the January pay period pay warrants.) Participants can begin to claim health expense reimbursements whenever services are provided for the plan year (January 1 through December 31).

Claims may be submitted for any medical expenses, as defined in the Internal Revenue Code Section 125, which are not covered by any medical, dental, or vision insurance plan. Dependents whose medical costs are reimbursable are also defined in IRS Code Section 125.

Once employees allocate contributions to their Health Care Reimbursement Accounts for the year,

they may change (increase, decrease, start, or stop) allocations only if they have an allowable family status change. The "change in family status" limitation is imposed by the Internal Revenue Service, and there are no exceptions.

IRS regulations also stipulate that employees must use the full amount of money in their Health Care Reimbursement Accounts for expenses incurred during the Plan year, or forfeit what remains. Requests for reimbursement must be submitted no later than June 30 of the year after the year in which funds are allocated to Health Care Reimbursement Accounts for expenses incurred during the plan year.

Dependent Care Reimbursement Account

Each year during the FlexElect enrollment period, each participant designates a monthly deduction amount from his/her paycheck to be placed in a Dependent Care Reimbursement Account. Participants may contribute a minimum of $20 per month up to $416.66 per month. The annual maximum is $5,000 ($2,500 for married individuals filing separate tax returns).

Employees enrolling in FlexElect during the plan year as a result of a family status change may exceed the monthly amount of $416.66 but the annual sum of the monthly amounts may not exceed $5,000. For example, the employee enrolls in FlexElect in June because of a family status change. The employee is eligible to contribute $833.32 per month for the remaining six months of the plan year.

Participants may submit claims only for dependent care services incurred from the effective date of the Flex Enrollment Form through December 31 of the Flex Plan Year.

IRS regulations also stipulate that employees must use the full amount of money in their Dependent Care Reimbursement Accounts for expenses incurred during the Plan year, or forfeit what remains. Requests for reimbursement must be submitted no later than June 30 of the year after the year in which funds are allocated to Dependent Care Reimbursement Accounts for expenses incurred during the Plan Year.

In order to qualify for reimbursement, participants must have a qualifying dependent. The dependent must (i) be the participant's child under the age of 15 or any other child (in the participant's custody) for whom the participant is entitled to claim an income tax exemption under the Internal Revenue code, or (ii) a spouse or dependent (according to the IRS Code) who is physically or mentally incapable of caring for himself, such as a parent who is an invalid.

For each qualifying dependent, participants may claim (i) expenses for household services (such as maid service) and (ii) expenses for the care of the qualifying dependent, such as baby sitting expenses and day care expenses, etc. This includes in-home care, licensed family day care homes, and day care centers that comply with all applicable State and local laws.

Cash Option

Employees may opt not to enroll in any medical or dental plan provided they show proof of other group medical coverage. If employees decide to opt for no medical or dental coverage (or both), a portion of the benefit dollars from the State share contributions which would have been paid to the carrier(s) is paid to participants as additional cash in their monthly paychecks.

Cash Option Amounts

Year	Health	Dental	Total
1989	**90.00**	**10.00**	**100.00**
1990	**105.00**	**11.00**	**116.00**

1991	**128.00**	**12.00**	**140.00**
To Current			

Under FlexElect, Cash Option payments are included with regular paychecks and are subject to the payroll (federal, state, Social Security and Medicare) taxes. This additional cash income is reported on W-2 Forms in the same calendar year the cash is received; however, the money is NOT considered compensation for retirement purposes. Note: If employee is placed on IDL, the Flex cash will be issued separately within 7 work days after IDL pay has issued.

FAMILY STATUS CHANGES **H 753**
(Revised 01/02)

Once elected, all FlexElect enrollment choices are in effect for the plan year - January 1 through December 31. Participants may not change or cancel FlexElect benefit elections in the middle of a coverage period, except for allowable family status changes as defined by IRS regulations.

If an allowable status change occurs, participants may complete a new enrollment form and make the necessary changes. Refer to the FlexElect Procedures Manual Permitting Event Chart for allowable changes.

ENROLLMENT PROCESS **H 754**
(Revised 01/02)

FlexElect is a voluntary program. Each year that an employee wants to participate in a Health Care or Dependent Care Reimbursement Account he/she must enroll during the annual FlexElect Open Enrollment period by completing a FlexElect Enrollment Authorization form STD. 701R. FlexElect Cash Option is a continuous program, once an employee has enrolled in the program annual enrollment forms are no longer needed. If an employee wishes to establish, cancel or change the amount of their Cash Option he/she must do so during the annual FlexElect Open Enrollment period by completing a FlexElect Enrollment Authorization form STD. 701C or for CoBen employees a Consolidated Benefits Cash Enrollment Election form STD. 702.

In addition to completing the FlexElect Enrollment Authorization or Consolidated Benefits Cash Enrollment Election forms, if participants select/change any of the following, they must also complete a Standard CalPERS Health (HBD-12) and/or a Standard Dental (STD. 692) Benefits Enrollment Form which becomes effective January 1 after the Open Enrollment period.

- Establish medical or dental coverage
- Change current medical or dental coverage
- Cancel current medical or dental plan
- Change the eligibility of a covered dependent or want to add an eligible dependent.

FlexElect coverage runs from January 1 to December 31 effective with the December through November pay periods. (Note: Judges [CBID = E91S] are effective with the January through December pay periods.) The FlexElect Open Enrollment period is generally held from September 1st to October 15th each year. To verify open enrollment dates and deadlines for all documents to be signed and submitted to Personnel Offices and SCO, please refer to DPA's BAM or annual open enrollment PMLs.

FlexElect benefit options cannot be changed or rescinded after December 31, unless the participant has a change in family status or has an exception approved by DPA.

ADMINISTRATIVE CHARGE **H 755**
(Revised 01/02)

An administrative fee will be determined each year by the Director of the Department of Personnel Administration. This administrative fee is deducted from each participant's after-tax salary each month.

A monthly departmental administrative fee will appear on employees' earnings statements. The deduction code is 356-002. There is no employee deduction amount; only a state (departmental) share amount.

RETROACTIVITY **H 756**
(Revised 01/02)

Retroactivity is restricted to a period of 3 years, including the pay period in which the adjustment is made. However, reimbursement accounts (health and dependent care) are closed 6 months after the end of each plan year. Accordingly, adjustments to health and dependent care deductions are not made after the 6 month period following the close of each plan year.

INSUFFICIENT NET **H 757**
(Revised 01/02)

If the net earnings of an employee's warrant is not sufficient to withhold the FlexElect deduction but the gross earnings are sufficient, the deduction may be requested on form STD. 674 from a subsequent warrant. If the gross is not sufficient, the employee must make direct payment to the deduction company.

DISABILITY **H 758**
(Revised 01/02)

Flexible benefits are withheld from Non-Industrial Disability (NDI) payments unless the employee has a permitting event which allows him/her to cancel the deductions.

Flexible benefits are withheld from Temporary Disability (TD) supplementation payments.

When an employee with flexible health/dental benefits is placed on Industrial Disability Leave (IDL), the employee's flexible benefits are canceled and the employee is placed into traditional health and/or dental plans. Once the employee returns to active status, the employee's Flex deductions are reestablished if a valid Flex enrollment exists.

If the employee is placed on IDL mid-month and has earned sufficient net pay for the Flex deductions to be taken, the employee's Flex deductions will not be converted to traditional benefits until the following month.

For employees with the cash option, a separate warrant will be issued within 7 workdays after IDL pay has issued. Once the employee returns to active status, the cash option will be applied to regular pay if a valid Flex enrollment exists.

REFUND OF PREMIUM OVER-PAYMENTS/RECOVERY OF STATE CONTRIBUTIONS **H 759**
(Revised 01/02)

If a carrier receives a premium which is not due and which was paid by payroll deduction, Payroll Operations will process correction documents to refund that premium to the participant and recover the state share amount. The participant's wage and tax records will be adjusted and will reflect the refunded premium as taxable income.

If the state contribution was paid due to an erroneous enrollment, the participant's flex records will be canceled and the correct deductions will be established with effective dates identical to the original deductions.

WAGE AND TAX FORM W-2 **H 760**
(Revised 01/02)

The impact of flexible benefits on W-2 Forms is the following:

- Cash Option amounts are included in the "Wages, tips, other compensation" box #1 (gross earnings).
- Medical reimbursement accounts and pre-tax health and dental benefits reduce gross earnings.
- Dependent care reimbursement accounts also reduce gross earnings and are separately reported in box #10.

EFFECTS OF PAYROLL/PERSONNEL TRANSACTIONS **H 761**
(Revised 01/02)

Since FlexElect elections are irrevocable during the plan year (unless the employee has an allowable permitting event) promotions, demotions, transfers, etc., do not affect employee's plan year elections, even if the employee's new position would make him/her ineligible for FlexElect.

The exception to this includes employees moving from eligible positions to permanent intermittent positions. Employees becoming permanent intermittent employees must have their FlexElect elections canceled immediately.

However, employees who are on leave of absence will not have FlexElect deductions withheld. If a participant is on a leave of absence during the plan year, direct payments can be made to the health or dental carriers (including state share) to continue coverage.

REPORT OF STATE CONTRIBUTION TRANSFER **H 762**
(Revised 01/02)

All state shares paid under flexible benefit plans (health insurance, dental insurance, cash options) are charged to the object of expenditure code for flexible benefits. These charges are included on the Form SM 62 which transfers the gross wages from the appropriation to the payroll revolving fund. Health benefit plans under flex also have an associated administrative charge. These charges are included with the regular health benefits administrative charges on the Form SM 62.

CALIFORNIA STATE UNIVERSITY (CSU) FLEXIBLE BENEFITS **H 763**
(Revised 01/02)

The CSU Flexible Benefits Plan contains the following components:

- Health Care Reimbursement Account

- Dependent Care Reimbursement Account
- Tax Advantage Premium Plan (TAPP) (i.e., Pre-Tax Medical Plan)
- Cash Option

All eligible CSU employees will automatically have their medical premiums pre-taxed. For employees who do not want to participate in TAPP, refer to the CSU Technical Letter Benefits 92-03 for disenrollment procedures.

ASSEMBLY FLEX PLAN **H 764**
(Revised 01/02)

The Assembly Flex Plan contains the following options:

- Health Cash Option
- Health Care Reimbursement Account
- Dependent Care Reimbursement Account
- Life Insurance
- Pre-Paid Legal (non-pre-tax)

Assembly members who do not elect Health Care, Dependent Care, Life Insurance, Legal Plan, or Long-Term Care options automatically receive pre-tax treatment of their medical out-of-pocket premiums.

Additionally, Legal Assistance Insurance Premium amounts are not deducted from a participant's gross wages before taxes, Social Security and Medicare withholding is determined.

SENATE FLEX PLAN **H 765**
(Revised 01/02)

The Senate Flex Plan contains the following options:

- Health Care Reimbursement Account
- Dependent Care Reimbursement Account
- Cancer Insurance

Senate members who do not elect Dependent Care, or Life Insurance options automatically receive pre-tax treatment of their medical out-of-pocket premiums.

PREMIUM ONLY PLAN (POP) **H 766**
(Revised 01/02)

The Civil Service POP program contains the following components:

- Pre-Tax Medical Plan
- Pre-Tax Dental Plan

Civil service employees will automatically have their health and/or dental premiums pre-taxed. The POP deductions will appear as Flex deductions on employee earning statements. Unlike FlexElect, there is no employee paid administrative fee.

For employees who do not want to participate in POP, refer to DPA's Personnel Management Liaison (PML) Letter #91-64 for disenrollment procedures.

SUBJECT: CIVIL SERVICE LONG-TERM DISABILITY

H 770

REFERENCES
(Revised 06/97)

GC 19849.10-19849.12, 1151a

INTRODUCTION
(Revised 03/02)

The Civil Service Long-Term Disability (LTD) benefit plan is available to specific groups of unrepresented employees.

The Civil Service LTD Program is administered by Department of Personnel Administration (DPA). Department personnel offices will notify eligible employees of availability of the LTD program and provide them with the LTD pamphlet and a 60 day enrollment period (See PPM Section Z, Attachment H-8). Employees have 60 days from the date of eligibility from the date of eligibility to enroll in the LTD program.

Deduction Code 075 is assigned for Civil Service LTD benefit deductions. For organization codes, refer to LTD form GR-11513-9 and PPM Section B 026.

LONG-TERM DISABILITY ENROLLMENT AUTHORIZATION H 771
(Revised 03/02)

Civil Service LTD enrollment Form GR 11513-9 is the only form Payroll Operations will accept to establish or change an LTD benefit deduction (Contact Department of Personnel Administration). LTD deductions can be canceled via the LTD form or administrative cancellation letter. Refer to PPM Section H 014 for administrative cancellation instructions.

The forms must be ordered through DPA, Benefits Division, (916) 324-0432/ATSS 454-0432. Departments must send the original and carrier copy to Payroll Operations for review and approval. After the form passes the audit stage, it is processed through the payroll system. Form GR 11513-9 must be signed by a representative whose authorized signature is on file with PPSD.

An employee may authorize only one payroll deduction for the LTD program.

Employees may submit forms for the following reasons:

- Cancel deduction
- Decrease coverage
- Add cost of living adjustment

ELIGIBILITY H 772
(Revised 06/97)

Unrepresented employees who have a permanent position that is half time or greater and whose CBID is C01-C21, M01-M21, S01-S21, E88, E89, E97, E98, E99 or whose class code is 2545, 4189, 4232, 5309, 5316, 5319, or 5695 (these class codes are for elected officials).

Employees on limited term appointments who otherwise meet this eligibility criteria may enroll in LTD only if they have a mandatory right of return to a position and status that also meet this criteria with no prior break in service. (Permanent Intermittent and limited term appointments other than stated above are not eligible.

Following are examples of criteria that may affect an employee's eligibility for participation in the LTD program.

Example 1

If an employee who is currently enrolled in LTD moves from a qualifying unrepresented position (permanent half time or greater) to a rank and file limited term position and has right of return to an unrepresented position, then the employee may continue in the program through payroll deductions. However, if the employee is not enrolled in LTD while in the unrepresented position, then he/she may not enroll while in the rank and file limited term position.

Example 2

If an employee moves from a rank and file position to a limited term unrepresented position, he/she is not eligible to participate in the program. The employee must have a prior qualifying unrepresented position (permanent half time or greater) with right of return privileges to enroll in the LTD program.

Example 3

If an unrepresented employee in an eligible position (permanent half time or greater) is enrolled in the LTD program and moves to a reduced non-qualifying time base position (intermittent or less than half time) he/she is no longer eligible to participate in the LTD program through payroll deduction or direct payment process.

Example 4

If an employee in a non-qualifying position (time based is intermittent or less that half time) moves to a qualifying time base (permanent half time or greater), then he/she is newly eligible and may enroll in the LTD program and may participate through payroll deductions.

EFFECTIVE DATE **H 773**
(Revised 06/97)

Forms must be received in Payroll Operations by the 10th of each month to be processed for the current pay period. Forms received after the established cut-off date will be effective the following pay period. No retroactive additions, cancellations or changes in amounts may be requested by agencies. Premiums are paid a month in advance.

EFFECT OF PAYROLL/PERSONNEL TRANSACTIONS **H 774**
(Revised 06/97)

If an employee becomes ineligible or is in a non-pay status situation and wants to continue in the LTD program by paying his/her premiums directly to the company, he/she must contact DPA, Benefits Division.

COMPLETION OF LTD FORM GR 11513-9 **H 775**
(Revised 06/97)

The following items MUST be completed:

Section A
1. Type of Action - One box (a,b,c) must be X'd
2. Social Security number
3. Name
4. Date of birth
5. Mailing address

Section B
1. Box must be X'd EXCEPT for cancellation.
   (a - b) ONLY one box my be X'd and one premium amount entered.
2. Box must be check for cancellation only.
3. Employee signature
4. Date signed. (Newly eligible employees must agree with C9.)

Section C
1. Organization Code - Enter 111 or 112. Only one can be entered and must agree with B1.
2. Deduction Amount - Must agree with B1. Leave blank for a cancellation.
3. Agency name
4. Effective Date - If form is received after the established cut-off date, the effective date will be changed to the first of the following month (e.g., received on 2/17 with effective date of 3/1 will be changed to 4/1).
5. CBID
6. Agency Code
7. Reporting Unit
8. Remarks - For newly eligible employees, the first date of eligibility and the end of the 60-day period must be shown. Item B4 and C11 must fall within these dates.
9. Authorized Agency Signature
10. Date Received in Employing Office - Must agree with item C9.
11. Agency Telephone Number

ELIGIBILITY PROGRAM **H 776**
(Revised 03/02)

Each month, Payroll Operations receives a program identifying employees with an LTD deduction that may not be eligible.

A form PR475 will be sent to employee's Personnel Office advising them of the employees that appear to be ineligible for LTD. If the Personnel Office determines employee is eligible, Payroll Operations, Miscellaneous Deductions Unit must be notified by the 15th of the month. If notification is not received by the Miscellaneous Deductions Unit by the 15th, the deduction will be canceled and deductions refunded back to entry date of PAR.

SUBJECT: CONSOLIDATED BENEFITS

H 780

REFERENCES
(New 01/00)

G. C.	1156
IRS SECTIONS,	125 and 129
CONSOLIDATED BENEFIT BROUCHERS,	
PML,	98-045
PAYROLL LETTER	98-042

OVERVIEW
(New 01/00)

Consolidated Benefits (CoBen) was implemented as part of the State's FlexElect Program. CoBen changes the way the State contributes towards health, dental and vision premiums and allows employees to receive additional taxable cash each month based on their cost-effective benefit plan choices. Under CoBen, the State will provide a benefit allowance, rather than providing specific contribution amounts for health, dental and vision premiums. This benefit allowance will be used to pay for the premium cost of the health, dental and vision benefits. Depending on the total cost of the benefit plans, CoBen may allow employees to receive additional taxable income each month, or offset out-of-pocket premium costs.

As with the State's current FlexElect Program, employees who have health and/or dental coverage through another source will be allowed to receive cash in lieu of both health and dental coverage or for health coverage only. Under CoBen, vision benefits are mandatory. All employees will continue to be enrolled in the State's Vision Plan. Employees who have previously declined vision coverage will be automatically enrolled.

DEDUCTION/ORGANIZATION CODES AND EARNINGS STATEMENT ABBREVIATIONS **H 781**
(New 01/00)

Deduction/Organization Code 354-010 is assigned to the Benefit Allowance. The Earnings Statement Abbreviation is *BENEFITAMT.

Code 354-015 identifies the Benefit Allowance While On IDL. The Earnings Statement Abbreviation is IDL-BENAMT.

Code 354-020 is assigned to the Consolidated Benefits Cash Option or Consolidated Benefits Cash Excess. The Earnings Statement Abbreviation is COBEN CASH.

CIVIL SERVICE COBEN ELIGIBILITY **H 782**
(New 01/00)

For Rank and File employees, eligibility for Consolidated Benefits is based on the Memorandum of Understanding (MOU) between the unions and the State. Most Excluded employees; managerial, supervisory, confidential and those employees exempt from collective bargaining are mandated by the State to enroll in CoBen. The following chart lists the employee groups eligible for CoBen and the pay period and effective date of eligibility:

BARGAINING UNIT	PAY PERIOD	EFFECTIVE DATE
BU 16	07/1998	07/31/1998
BU 08	12/1998	01/01/1999
BU 19	12/1998	01/01/1999
*EXCLUDED	12/1998	01/01/1999
BU 18	04/1999	05/01/1999
BU 07	12/1999	01/01/2000

* The Judicial Council, Senate and Assembly members and statutory judges do not participate in the CoBen option.

CIVIL SERVICE COBEN PLAN **H 783**

(Revised 01/02)

CoBen is part of the current FlexElect plan. Therefore, employees enrolled in CoBen continue to be eligible for the FlexElect plan options. For a description of the FlexElect plan options refer to PPM Section H 752. In addition to the current FlexElect plan options, CoBen offers the following:

- The State will provide a benefit allowance.
- Depending on the total cost of the benefit plans chosen CoBen may allow employees to receive additional monthly taxable income.
- CoBen cash options for employees who do not enroll in a health or health and dental plan. Unlike the FlexElect plan, CoBen participants are not eligible to receive cash in lieu of State-sponsored dental benefits only.

Health or Dental Plans

Employees may select any health or dental plan or may opt not enroll in any health or health and dental plans provided they show proof of other medical coverage. (See "CoBen Cash Option".) Employees who select health or dental plans under CoBen will have out-of-pocket premiums deducted from their gross pay before federal, state, Social Security and Medicare taxes are determined.

Vision Plan

Under CoBen, vision benefits are mandatory. Out-of-pocket vision premiums will be deducted from the employee's gross pay before any federal, state, Social Security and Medicare taxes are determined. All employees will continue to be enrolled in the State's Vision Plan. Employees who have previously declined vision coverage will be automatically enrolled.

Benefit Allowance

The State will provide a benefit allowance to pay for the premium cost of the health, dental and vision benefits. This is to be done whether all the medical deductions are taken in one payment or are taken over several payments. The State Controller's Office payroll system monitors the benefit allowance amount to ensure it does not exceed the medical deduction premiums being withheld from a payment. For example, if an employee has a $505 benefit allowance and the pay only had vision and dental deductions of $100 applied, a benefit allowance of $100 would be applied to the payment. If that same employee also had a $500 health deduction that was not applied because of insufficient net, the $405 remaining benefit allowance would not be applied unless a subsequent payment applied the $500 health benefit deduction.

The amount of the benefit allowance depends on the employee's Collective Bargaining Identifier (CBID) and his/her health benefit party rate code. If the employee is not enrolled in health benefits, the dental party rate code determines the benefit allowance amount. The following charts list the benefit allowance amounts and the effective date:

Benefit Allowance Represented Employees (CBID R08)

	Benefit Allowance For		
Effective Pay Period	**Party 1**	**Rate 2**	**Code 3**
12/98	**$200**	**$384**	**$505**
07/99	**$209**	**$388**	**$510**
11/99	**$234**	**$433**	**$570**
12/99	**$214**	**$411**	**$542**
12/00	**$222**	**$427**	**$563**

12/01	**$230**	**$443**	**$584**

Benefit Allowance Represented Employees (CBIDs R16, 18, 19)

Effective Pay Period	Benefit Allowance For Party 1	Rate 2	Code 3
07/98*	**$201**	**$365**	**$477**
12/98	**$200**	**$384**	**$505**
07/99	**$209**	**$388**	**$510**
10/99	**$229**	**$424**	**$558**
11/99	**$214**	**$397**	**$522**
12/99	**$214**	**$411**	**$542**
12/00	**$222**	**$427**	**$563**
12/01	**$230**	**$443**	**$584**

***CBID R16 only**

Benefit Allowance Excluded Employees

Effective Pay Period	Benefit Allowance For Party 1	Rate 2	Code 3
12/98	**$201**	**$394**	**$518**
07/99	**$210**	**$400**	**$523**
09/99	**$225**	**$424**	**$562**
10/99	**$215**	**$408**	**$536**
12/99	**$215**	**$422**	**$556**
12/00	**$223**	**$438**	**$577**
12/01	**$231**	**$454**	**$598**

The benefit allowance amounts for excluded employees have been increased to offset the cost of the enhanced indemnity dental premiums.

CoBen Cash

There are two possibilities to receive CoBen Cash. If the premium cost of the health, dental and vision coverage selected is less than the total benefit allowance, the employee will receive the excess as CoBen cash in their monthly pay warrants. Or, if the employee has coverage through another source and elects to receive cash in lieu of health or health and dental coverage.

COBEN HEALTH/DENTAL OPT OUT AMOUNTS

- $130 - employee declines the State-sponsored health plan
- $155 - employee declines the State sponsored health and dental plan

Employees are not eligible to receive CoBen Opt Out cash if they decline dental coverage only.

CoBen Cash payments are included with regular pay warrants and are subject to the federal, state, Social Security and Medicare taxes. This additional cash income is reported on the Form W-2 in the same calendar year the cash is received. However, the money is not considered compensation for retirement purposes.

NOTE: If employee is placed on IDL, the CoBen Cash will be issued separately in the next daily cycle after the IDL pay has issued.

COBEN OPT OUT INDICATORS

Opt Out Indicator values and their meaning:

VALUE	MEANING
Space	No Opt Out Indicator
H	Opt Out of Health
B	Opt Out of Health and Dental

Opt Out Indicators are displayed on the Payment History Inquiry, Miscellaneous Deductions screen under "deduction/organization code 349-001 in the HEALTH-OPT-OUT-IND field.

Health Care/Dependent Care Reimbursement Accounts

Employees enrolled in CoBen are eligible for the FlexElect reimbursement accounts. For a description of this benefit option refer to PPM Section H 752.

ENROLLMENT PROCESS **H 784**
(Revised 01/02)

As contracts are ratified, specific bargaining units will be automatically converted to CoBen based on their current health, dental, vision and, if appropriate, FlexElect enrollment elections. Because vision benefits are mandatory under the CoBen plan, employees who have previously declined vision coverage will be automatically enrolled. After the initial conversion, the State Controller's Office will monitor employee changes in collective bargaining status on a monthly basis. Eligibility for CoBen is effective on a prospective basis based on the employee's CBID. For CoBen to be effective in the current month, Personnel Action Requests (PARs) changing employees' bargaining units must be processed by the 15th of the month. PARs processed after the 15th of the month may not be effective until the following month. Departmental action will not be required. This policy does not affect eligibility dates for benefit permitting events.

DOCUMENT PROCESSING **H 785**
(Revised 01/02)

After the initial conversion into CoBen, when employees have allowable permitting events that change their health and/or dental coverage, all health documents (health [HBD-12]) should be sent to HBD or keyed into the CalPERS ACES system. All other forms (dental [form STD. 692] and/or Consolidated Benefits (CoBen) Cash Enrollment Election [form STD. 702]) should be sent as a package, stapled together, to the State Controller’s Office.

ADMINISTRATIVE CHARGE **H 786**
(Revised 01/02)

A monthly administrative fee, deduction/organization code 349-001, is deducted from each participant's after-tax salary if the employee has a FlexElect Medical and/or Dependent Care Account. Otherwise, the deduction amount will reflect zero. This deduction will appear on the Payment History Inquiry, Miscellaneous Deductions screen and on the employee's earnings statement.

A flat fee is assessed for all employees who have one or more of the health related benefits. The monthly per capita fee is charge to the employer via payroll deduction/organization code 356-002. There is no employee deduction amount, only a state (departmental) share amount. The monthly departmental administrative fee will appear on the Payment History Inquiry, Miscellaneous Deductions screen. This fee will not appear on the employee's earnings statement. The administrative fee charge, in the accounting system Clearance System, is listed under the Object of Expenditure code 103134.

RETROACTIVITY **H 787**
(Revised 01/02)

The CoBen retroactive policies are the same as the current health, dental and vision retroactive policies. Retroactivity for health and dental deductions is restricted to a period of three years, determined by the pay period in which the document is received by the State Controller's Office. The vision program is an automated process; there should not be a need for retroactive processing.

INSUFFICIENT NET **H 788**
(Revised 01/02)

If the net earnings of an employee’s warrant is not sufficient to withhold a CoBen deduction but the gross earnings are sufficient, the deduction may be requested on form STD. 674 from a subsequent warrant. If the gross is not sufficient, the employee must make a direct payment to the deduction company.

DISABILITY **H 789**
(Revised 01/02)

CoBen deductions are withheld from Non-Industrial Disability (NDI) payments unless the employee has a permitting event which allows him/her to cancel the deductions.

CoBen deductions are withheld from Temporary Disability (TD) supplementation payments.

When an employee with CoBen health, dental or vision benefits is placed in Industrial Disability Leave (IDL), the employee's CoBen health, dental and vision deductions are replaced with the traditional deduction codes. The employee's benefit allowance deduction code is replaced with the IDL Benefit Allowance code. Once the employee returns to active status, the employee's CoBen deductions are reestablished.

The entry date of the PAR placing the employee to or from IDL determines when the CoBen deductions will be converted to traditional deductions and vice versa. Therefore, if the PAR placing the employee on IDL is keyed on or prior to the 15th of the month and the employee has earned sufficient net pay for the CoBen deductions to be taken, the employee's CoBen deductions will be converted to traditional benefits for the current month. If the PAR placing the employee on IDL is keyed after the 15th of the month the traditional benefit deductions may not be effective until the following month.

For employees with the CoBen cash option, a separate warrant will be issued in the next daily cycle after IDL pay has issued. Once the employee returns to active status, the CoBen cash option will be applied to regular pay if a valid CoBen enrollment exists.

REFUND OF PREMIUM OVERPAYMENTS AND RECOVERY OF STATE CONTRIBUTIONS **H 790**
(New 01/00)

If a carrier receives a premium which is not due and which was paid by payroll deduction, Payroll Operations will process correction documents to refund that premium to the participant and recover the premium and if applicable the benefit allowance amount. The participant's wage and tax records will be adjusted and will reflect the refunded premium as taxable income.

If the benefit allowance amount was paid due to erroneous enrollment, the participant's CoBen records will be canceled and the correct deductions will be established with the appropriate effective dates.

WAGE AND TAX FORM W-2 **H 791**
(New 01/00)

The impact of CoBen benefits on W-2 Forms is the following:

- Cash Option and Cash Excess amounts are included in the "Wages. tips, other compensation" box #1 (gross earnings).
- Benefit Allowance amount is included in the "Wages, tips, other compensation" box #1 (gross earnings).

EFFECT OF PAYROLL/PERSONNEL TRANSACTIONS **H 792**
(New 01/00)

Because eligibility for CoBen is effective on a prospective basis and is based on the employee's Collective Bargaining Identifier Code (CBID), the Controller's Office will monitor changes in the employee's collective bargaining status. For CoBen to be effective current month, Personnel Action Requests (PAR) moving employees into or out of an eligible bargaining unit must be processed by the 15th of the month. PARs processed by the 15th of the month will result in the employee's deductions being converted to the appropriate benefit plans for the current month. Deductions for PARs processed after the 15th of the month may not be effective until the following month.

Employees who are on a leave of absence must make direct payments to the medical carriers (health, dental and/or vision) if they wish to continue coverage.

REPORT OF STATE CONTRIBUTION TRANSFER **H 793**
(New 01/00)

Because medical premiums for employees enrolled in CoBen are all employee paid, state share costs are affiliated with the Benefit Allowance amount. This cost is charged to the flexible benefits object of expenditure code. CoBen deductions also have an associated administrative fee. This fee is included with the Benefit Allowance amount on the Form SM 62.

SUBJECT: GROUP LEGAL SERVICES PLAN

INTRODUCTION **H 800**
(Revised 03/02)

The Group Legal Services Plan is a voluntary, employee-paid legal plan benefit which provides employees and their family members with paid-in-full coverage for a variety of legal matters. This plan is available to specific groups of civil service represented and unrepresented employees and is administered by the Department of Personnel Administration (DPA).

Department personnel offices will notify eligible employees of the availability of the program and provide them with the enrollment form. Employees have 60 days from the date of eligibility to enroll in the program, or they may enroll during the annual open enrollment period in March. The carrier is responsible for providing enrolled employees with claim forms, certificates, listings of attorneys, etc.

Deduction code 075 is assigned for the Group Legal Services Plan. For the organization code, refer to form DS488 (available from Midwest Legal Services, Inc. 1-800-247-4184) and PPM Section B 026.

ENROLLMENT AUTHORIZATION **H 801**
(New 09/93)

The Group Legal Services Plan enrollment form DS488 is the only form Payroll Operations will accept to establish or change the deduction. The deductions can be canceled via the form or administrative cancellation letter. Refer to PPM Section H 014 for administrative cancellation instructions.

The forms must be ordered through Midwest Legal Services at (800) 247-4184. Departments must send the original and carrier copy to Payroll Operations for review and approval. After the form passes the audit stage, it is processed through the payroll system. Form DS488 must be signed by a representative whose authorized signature is on file with PPSD.

Employees may submit forms for the following reasons:

- Initial enrollment
- Cancel deduction
- Change coverage

ELIGIBILITY **H 802**
(Revised 06/94)

Employees who have a permanent position that is half time or greater and whose CBID is C01-21, M01-21, S01-21, E88, E89, E97, E98, E99, R01 - R06, R09 - R11, R14 - R16, R18 - R21 are eligible to enroll.

Employees on limited term appointments, T&D or TAU assignments who otherwise meet this criteria may enroll only if they have a mandatory right of return to a position and status that also meets the criteria. Permanent intermittent appointments are not eligible.

ELIGIBILITY OF DEPENDENTS **H 803**
(Revised 06/94)

Eligible dependents are defined as the eligible employee's legal spouse and any unmarried dependent children under the age of 23. Children include natural, adopted or step-children. An unmarried child, 23 years or over is also eligible if he/she is incapable of self-support because of physical disability or mental incapacity and he/she is chiefly dependent on the eligible employee for support and maintenance.

Family members who are not eligible include parents, grandparents, unmarried family partners, children under age 23 who marry and subsequently divorce, children over age 23, unless disabled as defined above and other relatives or persons not identified as eligible.

CONTINUATION OF COVERAGE UPON LOSS OF ELIGIBILITY **H 804**
(Revised 06/94)

Retirement
Employee cannot convert the Group Legal Services Plan into an individual policy.

Disability
Premium will be deducted from NDI/IDL as long as the employee is on disability.

Employee must contact Midwest Legal Services 30 days in advance of the leave to make arrangements for direct payment. If the leave period is one year or less, the employee must pay the full premium amount in advance. If it is more than one year, the employee may arrange to make payments in installments. Should there be an overpayment of the premium, the carrier shall refund the difference.

If the employee chooses not to make direct payments, the coverage will terminate until the employee returns to work. Upon return to active pay status, the deduction will start automatically and the effective date and waiting period will start anew.

Termination/Separation
Employee cannot convert the Group Legal Services Plan into an individual policy.

Death
Coverage terminates.

CANCELLATION OF COVERAGE **H 805**
(New 09/93)

Employees may cancel their coverage at any time. They are not required to remain in the plan for a minimum period of time. However, in order to receive certain services, the employee must have been enrolled in the plan for at least six months. If an employee cancels and subsequently re-enrolls at a later date (open enrollment), he/she will have to serve another waiting period.

EFFECTIVE DATE **H 806**
(New 09/93)

Forms must be received in Payroll Operations by the 10th of each month to be processed for the current pay period. Forms received after the established cut-off date will be effective the following pay period. No retroactive additions, cancellations or changes in amounts may be requested.

Employees must be advised that legal coverage is effective the first of the month following the pay period in which the earnings statement on the payroll warrant shows a premium deduction. For example, coverage is effective April 1st when the payroll warrant for the March pay period reflects a premium deduction. There is no retroactive date of enrollment.

Employees who enroll in the plan do not have to wait until the next open enrollment to change their level of coverage.

Examples of qualifying events which may change level of coverage are, an employee who selects individual coverage and subsequently marries during the plan year can change coverage from individual to family coverage; and conversely, a single parent whose enrolled dependent child marries or an employee who divorces may change family coverage to individual. The employee must submit an enrollment form within 60 days of the qualifying event (e.g., divorce, legal separation, marriage, child losing eligibility due to age or marriage). The change becomes effective the first day of the month following the pay period in which the earnings statement on the payroll warrant reflects the premium change.

COMPLETION OF FORM DS488 **H 807**
(New 09/93)

Section A (Completed by employee)

1. Type of Action - One box must be X'd
2. Social Security Number
3. Name
4. Date of Birth
5. Mailing Address

Section B (Completed by employee)

Box 1 or 2 must be X'd.
1. Type of Coverage - Box a or b must be X'd, EXCEPT for cancellations leave blank. List name(s) and date(s) of birth of dependents, if selecting family coverage.
2. Cancel Coverage
3. Employee signature
4. Date signed

Section C (Completed by Personnel Office)

Personnel Office completes all blank items and verifies that employee is eligible based on CBID.

Remarks - Enter the eligibility period beginning and ending dates. The exception is of cancellations or open enrollment forms. (All documents processed during open enrollment are considered as such and remarks are not required.)

SUBJECT: FAMIILY AND MEDICAL LEAVE ACT

H 825

REFERENCES
(Revised 01/02)

CSU HR-05 Supplement #1
DPA PML 93-48

INTRODUCTION
(Revised 01/02)

The Family and Medical Leave Act (FMLA) requires employers to provide eligible employees up to twelve weeks of leave per year for a qualifying family/medical reason. Also, FMLA requires employers to continue medical benefit coverage (health, dental and vision) at the same level while the employee is on unpaid leave.

SUBMISSION OF FORM STD. 674 **H 826**
(Revised 01/02)

A Payroll Adjustment Notice, form STD. 674 must be submitted to request continuation of medical deductions and benefit allowance, if applicable, while an employee is on unpaid FMLA leave if the employee will not have benefits withheld from regular or disability pay for the pay period. A PAR S50 transaction with a Reason For Leave Code of 34 must be processed before the form STD. 674 can be submitted to SCO. A separate form STD. 674 is no longer required for each pay period involved. Pay periods should be combined on one form whenever possible. Please note this is ONLY for FMLA requests on form STD. 674s. Please note employees are not eligible for FlexElect Cash Option or Consolidated Benefit (CoBen) Cash Option or CoBen Cash Excess while participating in the FMLA. If all requested medical deductions are fully state paid (no employee contribution) or fully offset by the benefit allowance the State Controller's Office will process a payment type 'P' transaction to adjust deductions. Where an employee deduction exists for one or more of the desired non-CoBen medical deductions, or the benefit allowance does not fully offset the CoBen medical deductions, the State Controller's Office will establish an agency collection account receivable to recover the employee share.

COMPLETION OF FORM STD. 674 **H 827**
(Revised 01/02)

Form STD. 674 must be completed as follows:

1) TO STATE CONTROLLER - "X" box PPSD/Payroll Services;
   PPSD UNIT DESTINATION - "X" box Benefit Deductions
2) Social Security Number
3) Employee name
4) Position number
5) Leave blank

- Remarks
- "Requesting continuation of medical benefits for employee on family leave during MM/YY pay period for FMLA".
    1) Health benefits deduction/organization code and party code or "no health benefits".
    2) Dental benefits deduction/organization code and party code or "no dental benefits".
    3) Vision deduction/organization code or "no vision benefits".
    4) For employees enrolled in the CoBen plan, enter the benefit allowance deduction/organization code.

7) Form completed by/Phone number
   Agency Name
   Authorization Signature and date

SUBJECT: TEMPORARY DISBILITY WITHOUT SUPPLEMENTATION

H 830

REFERENCES
(New 01/02)

DPA PML 2000-35

INTRODUCTION
(New 01/02)

Per a DPA policy change effective June 13, 2000, employees who are receiving temporary disability (TD) benefits directly from the State Compensation Insurance Fund and have notified their department that they do not wish to use their leave credits to supplement their TD benefits will be entitled to continuation of health, dental and vision coverage.

SUBMISSION OF FORM STD. 674 **H 831**
(New 01/02)

A Payroll Adjustment Notice, form STD. 674 must be submitted to request continuation of medical deductions and benefit allowance, if applicable, while an employee is receiving TD benefits not supplemented by their leave credits and will not have benefits withheld from any other pay the pay period. A separate form STD. 674 is no longer required for each pay period involved. Pay periods should be combined on one form whenever possible. Please note this change is ONLY for requests of medical deductions, not for requesting any kind of disability pay. Employees are not eligible for FlexElect Cash Option or Consolidated Benefit (CoBen) Cash Option or CoBen Cash Excess while receiving TD benefits not supplemented by their leave credits. If all requested medical deductions are fully offset by the benefit allowance, or the state share for non-CoBen medical deductions, the State Controller's Office will process a payment type 'P' transaction to adjust deductions. Where an employee deduction exists for one or more of the desired non-CoBen medical deductions, or the benefit allowance does not fully offset the CoBen medical deductions, the state Controller's Office will establish an agency collection account receivable to recover the employee share.

COMPLETION OF FORM STD. 674 **H 832**
(New 01/02)

Form STD. 674 must be completed as follows:

1) TO STATE CONTROLLER - "X" box PPSD/Payroll Services;
   PPSD UNIT DESTINATION - "X" box Benefit Deductions
2) Social Security Number
3) Employee name
4) Position number
5) Leave blank
- Remarks
- "Requesting continuation of medical benefits for employees on Temporary Disability, as required by LC132a and Gov. Code 19863."
    1) Health benefits deduction/organization code and party code or "no health benefits".
    2) Dental benefits deduction/organization code and party code or "no dental benefits".
    3) Vision deduction/organization code or "no vision benefits".
    4) For employees enrolled in the CoBen plan, enter the benefit allowance deduction/organization code.

7) Form completed by/Phone number
   Agency Name
   Authorization Signature and date

SUBJECT: ADDITIONAL RETIREMENT CONTRIBUTION PLAN

INTRODUCTION **H 850**
(New 03/95)

The Additional Retirement Contribution Plan is a voluntary program and is not connected in any way with the State's mandatory retirement plan. Contributions are governed by Government Code Sections 20633 through 20635.

Contributions are not tax deferred; however, the interest earned on the employee's account is tax deferred. Contributions cannot be refunded unless the employee retires or separates from State service.

Contributors are assessed a monthly administrative fee of $2.00 which is deducted annually by PERS. Contributors are assessed an additional charge of $.0025 times the account balance at the end of each calendar year.

ELIGIBILITY **H 851**
(New 03/95)

All members of the Public Employee's Retirement System (PERS) are eligible to make additional retirement contributions.

DOCUMENT SUBMISSION **H 852**
(New 03/95)

Additional Retirement Contributions are made/changed/deleted using the PERS MEM-234 document. Agencies report employee Additional Retirement Contribution requests to PERS, which submits PERS MEM-234 documents to SCO no later than the 15th of each month in order for deductions to be withheld from that month's master payroll warrant.

SUBJECT: PARKING REIMBURSEMENT ACCOUNT (CS)

H 860

REFERENCES
(New 07/02)

GC 1151(d)
IRS Code Section 132(f)
Department of Personnel Administration Personnel Management Liaison (PML) Memorandum 2001-067

INTRODUCTION
(New 07/02)

The Pre-tax Parking Reimbursement Account offers tax advantages and dollar savings to those who are eligible to participate. On a monthly basis participants may deposit an amount not to exceed the Federal Exclusion Amount (see PPM I 161.1 for the Federal Exclusion Rates) in their Parking Reimbursement Accounts. Participants may start, change or delete their deductions at any time. This is not an annual program, therefore, deductions will continue until the agency submits a cancellation or the employee separates from State service. Claims (DPA - 682 form PRE-TAX PARKING/THIRD-PARTY ADMINISTRATOR/REIMBURSABLE ACCOUNT CLAIM - is available on line by accessing the DPA Website, http://www.dpa.ca.gov) and copies of receipts may be submitted to the Third Party Administrator for reimbursement after the deduction has been withheld.

Deduction/organization code 361-001 is assigned for the parking reimbursement account.

ELIGIBILITY **H 861**
(New 07/02)

Civil Service employees designated rank and file, managerial, supervisory, confidential and exempt are eligible to participate in the plan. Constitutional Officers, Judicial Council and Supreme, Appellate and Superior Court Judges and CSU employees are not eligible.

ENROLLMENT PROCESS **H 862**
(New 07/02)

The Parking Reimbursement Account is a voluntary program designed for Civil Service employees whose parking vendor does not participate in the State's Voluntary Miscellaneous Payroll Deduction Program. If employees do not have vehicle-parking expenditures or already pay for parking via payroll deduction, they should not enroll in this plan.

Complete and submit a Pre-Tax Parking/Third-Party Administrator/Reimbursable Account Enrollment form, (DPA 682 form, available on line by accessing the DPA Website, http://www.dpa.ca.gov) to the State Controller's Office, Miscellaneous Deductions Unit. The DPA 682 cutoff date is the 10th of the month. If the cutoff date falls on a Saturday, Sunday or holiday, cutoff is extended to the following workday.

RETROACTIVITY **H 863**
(New 07/02)

Enrollment, changes in enrollment, or cancellations are processed on a prospective basis. However, should an employee request a retroactive effective date change, a DPA 682 form must be completed. Enter the retroactive effective date in item 7, attach a brief memo pleading the retroactive effective date, and forward the documentation to DPA for review. Approved documents will be forwarded to the Controller's Office for processing.

INSUFFICIENT NET **H 864**
(New 07/02)

If a participant has insufficient net earnings from which to withhold the parking reimbursement account deduction, the deduction is not withheld.

DISABILITY **H 865**
(New 07/02)

The parking reimbursement account deduction is withheld from Non-Industrial Disability (NDI) payments provided there is sufficient NDI gross.

The parking reimbursement account deduction is not withheld from Industrial Disability Leave payments.

WAGED AND TAX FORM W-2 **H 866**
(New 07/02)

Parking reimbursement account deductions reduce taxable gross earnings.

EFFECTS OF PAYROLL/PERSONNEL TRANSACTIONS **H 867**
(New 07/02)

When an employee transfers from one agency to another and has previously authorized a payroll deduction, the deduction will continue to be applied automatically unless a cancellation has been received.

The deduction will not be taken from separation pay unless the separation occurs at the close of the last workday of the pay period. When an employee separates from a position (by leave of absence or permanently) prior to the end of the pay period, the final payment to the employee will not include parking reimbursement deductions.

PAYROLL PROCEDURES MANUAL

SECTION I – GENERAL INDEX
(Revised 04/04)

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SUBJECT: ACCOUNTS RECEIVABLE

REFERENCES I 001
(Revised 04/02)

G.C. 1153(c), 12475, 19838, IRS Publication 15
SAM 8580.2, 8593-8593.3, 8790.1, 8790.5

INTRODUCTION
(Revised 06/96)

State employees may not legally receive more money than they earned for each pay period, however, inadvertent overpayments do occur.

Overpayments occur for various reasons, such as: certification of erroneous salary rates, effective dates, or time worked; disapproval by control agencies of appointments or promotions; coding or key entry errors; and release of various disability payments, etc.

DIRECT DEPOSIT I 002
(Revised 06/96)

Form STD. 699, Direct Deposit Enrollment Authorization, Section C, provides collection provisions for salary overpayments. Refer to PPM Section J for Direct Deposit criteria/information as it relates to salary overpayments.

DEDUCTION ARREARS ACCOUNTS RECEIVABLE I 003
(Revised 06/96)

Payment type K Accounts Receivable (A/R) may be established to collect arrears for retirement, Social Security, Medicare, savings bonds, or other deductions with the exception of garnishments (support, levies, etc.). By checking the deduction screen on payment "HIST" for the type K A/R, you will be able to identify the type of deduction being recovered. Refer to the appropriate PPM section for further information.

ACCOUNTS RECEIVABLE PROCESS **I 004**
(Revised 04/02)

The A/R will be recorded in the SSN/name of the employee. Internal Revenue Service Ruling 70-177, 1970-1CB214 states that erroneous wage payments are subject to income tax at the time they are paid and, to the extent there has been no repayment of any overpaid amount to the employee within the same year, Form W-2 must reflect the full amount received by the employee in that year.

NOTE: Circular E, Employer's Tax Guide (Publication 15), States: "**Do Not** correct wages (box 1) on Forms W2c for the amount paid in error… The wages paid in error in the prior year remain taxable to the employee for that year. This is because the employee received and had use of those funds during that year…"

In compliance with this ruling, SCO implemented system changes, to exclude federal and state taxes from being "credited" on the A/R. Instead, when the A/R is collected/repaid via payroll deduction, the taxable gross of the payment to which the deduction is applied will be reduced by the taxable gross amount of the A/R before federal and state taxes are computed. A/R's that are satisfied via agency collection will not receive a tax reduction at the time of collection. The employee can recoup overpayments of federal and/or state tax amounts, if any, when filing an income tax return for that year. Therefore, it is to the employee's immediate advantage to have an A/R collected via payroll deduction.

Taxable gross earnings will be reduced in the year that monies to satisfy the A/R are collected, not in the year the overpayment occurred.

Under this process, employees can have a negative taxable gross in two situations. Specifically, if an employee repaid a prior year account receivable for wage and/or salary advance overpayment(s) and:

1. has no reportable wages in the tax year of repayment (a form W-2 is not issued); or

2. the repayment gross amount exceeds the reportable wages in that tax year (gross overpayment amount(s) are backed out to allow the W-2 to print).

In these cases a form letter (See PPM Section Z, Attachments I-3 and I-4) is sent to employees which provides information for filing tax returns.

DEDUCTION OFFSETS **I 005**
(Revised 06/96)

An employee's deductions may be affected by an A/R in one of three ways:

1. Social Security, Medicare and retirement to be recovered will not ordinarily be included in the A/R net. Instead, they will be recovered by minus entries (offset) reducing the amounts paid to authorities on the next settlement between them and SCO.

2. Deductions to be credited back to the employee (deductions could not be taken from the reduced payment) are offset against the A/R, reducing the A/R net. If the deduction amount is greater than the A/R net, a credit issue warrant will be generated to refund the deduction.

3. In some instances, deduction amounts may be included in the A/R net. If warrants for payment of garnishment, court orders, or tax levies have been issued, if a savings bond has been issued, or if a maintenance deduction or additional tax has been withheld, these deduction amounts may be included in the A/R net.

PRIOR YEAR ACCOUNTS RECEIVABLE FORM W-2C **I 006**
(Revised 04/02)

An A/R or reverse A/R will not generate Form W-2C, except for Social Security and Medicare if the original payment or A/R was issued in a prior tax year. Taxable gross will be reduced for the tax year in which the A/R is satisfied. See I 004 above.

Reverse A/R's which have been satisfied will increase W-2 taxable gross in the year or years the monies are refunded to the employee.

COLLECTION PROVISIONS **I 007**
(Revised 06/96)

Based on Assembly Bill 1283, Chapter 524, the state is required to recoup salary over-payments made to represented and non-represented employees.

Effective January 1, 1990 follow AB 1283 collection provisions as provided in the following sub-sections 008-015.

Agencies and campuses are responsible for adherence to AB 1283 collection provisions.

COLLECTIVE BARGAINING CONTRACTS **I 008**
(Revised 06/96)

Collective Bargaining contracts/MOU's supersede any other collection procedures. Refer to the employee's contract for overpayment/collection provisions. If the employee's contract does not provide a collection provision use AB 1283 collection provisions.

EXEMPTIONS **I 009**
(Revised 06/96)

A/R's for Social Security, Medicare, retirement, federal/state tax, related disability payments, and various benefit deductions (e.g., health, dental, vision, etc.) are exempt from AB 1283 collection provisions. Refer to the appropriate section.

NOTIFYING EMPLOYEES **I 010**
(Revised 06/96)

Agencies/campuses are responsible for notifying employees of existing salary overpayments or impending A/R's. Likewise, agencies/campuses must provide employees an opportunity to respond prior to initiation of collection procedures. The employee should be given 15 calendar days to respond either orally or in writing.

A letter is preferable when notifying an employee of an A/R. The following items should be addressed in the letter:

- Amount due

- Pay period affected
- Reason for overpayment
- Response time (15 calendar days) afforded to employee prior to collection action.
- Optional: Proposed repayment plan and method of collection (this item can be subsequently discussed once the employee responds to the notification).
- Provide the employee a reasonable amount of time to respond. If the employee is on vacation and cannot be reached, the time afforded the employee to respond should be adjusted accordingly.
- Provide full consideration to the employee's response prior to action being taken. The agency personnel should work with the employee to determine an acceptable repayment schedule.

All responses by the employee should be documented. For example, if legal action is considered by either the employee disagreeing with the A/R or the agency for the collection of the A/R, a clear account of all communications or lack of employee response would provide pertinent background data.

COLLECTION METHODS **I 011**
(Revised 03/02)

Two methods will be used to recoup salary overpayments, based on mutual agreement between agencies/campuses and the employee:

1) Cash payment(s) via establishment of an Agency Collection A/R.
2) Installments via establishment of a Payroll Deduction A/R. Payroll deductions are to cover the same number of pay periods in which the error occurred (e.g., regular pay overpayments occurred for three pay periods: 9/98-11/98. Hence, payroll deduction A/R's must be established/collected in three pay periods: 12/98-2/99).

   If an employee has multiple overpayments and the form STD. 674 A/R specifies a number of pay periods the payroll deductions should be taken, the A/R amounts will be totaled and divided by the number of pay periods requested (12 pay period maximum).

   NOTE: If the employee requests a specific payroll deduction amount be taken in a specific pay period order, the agency/campus must include a statement in Remarks on the form STD. 674 A/R. See PPM Section Z, Attachment I – 1 samples.

   When overpayments have continued for more than a year, agencies/campuses may require full payment, via Payroll Deduction, within a year.

3) Payments from cashed out leave credits for civil service bargaining unit 06 employees. For additional information refer to I 032.

The recoupment amount must not exceed 25% of the employee's monthly net (gross minus mandatory deductions) salary. If multiple A/R's (e.g., regular pay, overtime, shift, etc.) are collectively recouped from one pay period warrant, the accumulative recoupment amounts must not exceed 25% of the employee's monthly net salary. The exception is if the employee requests or agrees to a recoupment amount over 25%.

Exceptions to method #2 in which payroll deductions are to cover the same number of overpayment pay periods are:

- Payroll deduction amounts exceed 25% of the employee's monthly net.
- The employee agrees to the establishment of payroll deductions in less pay periods than overpayment pay periods.

For employees paid more than once a month, the deduction will be taken from the first available pay period.

An A/R deduction code 035, is set up to be withheld from a specific pay period. If a payment for that pay period with time and sufficient net to withhold the deduction amount is not issued, the deduction remains suspended for 4 months on the Payroll Master File. At the end of 4 months, the deduction is purged from the Payroll Master File and the Agency/Campus is notified that the method of collection for the accounts receivable has been changed to agency collection.

NO MUTUAL AGREEMENT OR EMPLOYEE RESPONSE **I 012**
(Revised 12/98)

Agencies/campuses can proceed with recoupment actions via method #2 (Section I 011) if:

- A mutual agreement cannot be made on the method of collection and/or repayment schedule; or,
- The employee fails to respond to an A/R notification letter.

AGENCY AUTHORITY **I 013**
(Revised 12/98)

Agencies have the authority to withhold an employee's pay warrant and issue a revolving fund check for the difference between the employee's pay and the amount owed if the overpayment was made in the same pay period. For example:

- If an employee is due less pay due to dock, etc. in the current pay period but a full month SCO warrant was issued (although not yet distributed to the employee), an agency can intercept the SCO warrant and issue a revolving fund check for the difference between the employee's pay and the amount owed.

An employee should be notified of this offset. However, in this case, an employee cannot legally object to the offset. Likewise, a formal A/R notification letter and afforded time to respond is not necessary.

Agencies do not have the authority to withhold an employee's pay warrant and issue revolving fund check for the difference between the employee's pay and the amount owed if the overpayment was made in a different pay period. For example:

- If an overpayment is discovered for a prior pay period, an agency cannot intercept the current pay period warrant and issue a revolving fund check for the difference between the employee's pay and the amount owed.

An employee should be notified via an A/R notification letter and given 15 days to respond.

SEPARATING EMPLOYEES **I 014**
(Revised 12/98)

Agencies/campuses can withhold, an amount sufficient for full repayment, from any money owed the employee upon separation. If the money owed the employee upon separation is insufficient for full repayment, agencies/campuses have the right to proceed with legal action to recoup the amount owed.

STATUTE OF LIMITATIONS **I 015**
(Revised 12/98)

Agencies/campuses cannot take action to recoup an overpayment, pursuant to AB 1283, unless the action is initiated within three years from the date of overpayment. For example:

- An employee was overpaid for an overtime payment issued on 1/5/98. To recoup this overpayment, the written Overpayment Notification must be provided to the employee by January 4, 2001.

SUBMISSION OF FORM STD. 674A/R **I 016**
(Revised 03/02)

Agencies/campuses must prepare and submit form STD. 674A/R, Payroll Adjustment Notice - ACCOUNTS RECEIVABLE, to request establishment of an A/R. (See PPM Section Z, Attachment I-1 samples.)

NOTE: Form STD. 674, Payroll Adjustment Notice, will not be accepted for A/R requests. Please submit all A/R requests on the new form STD. 674A/R. (For Disability A/Rs refer to Section E.)

If the form STD. 674A/R indicates collection by payroll deduction, the form must be received by Payroll Operations at least three days prior to cutoff. See Section D 200 for master payroll cutoff schedules.

COMPLETION OF FORM STD. 674A/R **I 017**
(Revised 12/98)

The following items must be completed on form STD. 674 for every A/R.

- Social security number
- Employee name
- Position number
- Type of A/R request
- Change Method of Collection, if applicable
- Remarks - Explain the reason the overpayment occurred and the pay period in which the employee was overpaid.
- Dates/Hours on Dock, if applicable
- Payment per Controller Warrant Register - show all activity for the payment type of overpayment in the pay period; e.g., if an employee is overpaid in overtime hours, show only overtime activity in the pay period.
- Payment Should Be - complete through the gross column.
- Overpayment - complete through the gross column.

- Overpayment to be recovered by - if not completed, the A/R will set up as an agency collection.
- Completed by/telephone number.
- From Agency/campus name
- Authorized signature.

DISABILITY ACCOUNTS RECEIVABLE **I 018**
(Revised 12/98)

If an A/R is related to disability, refer to the Disability Section E for completion of instructions. The SCO internal recording procedure is the same as outlined in this section.

PPSD OVERPAYMENT DISCOVERY PROCESS **I 019**
(Revised 12/98)

If an overpayment is discovered by PPSD, the following process is applied:

- A suspense file is established with all pertinent A/R information.
- The agency is notified of overpayment via the PR 250-M, Notice of Pending Account Receivable. (This does not apply to regular pay issued in lieu of disability payment.)
- Agencies are allowed 60 days to respond by:
  - Correcting overpayment condition (e.g., correcting PAR/PPT, corrected attendance),
  - Submitting form STD. 674A/R to establish an A/R,
  - Returning the warrant for redeposit.
- If an A/R is necessary, it is the responsibility of the agency (within 60 days) to:
  - Notify the employee of the overpayment and impending A/R,
  - Provide a reasonable time for the employee to respond,
  - Establish an acceptable repayment plan and method of collection that is in agreement with the employee.
- If form STD. 674A/R is received within 60 days, the method of collection requested will be followed. If no method of collection is indicated, the A/R will be established as agency collection.
- If no agency response is received within 60 days of the PR 250-M notification, PPSD will establish an A/R via agency collection for both active and separated employees.

FTB OFFSET **I 020**
(Revised 12/98)

It is the responsibility of each agency/campus, having exhausted the administrative procedures for recovering A/R's from separated employees, to request an offset from Franchise Tax Board (FTB). The deadline for submitting lists is November 15.

STATEMENT OF EARNINGS AND DEDUCTION **I 021**
(Revised 12/98)

Collection by payroll deduction will be identified on the employee's "Statement of Earnings and Deductions," Form CD 39, by ACCT RCVBL. The taxable gross amount of the A/R will be printed directly below the "gross" field on the Form CD 39, when the taxable gross of the payment has been adjusted by the taxable gross amount of the A/R. Since the taxable gross amount of the A/R can differ from the A/R net amount, it is necessary to print the amount by which the taxable gross was adjusted.

ACCOUNT RECEIVABLES NOTICES
(Revised 12/98)

The "Notice of Account Receivable" (a 8-1/2 x 5-1/2 sheet of paper) and an Account Receivable Warrant Register, Form CD38, is computer generated for each A/R.

Division of Accounting sends agencies a copy of TC-38, Notice of Transfer. The TC-38 returns the deduction and employer's share of deductions to the appropriation in which the overpayment was originally paid.

Division of Disbursements and Support will transmit to the appropriate agency, two copies of Notice of Account receivable indicating the action taken, together with the regular number of copies of the Payroll Warrant Register listing the A/R items for each reporting unit. One copy of the Notice of Account Receivable must be given to the employee by the agency to explain any overpayment and may be used by the employee for any tax settlement.

DEPOSITING COLLECTIONS **I 023**
(Revised 12/98)

Form TC30, Report to State Controller of Remittance to State Treasurer, will be completed and submitted to SCO Division of Accounting. The monies remitted will be directly applied to the appropriation where payroll was originally charged. If the appropriation is reverted, then it must be remitted to refunds to reverted appropriations.

All accounts receivables and refunds to reverted appropriations are to be filed on a separate remittance advice.

Refer to Division of Accounting Policy Letter 93-02 for form completion instructions.

ACCOUNTS RECEIVABLE LIST OF DEDUCTIONS **I 024**
(Revised 12/98)

A CD 446, Payroll Deduction Report, is an A/R deduction list computer generated by the sixth of each month. The lists, in alpha order, by employee name, are distributed each month to agencies/campuses. These lists will show:

Social security number
Employee name
Position number
Pay period (month, year)
Account receivable
Deduction code 035
Amount of deduction
Warrant number

REVERSAL OF ACCOUNTS RECEIVABLE **I 025**
(Revised 03/02)

If an A/R is established erroneously, a form STD. 674A/R must be prepared indicating that a reversal is required.

If the A/R was established as a payroll deduction, "X" the box - Reverse Payroll Deduction

A/R and complete the net amount to be collected in Item 5, Change Method of Collection, on the form STD. 674A/R. If the A/R was established as an agency collection, "X" the box - Reverse Agency Collection A/R in Item 5 and indicate in the Remarks that the agency/campus will provide the refund. Refer to Section I 017 for completion requirements of form STD. 674A/R. (See PPM Section Z, Attachment I-1 samples).

If the collection was made by payroll deduction, Payroll Operations will refund the amount on the next master payroll warrant, OR

If the employee has separated, Payroll Operations will prepare a credit issue warrant.

If no collection has been made, no further action is required.

CHANGING METHOD OF COLLECTION **I 026**
(Revised 03/02)

If it is necessary to change the method of collection, the agency/campus must submit a form STD. 674A/R to Payroll Operations.

NOTE: Item 5 - Change Method of Collection on form STD. 674A/R must be completed by "X"ing the applicable box and indicating the net amount remaining of the A/R. (See PPM Section Z, Attachment I-1 samples). The routing of form STD. 674A/R is the same as for the A/R transactions.

If Payroll Operations discovers it has erred in recording the method of collection, they will notify the agency/campus.

SPECIAL PROCEDURES **I 027**
(Revised 12/98)

The special procedures contained in this section are required due to passage of Assembly Bill 3120. Specifically, effective January 1, 1987, the State Controller's Office can no longer recover deduction monies previously remitted to credit unions/banks after 90 days from the month the deduction was withheld from an employee's paycheck and remitted to the credit union/bank. As a result, recovery must be made from the employee.

Effective immediately, PPSD/Payroll Operations will establish an A/R for the amount of the deduction(s) when:

1. A warrant is returned for redeposit and no pay is requested, or
2. A request that an A/R be established is received and no subsequent payment or sufficient payment (e.g., insufficient net) is made to cover the deduction(s). In these cases, the deductions will be included in the A/R net amount.

The above procedure must be followed when the original payment was issued over 90 days earlier (original issue date compared to current date) and had one of the following deductions withheld:

DEDUCTION CODE: 014

ORGANIZATION CODE	DEDUCTION NAME
004	County Employees Credit Union (San Diego)
014	Riverside County Employees Federal Credit Union
054	City and County Employees Credit Union (Alameda)

065	El Dorado Federal Credit Union
074	Kern County Employees Federal Credit Union

DEDUCTION CODE: 051

ALL	Credit Union(s) - various

DEDUCTION CODE: 400

ALL	Bank(s) - various

PAYROLL DEDUCTION OVERCOLLECTION **I 028**
(Revised 03/02)

If agency/campus accounting offices determine an overcollection occurred through payroll deductions, a form STD. 674A/R will be required to request the refund. In Item 5, Change Method of Collection, on the STD. 674A/R, "x" the box - Over-Collection of Payroll Deduction A/R, indicate the pay period(s) in which the overcollection occurred, and the net amount to be refunded. Refer to Section I 017 for form STD. 674A/R completion requirements (See PPM Section Z, Attachment I-1 samples).

The refund will issue with the employee's next applicable warrant. The refund can be identified in the deduction segment area of the earnings statement by the description: ACCT RCVBL.

AGENCY COLLECTION ACCOUNTS RECEIVABLE **I 029**
(Revised 12/98)

When an A/R is satisfied via agency collection, a form STD. 995A, Non-USPS--Agency Collection Accounts Receivable is required to insure accurate reporting of the employees' taxable income. Refer to Section I 178/179 for instructions.

AGENCY COLLECTION OVERCOLLECTION **I 030**
(Revised 12/98)

If an overcollection has occurred via the agency collection process, agencies/campuses must issue the employee a refund. To insure accurate reporting of the employees' taxable income, a form STD. 995R, Non-USPS--Refund of Overcollection is required. Refer to Section I 180/181 for instructions.

ACCOUNT RECEIVABLE CODES **I 031**
(Revised 12/98)

The Payment History (HIST) On-line System reflects the account receivable (A/R) number, a space, and then a one-digit code. The codes, shown below, identify the method of collection and if the A/R is dock related.

CODE	DESCRIPTION
1	Payroll deduction (one-time deduction)
2	Agency collection
3	Dock, payroll deduction (one-time deduction)
4	Dock, agency collection
5	Payroll deduction, percentage method
6	Dock, payroll deduction percentage method

7 Payroll deduction, variable month method
8 Dock, payroll deduction variable month method

ACCOUNTS RECEIVABLE OFFSET – LEAVE CREDIT USE I 032
(New 02/03)

Bargaining unit 06 employees have a third collection method available to them per their bargaining unit 06 contract, Section 15.12, effective 07-01-2001. This contract is available on CCPOA's web page at: (http://www.dpa.ca.gov/collbarg/contract/bumenu.shtm). This method allows an employee to use the pay issued from cashing out leave credits to clear an outstanding AR(s). For additional information please refer to Payroll Letter #03-004 dated January 16, 2003. This Payroll Letter is available on SCO's web page at: (http://www.sco.ca.gov/ppsd/empinfo/links.shtml) and Leave Accounting Letter #03-003 dated January 22, 2003. This Leave Accounting Letter is available on SCO's web page at: : (http://www.sco.ca.gov/ppsd/empinfo/links.shtml)

The employee's Direct Deposit will need to be canceled before the employee can take advantage of the process. Once the payment has issued to offset the AR(s) the employee may request to re-enroll in the Direct Deposit program. Please refer to J 012 and 003, respectively, for further instructions.

An AR must have been established as Agency Collection for this method of collection to be used.

A unique Earnings ID has been established and coding instructions are provided for using leave credits to issue pay via form STD. 671 to clear outstanding ARs. The Earnings ID used to request a payment on PIP is GS. After reviewing the PIP Exceptions in G 102, complete items 15 - 17 and 19 - 21 as follows:

PIP KEYING INSTRUCTIONS FOR CIVIL SERVICE BARGAINING UNIT 06 EMPLOYEES				
EID	DAYS/ HOURS	SALARY RATE	WWG/ FLSA	GROSS
GS	Blank	Blank	Blank	$$
#15	#16-17	#19	#20	#21

To determine the number of leave credits an employee must cash out in order to generate monies equal to the net of the AR(s) the following calculations must be used:

1. Determine the hourly salary rate by dividing the salary rate by 182 (7k average).

   Example:

   Salary rate of $4759 divided by 182 equals $26.14835 hourly rate

2. Determine the necessary gross to be cashed out to provide a net equal to the AR by dividing the AR net by the Maximum Withholding Factor of 65.55% if the employee pays Medicare and 67% if the employee does not pay Medicare.

Example:

Medicare Formula-..... 65.55%
Gross. 100%
Minus Federal Tax 27%
Minus State Tax. 6%
Minus Medicare 1.45%
Net 65.55%

3. Take the AR amount due and divide it by the formula percentage determined above to calculate the gross amount of the payment needed to equal the AR net amount. Then divide the result by the net hourly rate to compute the hours of leave to be cashed out.

   Example:

   AR amount due of $430.00 divided by 0.6555 equals $655.99. This amount divided by an hourly rate of $26.14835 equals 25.08724 hours. These hours would round to 25.25 hours of leave credits to be cashed out according to the breakdown of fractional time listed below.
   .01 - .25 = .25
   .26 - .50 = .50
   .51 - .75 = .75
   .76 - .99 = 1.00

No changes have been made in the procedures for reporting ARs satisfied via agency collection. Please refer to I 029 and 178-179 for further information and instructions.

SUBJECT: REPORTING TAX TREATY EXEMPT WAGES FOR NONRESIDENT ALIEN EMPLOYEES

I 050

REFERENCES
(New 05/02)

IRC Section 1441
IRS Publication 515

INTRODUCTION
(New 05/02)

Per IRS regulations, federal income tax is not withheld from compensation earned by nonresident alien (NRA) employees if 1) the services the compensation was paid for were performed in the United States and, 2) the compensation is exempt from federal income tax based on a tax treaty to which the United States is a party.

As provided by the tax treaty exemption, a specific amount of a NRA employee's annual wages can be exempted from federal income tax if the employee has a valid Form 8233 on file for the tax year he/she is claiming the exemption. The Form 8233 (Exemption from Withholding on Compensation for Independent (and Certain Dependent) Personal Services of a Nonresident Alien Individual) is used by NRA employees to claim their exemption based on a tax treaty.

SCO REPORTING PROCESS **I 051**
(New 05/02)

The USPS allows SCO to report different federal and state taxable wage amounts on the Form W-2 to accommodate tax treaty exemption provisions. To accurately report federal taxable wage amounts on Form(s) W-2, agencies and campuses must report nonresident alien wages that exempt by a tax treaty.

AGENCY/CAMPUS RESPONSIBILITIES **I 052**
(New 05/02)

Agencies/campuses must report tax treaty exempt wage amounts to SCO via form STD. 674, so they can be subtracted from employees' total federal taxable wages. See PPM Sections H107 and I 056 for information regarding IRS reporting requirements.

COMPLETION OF FORM STD. 674 **I 053**
(New 05/02)

The following items must be completed on form STD. 674 to reduce an eligible nonresident alien's total federal taxable wages for W-2 reporting purposes.

1) TO STATE CONTROLLER – "X" box PPSD/Payroll Services;
   PPSD UNIT DESTINATION – "X" box W-2/Non-USPS at the top of the document;
   ATTN: Nancy Jang
2) Social Security Number
3) Employee Name
4) Position Number – Note: enter class code "1000" which has been assigned for processing/reporting purposes.
5) Leave blank
   Remarks
   - Reduction of Federal Taxable Wages for
   - Nonresident Alien Claiming a Tax Treaty Exemption

   $_____ of the employee's wages are exempt from federal withholding for the _____ tax year as provided by the tax treaty with the U.S. and (enter the employee's country of residence). I certify that the employee has a valid Form 8233, Exemption from Withholding on Compensation for Independent (and Certain Dependent) Personal Services of a Nonresident Alien Individual, on file for the current tax year.
6) Leave blank
7) Form completed by/Phone number
   Agency Name
   Authorized Signature and Date

FORM STD. 674 VOLUME PROCESSING INSTRUCTIONS **I 054**
(New 05/02)

To facilitate volume processing, agencies/campuses may report tax treaty exempt wages via listing(s) with covering form(s) STD. 674.

Agencies/campuses must complete a covering form STD. 674 as instructed below when submitting listing(s):

- The covering form(s) STD. 674 must be completed as previously instructed except that the statement "Various – See Attached Listing" may be used where appropriate.
- The listing document(s) can be set up as "portrait" (8 ½ x 11) or "landscape".(11 x 8 ½).
- The character/font size must be no smaller than size 14.
- The rows must be double spaced.
- The column headings and information must be in the following order from left to right:

  SSN, First Name Initial, Last Name, Position Number (Class code 1000), Gross Exempt Wages, Country of Residence

FORM STD. 674 DOCUMENT SUBMISSION DATE **I 055**
(Revised 10/03)

Documents may be submitted on a flow basis. However, to ensure accurate wage reporting on affected employees' Forms W-2, all documents must be received by Payroll
Operations no later than the date provided in the annual Payroll Letter announcing "Documentation Cutoff Dates for Calendar Year End Processing". Documents received after
this date may require the issuance of corrected Form(s) W-2. Note: The processing of these transactions will generate zero amount warrants for affected employees.

IRS Reporting **I 056**
(New 05/02)

The IRS regulations regarding nonresident aliens include reporting requirements for withholding agents. SCO is the State's withholding agent for wages NOT EXEMPT by a tax treaty and reports these wages on Form W-2. For wages EXEMPT by a tax treaty, the employing agency/campus is the withholding agent and is responsible for IRS reporting outlined in IRS Publication 515.

For information regarding tax treaties and how to claim an exemption from federal withholding based on one, employees should read publications 519 and 901. These publications can be ordered by calling the IRS at 1-800-829-3676
(1-800-TAX-FORM) or by visiting their web site at (www.irs.gov).

AGENCY COLLECTION ACCOUNTS RECEIVABLE

I 178

INTRODUCTION
(Revised 03/02)

To accurately reflect satisfied agency collected accounts receivable (A/Rs) on an employee's W-2 record, a form STD. 995A, Non-USPS--Agency Collection Accounts Receivable (available on DGS web site or from DGS Stores) is required. Failure to provide this information will result in incorrect reporting of the employees' taxable income.

REFERENCES
(Revised 12/99)

Payroll Letter #94-07
Payroll Letter #94-022
SCO-Division of Accounting's Policy Letter #93-02

FORM STD. 995A COMPLETION AND SUBMISSION **I 179**
(Revised 12/99)

When agency/campus accounting offices collect and remit A/R monies to the State Treasurer, the agency/campus accounting offices, must complete a form STD. 995A and send it to PPSD's W-2 Unit.

The following items on form STD. 995A must be completed:

Item	Enter
Tax year Collected	Tax year in which A/R monies were received. (Note: Prepare a separate form for each tax year).
Remittance Advice Number and Date	Must be the same as the number and date on the Report to State Controller of Remittance to State Treasurer, TC-30.
Social Security Number	Employee SSN.
Employee Name	Employee Name (First Initial, Middle Initial, Surname).
Payment Type	Payment type of A/R (Note: Retrieve this information from the Payroll Warrant Register, CD 38).
Pay Period (MO/YR)	Pay period for which the A/R was established.
Issue Date of A/R (MO/DY/YR)	Issue date of A/R (Note: Retrieve this information from the Payroll Warrant Register, CD 38).
A/R Number	Accounts receivable number.
Amount Collected	Amount collected from employee and remitted to the State Treasurer.

REFUND OF OVERCOLLECTIONS **I 180**

INTRODUCTION
(Revised 03/02)

It is the agencies'/campuses' responsibility to issue the refund for an overcollection of an A/R which occurred through the agency collection process. In addition, to accurately reflect these types of refunds on an employee's W-2 record a form STD. 995R, Refund of Overcollections (available on DGS web site or from DGS Stores) is required. Failure to provide this information will result in incorrect reporting of the employees' taxable income.

REFERENCES
(Revised 12/99)

Payroll Letter #94-07
Payroll Letter #94-022
SCO-Division of Accounting's Policy Letter #93-02

FORM STD. 995R COMPLETION AND SUBMISSION **I 181**
(Revised 12/99)

When agency/campus accounting offices issue a refund for an overcollection, the agency/campus accounting office must complete a form STD. 995R and send it to PPSD's W-2 Unit.

The following items must be completed:

Item	Enter
Tax Year Refunded	Tax year in which the agency/campus refunded the overcollection (Note: Prepare a separate form for each tax year).
Social Security Number	Employee SSN.
Employee Name	Employee Name (First Initial, Middle Initial, Surname).
Payment Type	Payment type of A/R for which refund occurred. (Note: Retrieve this information from the Payroll Warrant Register, CD 38).
Pay Period (MO/YR)	Pay period of A/R.
Issue Date of Refund (MO/DY/YR)	Issue date of refund.
A/R Number	Accounts receivable number.
Amount Over-Collected	Amount refunded to employee.

Subject: CIVIL SERVICE SUBPOENA

I 200

REFERENCE
(Revised 12/90)

CCP 1985.4

INTRODUCTION
(Revised 12/90)

If a civil subpoena is "served" on an agency/campus for payroll records, advise the subpoenaing party to "serve" SCO directly to the following:

Custodian of Records, State of California
State Controller's Office
Attention: Ralph Zentner,
Personnel/Payroll Services Division
300 Capitol Mall, Tenth Floor

Sacramento, CA 95814-5878.
Do NOT forward the subpoena to SCO.

Subject: WARRANT PROCESS

I 300

PAYROLL REVOLVING FUND TRANSFERS
(Revised 06/95)

REFERENCES
(Revised 06/95)

SAM 8590

INTRODUCTION
(Revised 06/95)

A Notice of State Payroll Revolving Fund Transfer, Form SM 62, records transfers of funds made between various appropriations and the State Payroll Revolving Fund as authorized by certified documentation received in SCO.

Separate pages of Form SM 62 for each agency will be prepared for each appropriation affected by a payroll transaction. Separate line entries on each notice will reflect the amounts applicable to each payroll reporting unit within an agency.

DESCRIPTION **I 301**
(Revised 06/95)

For positive identification of a clearance, reference should also be made to the proper Clearance Sheet Number at the top of Form SM 62.

Form SM 62 may be related to the corresponding warrant register by the issue date, clearance number, and clearance type which are entered at the bottom of each form. Because of arrears deductions, Form SM 62 will not necessarily be accompanied by a warrant register.

For each clearance of Form SM 62 a separate recapitulation report will be prepared on the form. This recapitulation will show as a single line entry for each fund, the total amount to be transferred including the state share for staff benefits, and the amount to be disbursed. Final totals of the amounts to be transferred and disbursed will be printed for all funds combined.

Separate pages of Form SM 62 will be prepared if a transfer involves only the transfer of the state's share. This will occur in those instances where an arrears one-time deduction (for a prior fiscal year) is processed for retirement, Social Security, Medicare, dental, health benefits, or life insurance. The report shows employee SSN and name, arrears agency/unit, pay periods, fiscal year, deduction code, and state share amounts. This type of activity is indicated by the absence on the clearance notice of a gross amount to be transferred. In such situations, the warrant register for the date of issue must include one-time deduction for codes 003, 092, 097, or any of the health, dental, or life insurance deduction codes.

All transfers and disbursements related to transactions which were combined for the preparation of a Payroll Warrant Register will be combined in a single Form SM 62.

CLEARANCE TYPE DESCRIPTION **I 302**
(Revised 06/95)

The clearance type code appearing on each Form SM 62 and Payroll Warrant Register, Form CD 38, is determined by the type of related transactions on the warrant register. The issue date is also determined from information in the related register as explained below.

Clearance Type 1 is a normal payroll transaction and reports the transfer of the state's share of staff benefits and the employee's gross earnings from appropriations TO the State Payroll Revolving Fund and the disbursement of employee's net pay from this fund. The issue date is the date SCO warrants were issued to employees.

Clearance Type 2 is a transaction reporting disbursements FROM the State Payroll Revolving Fund of amounts previously transferred. The issue date is the same date SCO warrants were issued to the employees.

Forms SM 62 for clearance type 2 transactions will not be delivered to agencies; appropriation accounts are not affected by these transactions. These disbursements are for remitting payroll deductions, etc. to the proper deduction company, agency, court, etc.

Clearance Type 4 is the redeposit of payroll warrants and reports the transfer of related gross earnings and state share of staff benefits FROM the State Payroll Revolving Fund to the appropriation originally charged. The issue date is the workday following the date SCO warrants are transmitted to the State Treasurer for redeposit.

Clearance Type 5 is an account receivable and reports the transfer of the related gross earnings and state share of staff benefits FROM the State Payroll Revolving Fund to the appropriation originally charged. The issue date is the date the account receivable was established.

Clearance Type 6 is a credit payroll adjustment and reports the transfer of funds FROM the State Payroll Revolving Fund to the appropriation originally charged. The issue date is the date the transaction processed.

Clearance Type 7 is a debit payroll adjustment and reports the transfer of funds TO the State Payroll Revolving Fund from an appropriation which should have been charged previously. The issue date is the date the transaction processed.

Clearance Type 9 is a debit payroll adjustment (reversal of account receivable items) and reports a transfer TO the State Payroll Revolving Fund from the appropriation originally charged. The issue date is the date the transaction processed.

CLEARANCE TYPE **I 303**
(Revised 06/95)

Each year, the consecutive numbering will revert to number 1, usually beginning with payrolls issued July 2. All warrant registers with transfer dates in June will bear clearance numbers in the closing year series. All warrant registers with transfer dates in July will be numbered under the new series beginning with clearance number 1.

Forms SM 62 will be identified by a clearance serial number listed at the foot of each page. A control record shall be maintained to record the assignment of these numbers and the subsequent approval or cancellation of each clearance.

DIVISION OF ACCOUNTING PROCEDURES **I 304**
(Revised 06/95)

Division of Accounting will check the Form SM 62 data submitted by the Division of Disbursements to verify the availability of funds and the adequacy of appropriation balances.

If the Division of Accounting finds there are insufficient funds in an account from which a transfer should be made, the total amount of the transfer will be excepted from the approved Form SM 62.

The Division of Accounting will notify the agency/campus of the need for additional funding of accounts for which exceptions are made.

The Division of Accounting will inform Division of Disbursements to withhold the release of warrants and warrant registers related to the excepted portions of the clearance.

If a notice of the receipt of additional funds is not received prior to the issue date, the recapitulation report will be noted to show the number of cancelled (NSF) warrants and the totals will be corrected accordingly.

All warrants, warrant registers, and Forms SM 62 for the NSF items are routed to Division of Disbursements. Division of Disbursements will notify Payroll Operations for deletion of these records and the establishment of suspended payments on the daily suspended payment listing.

When funds become available after the original warrants have been redeposited, Division of Accounting will notify Payroll Operations, who will then initiate the paperwork to clear the suspense record in order to issue payment.

DIVISION OF DISBURSEMENT PROCEDURE **I 305**
(Revised 06/95)

Division of Disbursements, will be notified of transfers approved by Division of Accounting and will receive authorization from that division to make disbursements as requested by the clearances submitted.

For clearances 1, 4, 6, and 7, the duplicate Form SM 62 shall be attached to the accounting office copy of the warrant register. Warrants, related warrant registers, and Form SM 62 shall be released immediately to the agency/campus.

Clearance type 2 warrants for authorized disbursements shall be released immediately to the payee.

For transfers related to account receivable (Clearance Type 5) and reverse account receivable (Clearance Type 9), Division of Accounting sends a Notice of Transfer, Form TC 38, to the agency/campus. When the account receivable is established, a TC 38 is released reflecting transfers to retirement, Social Security, Medicare, state share of health benefit, dental, or life insurance deductions resulting from the account receivable. As payments are received for the net amount of the account receivable, additional TC 38's are sent, until the account receivable is closed.

Registers of accounts receivable and reverse accounts receivable are sent to the agency/campus at the time the transaction processed.

CLEARANCE SUMMARY REPORT **I 306**
(Revised 06/95)

Clearance Summary Report, a computer-generated listing, is prepared at the close of each business month and sent to each agency (except all of CSU is sent to the Chancellor's Office).

This report is for the benefit of departmental accounting and budget offices. It contains detail lines for each clearance number by reporting unit and provides a grand total for each agency code. Totals include gross, net, retirement state share, Social Security and Medicare state share, health, dental, and life insurance state share, and administrative cost by revenue or object number.

Totals on the report should coincide with departmental postings of personal service expenditures for each applicable calendar month, except that temporary disability and unemployment insurance liabilities are not included in payroll transfers.

SPECIAL PROCEDURES **I 307**
(Revised 06/95)

When a warrant is returned for redeposit and no pay is requested and the original payment was issued over 90 days earlier (original issue date compared to current date) and had one of the following deductions, PPSD Payroll Operations will take additional processing steps (see Section I 027).

DEDUCTION CODE: 014

ORGANIZATION CODE	DEDUCTION NAME
004	County Employees Credit Union (San Diego)
014	Riverside County Employees Federal Credit Union
054	City and County Employees Credit Union (Alameda)
065	El Dorado Federal Credit Union
074	Kern County Employees Federal Credit Union

DEDUCTION CODE: 051

ORGANIZATION CODE	DEDUCTION NAME
ALL	Credit Union(s) – Various

DEDUCTION CODE: 400

ORGANIZATION CODE	DEDUCTION NAME
ALL	Bank(s) – Various

DEDUCTION CODE: 401 (Currently not used)

ORGANIZATION CODE	DEDUCTION NAME
----	Savings and Loan Assn.

DEDUCTION CODE: 402 (Currently not used)

ORGANIZATION CODE	DEDUCTION NAME
----	Industrial Loan Co.

REDEPOSIT OF SCO PAYROLL WARRANTS

INTRODUCTION I 310
(Revised 03/01)

Payroll warrants which have been drawn for more than amounts due the employees, will be returned by employing agencies/campuses to SCO, Division of Administration and Disbursements accompanied by a Payroll Adjustment Notice, form STD. 674, or Report of Exception to Payroll, form STD. 666. Administration and Disbursements will cancel these invalid warrants under redeposit procedures using clearance type 4. After the redeposit, the documentation is then routed to Payroll Operations for rescheduling pay and issuing a corrected Form W-2, if applicable.

UNDELIVERABLE WARRANTS I 311
(Revised 03/01)

Payroll warrants that have been drawn in accordance with certified documents, but are undeliverable WILL NOT be accepted for redeposit. Valid payroll warrants, in the possession of the agency because they could not be delivered to the payee, must be deposited by the agency in the same manner as any other unclaimed monies.

TIME LIMIT I 312
(Revised 03/01)

With the passage of Assembly Bill 874 (Chapter 20, Statutes of 1997), the period of negotiability for State Controller's Office issued payroll warrants was reduced from four (4) years to one (1) year. Payroll warrants issue dated December 31, 1997, and prior are valid for four (4) years from their issued date. However, warrants issue dated January 1, 1998, and later are only valid for one year from their issued date.

DO NOT return a payroll warrant for redeposit if it is no longer negotiable except as noted below. Outstanding warrants are automatically canceled by the State Controller's Office after the period of negotiability has expired. Please refer to PPM Section I 330 for further information.

Exception: If a payroll warrant becomes non-negotiable prior to the employee's receipt and would create an overpayment if issued to the employee, see PPM Section I 330 for processing instructions.

REGISTERS OF REDEPOSITED PAYROLL WARRANTS **I 313**
(Revised 03/01)

Agencies/campuses will be sent copies of warrant registers of redeposited warrants and related notices of fund transfers returning funds from the State Payroll Revolving Fund to the respective appropriations from which originally drawn. The words "Register of Redeposited Payroll Warrants" will be printed on all copies and all pages of the warrant register.

REPORT OF EXCEPTIONS FORM STD. 666 **I 314**
(Revised 03/01)

The Report of Exceptions, form STD. 666, is for reconciling negative attendance and returning master payroll warrants.

DO NOT use form STD. 666 for the following:

- To return an original warrant that was thought to be lost when a duplicate has been requested (see PPM Section I 323).
- To return a duplicate warrant when the original warrant was recovered and cashed (see PPM, Section I 323).

To return a master payroll warrant on STD. 666, follow these completion instructions:

Item #	Completion Requirements
2	Complete employee Social Security Number
3	Complete employee name
4	Complete employee position number (class and serial)
5	Complete only if employee has actual time worked in the position shown in Item 4. NOTE: The time certified on STD. 666 (Item 5) will not issue pay. You must take action to generate the pay (674, 603, PAR/PPT) in addition to certifying the time on STD. 666.
6	Complete time as shown on Payroll Warrant Register, CD38
7	Net Amount – Complete per the Payroll Warrant Register, CD38. Warrant Number – Complete per the Payroll Warrant Register, CD38.
8	Complete with a code 2 ONLY. IMPORTANT: If a Code 2 is shown in Item 8 and the warrant is not attached or if anything other than Code 2 is shown in Item 8 and the warrant is attached, Administration and Disbursements will return the documentation for verification.
9	Remarks - Complete a brief reason for returning the warrant (e.g., 603, SEP). Organization – Complete Employee agency and reporting unit. Pay Period – Complete Pay period type, month and year.

10-13 Complete as shown in PPM, Section D 008.

PAYROLL ADJUSTMENT NOTICE FORM STD. 674 **I 315**
(Revised 03/01)

One use of the Payroll Adjustment Notice, form STD. 674 is to return payroll warrants for redeposit. (Master payroll warrants are returned on form STD. 674 if the form STD. 666 has already been submitted for the pay period.)

DO NOT use form STD. 674 for the following:

- To return an original warrant that was thought to be lost when a duplicate has been requested (see PPM Section I 323).
- To return a duplicate warrant when the original warrant was recovered and cashed (see PPM Section I 323).
- To return a warrant and request an accounts receivable on the same document, for the same payment type and pay period (see PPM Section I 017 for completion instructions of the form STD. 674A/R).
- To request pay that can be keyed via PIP.

To redeposit a payroll warrant, complete form STD. 674 as follows:

EXCEPTION: For summarized warrants, refer to PPM Section I 316.

Item #	Completion Requirements
1	"X" Disbursements and Support "X" applicable PPSD Unit Destination
2	Complete social security number
3	Complete employee name (first, middle initial, last name) per the Payroll Warrant Register CD 38.
4	Complete Position number (agency, reporting unit, class and serial) per the Payroll Warrant Register CD 38.
5	Correct/Issue Payment as Indicated Below - "X" applicable box(es). Pay Frequency - "X" applicable box. REMARKS: Complete a full explanation of action to be taken IMPORTANT: If returned warrant was keyed decentrally and the payment is to be rescheduled by Payroll Operations, you must enter "PLEASE RESCHEDULE PAY" in remarks. Dates/Hours on Dock - Complete if warrant is being returned due to dock. IMPORTANT: If you are going to decentrally key the dock time reported on form STD. 674, PLEASE WAIT FOR THE REDEPOSIT TO PROCESS BEFORE KEYING THE FORM STD. 603.
6A	Complete for the warrant being returned per the Payroll Warrant Register, CD 38. Complete for all warrants issued and released for the pay period and payment type. EXCEPTIONS: CSU final settlement and year-end requests must show all

regular and settlement pay released for the pay period. Disability pay requests must show all pay released for the pay period.

DO NOT complete for warrants that have been previously returned.

POSITION -	Enter position identifier from Item 4 - Position #, if the request affects more than one position number
ISSUE DATE -	Complete
PAY PERIOD -	Complete pay period type, month and year
SALARY TYPE -	May be completed
TIME WORKED -	Complete if applicable
APPT. FRAC. -	Complete if applicable
GROSS TYPE -	Complete
PMT TYPE -	Complete
PAY SUFFIX -	Complete if applicable
ADJ. CODE -	Complete
EARNINGS ID -	Complete if applicable
SHIFT CODE -	Complete if applicable
GROSS -	Complete
NET PAY -	Complete
ACCT. REC. - OR WARRANT NO.	Complete
"RELEASED" BOX -	Complete for released warrants only

IMPORTANT: If the "Released" box is "X'd" and the warrant is attached, Administration and Disbursements Division will return the documentation for verification

"RETURNED" BOX -	Complete for the warrant being returned only.

IMPORTANT: If the "Returned" box is "X'd" and the warrant is not attached, Division of Administration and Disbursements will return the documentation for verification

REMINDER: DO NOT complete "PAYMENT PER CONTROLLER WARRANT REGISTER" for previously returned warrants

"HELD BY – CONTROLLER" BOX -	Only complete if the warrant was held by Controller

6B DO NOT complete if pay is keyed decentrally.

If pay needs to be rescheduled by Payroll Operations, you must complete Position Identifier from Item 4, if reschedule affects more than one position number; pay period type, month and year; salary rate; time worked, if applicable; appointment fraction, if applicable; payment type; pay suffix, if applicable; earnings ID, if applicable; shift code, if applicable; and gross.

NOTE: If returned warrant is overtime pay/holiday pay and you request Payroll Operations to reschedule, you must attach a completed form STD. 671.

6C May be completed

FORM COMPLETED BY -	Complete
PHONE NO. -	Complete
FROM -	Complete
AUTHORIZED SIGNATURE -	Complete

REDEPOSITED SUMMARIZED WARRANTS **I 316**
(Revised 12/98)

To return a summarized payroll warrant, complete form STD. 674 as follows:

Item # Completion Requirements

6A Complete for the warrant being returned per the Payroll Warrant Register, CD 38

Complete for all warrants issued and released for the pay period and payment type.

EXCEPTIONS: CSU final settlement and year-end results must show all regular and settlement pay released for the pay period. Disability pay requests must show all pay released for the pay period.

DO NOT complete warrants that have been previously returned.

POSITION -	Enter position identifier from Item 4 - Position #, if the request affects more than one position number
ISSUE DATE -	Complete
PAY PERIOD -	Complete pay period type, month and year (include all pay periods of the summarized warrant).

DO NOT complete salary type, salary rate, time worked, appt. frac., gross type, pmt. type, pay suffix, adj. Code, earnings ID, shift code and gross. Instead, enter the words "SUMMARIZED WARRANT" across those items.

NET PAY -	Complete with the total summarized net.
ACCT. REC. OR WARRANT NO. -	Complete
"RELEASED" BOX -	Complete for released warrant only.

IMPORTANT: If the "Returned" box is "X"'d and the warrant is attached, Division of Disbursements will return the documentation for verification.

	"RETURNED" BOX	Complete for returned warrants only

IMPORTANT: If the "Returned" box is "X"'d and the warrant is not attached, Division of Disbursements will return the documentation for verification.

"HELD BY – CONTROLLERS" BOX -	Complete only if the warrant was held by Controller's Office.

6B DO NOT COMPLETE if pay is to be keyed decentrally.

If pay needs to be rescheduled by Payroll Operations, complete Position Identifier from Item 4. If reschedule affects more than one position number; one (1) pay period type, month and year (if summarized warrant has more than one pay period, request the reschedule for each pay period on separate forms STD. 674); salary rate; time worked, if applicable; payment type; pay suffix, if applicable; earnings ID, if applicable; shift code, if applicable; and gross.

6C thru

7 Complete as shown if Section I 315, Payroll Adjustment Notice, form STD. 674.

REDEPOSIT FOR GARNISHMENT DEDUCTION **I 317**
(Revised 12/98)

A payroll warrant must be returned for garnishment deduction in the following cases:

· Garnishment deduction should have been taken and was not.

· Garnishment deduction was taken but needs modification.

NOTE: If a garnishment deduction was taken from a payroll warrant but the garnishment needs modification, return the garnishment warrant per instructions in the Payroll Procedures Manual (PPM) Section H 306 for instructions.

EXCEPTIONS **I 317.10**
(Revised 12/98)

DO NOT return the payroll warrant if a garnishment deduction was taken but the garnishment was canceled. Refer to PPM Section H 306 for instructions.

FORM STD. 674 DOCUMENT COMPLETION **I 317.20**
(Revised 12/98)

To return a payroll warrant for garnishment deduction, complete a form STD. 674, Payroll Adjustment Notice, as follows:

IMPORTANT: Note "GARNISHMENT", in red, at top of the form STD. 674.

Item #	Completion Requirements
1	"X" Disbursements and Support, and PPSD/Payroll Operations
	"X" PPSD Unit Destination - Garnishments
2	Complete employee social security number
3	Complete employee name (first, middle initial and last)

4 Complete employee position number (agency, reporting unit, class and serial)

5 CORRECT/ISSUE PAYMENT AS INDICATED BELOW - "X" applicable box

PAY FREQUENCY - "X" applicable box

REMARKS: Complete a statement requesting to redeposit and reschedule pay with garnishment deduction code(s) (list code numbers) to be taken (038, 039).

DATES/HOURS ON DOCK - Complete if applicable.

NOTE: DO NOT decentrally key the dock time reported on the form STD. 674. Payroll Operations will process the dock to coincide with the garnishment deduction.

6A See PPM Section I 315, form STD. 674, Completion Requirements.

6B Must be completed for Payroll Operations to process the rescheduled pay. See PPM Section I 315, form STD. 674, Completion Requirements.

6C May be completed

FORM COMPLETED BY -	Complete
TELEPHONE NUMBER -	Complete
FROM -	Complete
AUTHORIZED SIGNATURE -	Complete

REDEPOSIT WITH TSA DEDUCTION **I 318**
(Revised 12/98)

Warrants and certain deposit payments may be redeposited if subsequent payments or adjustments, with corresponding TSA deductions, are processed in the same business month.

REDEPOSIT PROCESS FOR WARRANTS **I 318.10**
(Revised 03/02)

Submit form STD. 674 or 674D to return a warrant for redeposit and request appropriate action. Request that the warrant be redeposited and the payment rescheduled with the TSA if sufficient net pay is available. If there is insufficient net pay to withhold the TSA or no payment due, submit form STD. 674A/R to request the warrant be redeposited and a Payment Type K, Accounts Receivable (A/R) be established via agency collection. The A/R will cover the amount of the TSA.

NOTE: DO NOT return warrant(s) on the form STD. 666, Report of Exception.

DOCUMENT PROCESS FOR DIRECT DEPOSIT PAYMENTS **I 318.20**
(Revised 03/02)

Agencies/campuses may call the Direct Deposit Unit to initiate:

STOP PAYMENT OR REVERSAL for retroactive separations with or without TSA deductions,

OR

STOP PAYMENT due to a garnishment that was not withheld with or without TSA deductions.

These instructions do not change the existing process as outlined in the Payroll Procedures Manual (PPM) Section J 013.

Contact the Direct Deposit Unit by the times stated in PPM Section J 013 to initiate the process. Immediately after calling, submit form STD. 674/674D requesting the payment be rescheduled with the TSA. If there is insufficient net pay for the TSA, submit a form STD. 674A/R to request an A/R to be established. The redeposit and subsequent payment/adjustment will not be processed until we receive form STD. 674/674A/R.

NOTE: Agencies/campuses are responsible for collection of the above accounts receivable.

ADDITIONAL INFORMATION **I 318.30**
(Revised 03/01)

Across the top of the forms STD. 674/674D/674/A/R, print in RED INK "Warrant with TSA" or "Direct Deposit Payment with TSA", depending on how the payment was issued. In Remarks Section, reference this section of the PPM and indicate appropriate action required.

Forms STD. 674/674D/674A/R returning warrants for redeposit and requesting subsequent activity must be received at Division of Administration and Disbursements by the 10th of the month. If the 10th falls on a weekend or holiday, the following workday is acceptable.

Forms STD. 674/674D/674A/R requesting subsequent activity for a direct deposit payment must be received at PPSD/Payroll Operations by same dates as shown above.

The 10th was chosen as the monthly cutoff to ensure ample time to process all activity within that business month. Documentation that cannot reach the State Controller's Office by the 10th must be held by the agency/campus and submitted the following month.

REDEPOSIT MAILING PROCEDURES **I 318.40**
(Revised 03/01)

Redeposit documentation must be sent to SCO, Division of Administration and Disbursements for cancellation of the warrant(s). Disbursements processes the redeposit(s) and forwards all other documentation to SCO, Payroll Operations where, if applicable, the reschedule of pay is processed.

WARRANT ATTACHMENT **I 318.50**
(Revised 03/01)

When returning a payroll warrant for redeposit on the forms STD. 666, Report of Exception, STD. 674, Payroll Adjustment Notice, STD. 674A/R, Accounts Receivable or STD. 674D, Industrial/Non-Industrial Pay/Adjustment Request, attach the warrant to the documentation as follows:

- Staple the earnings statement portion of the warrant(s) to the forms STD. 666, STD. 674, STD. 674A/R or STD. 674D in the upper left corner of the document. Attach all other documentation (e.g., form STD. 639, etc.) to the back of the form STD. 666/674/674A/R or 674D, keeping the warrant(s) on top. This enables the Division of

Administration and Disbursements to identify redeposit documentation once removed from the envelope and will assist in expediting the redeposit process.

MAILING ADDRESSES **I 318.60**
(Revised 03/01)

Mail the redeposit documentation separate from all other documentation as follows:
Messenger Envelopes - Courier Service
State Controller's Office
Disbursements/Redeposits

US Postal Service
State Controller's Office
Disbursements/Redeposits
P. O. Box 942850
Sacramento, CA 94250-5871

EFFECT OF THE REDEPOSIT ON REPORTS **I 319**
(Revised 03/01)

Entries for warrants appear on monthly reports and magnetic tapes. When a warrant is redeposited, a credit entry for that warrant number appears on the reports/tapes. The credit entry may appear on the same report/tape as the issue if the warrant is returned in the same business month; otherwise, it will appear on the subsequent report/tape.

Deductions and salary reductions appear on subject reports/tapes if withheld from warrants issued. When a warrant is redeposited, a credit entry will appear in the same manner as stated above.

Subsequent rescheduling of a redeposited warrant will cause another debit entry to appear on monthly reports/tapes. The rescheduled warrant will have a different warrant number than the redeposited warrant. This also applies to subject reports/tapes if the rescheduled warrant has deductions or salary reductions.

WAGE AND TAX STATEMENT **I 319.10**
(Revised 03/01)

A tax year includes ISSUE DATES of January 1 through December 31 of a calendar year.

If a warrant with an issue date in one tax year is returned to SCO too late to be canceled with a redeposit "issue" date in that same tax year, an incorrect Form W-2 will be issued.

Overstated gross wages, federal, state, Medicare, and Social Security tax, if applicable, will be reported. Forms W-2C and corrected reports to tax authorities must be issued. Rescheduling of a redeposited warrant will be reported as earnings in the following tax year, thus, the employee would have only 11 months earnings reported one year and 13 months earnings reported the following year. Agencies are urged to expedite the return of invalid warrants to prevent this situation.

PAYROLL WARRANTS LOST OR DESTROYED PRIOR TO RECEIPT BY EMPLOYEE I 320

REFERENCES
(Revised 06/99)

GC 12478
SAM 8580.5

INTRODUCTION
(Revised 06/99)

The following procedures pertain solely to PAYROLL warrants lost or destroyed PRIOR to having been received by the payee and provide for issuance of these duplicate warrants.

Should an agency/campus or SCO employee learn a BLOCK of payroll warrants has been lost or destroyed the SCO, Administration and Disbursements Division (ADD), Warrant Distribution Unit should be contacted at (916) 445-6999 or (CALNET) 485-6999.

NOTIFICATION I 321
(Revised 03/02)

Proof of Lost or Destroyed Payroll Warrant and Request for Issuance of Duplicate Warrant, form CD 113 A or B (available from SCO Administration and Disbursements), must be prepared and certified by the appointing power or representative acting on behalf of the appointing power.

The form will be audited for accuracy. If the form is incorrect or fails to meet the procedural requirements, it must be returned to the agency/campus.

If the form is correct, a stop payment will be placed on the original warrant.

If the original warrant has been paid by the State Treasurer's Office, no duplicate can be issued. The agency/campus will receive a photocopy (front and back) of the item attached to the form CD 113 A or B.

DUPLICATE WARRANT ISSUED I 322
(Revised 06/99)

ADD issues a duplicate warrant after verification of the status. This takes three to five working days from the receipt of Form CD 113 A or B.

The duplicate warrant will be issued on a designated replacement stock with the original warrant number retained in the upper right hand corner. The warrant will be mailed to the agency/campus.

Since the Earnings Statement and Deductions cannot be reproduced, agencies and campuses should provide the employee this information, if requested. This information can be obtained from either the Payroll On-Line Information System (HIST) or the warrant registers.

RETURNING ORIGINAL OR DUPLICATE WARRANTS **I 323**
(Revised 06/99)

If the original warrant or block of warrants is recovered AFTER duplicate warrants have been requested by Form CD 113 or form STD. 435, Request For Duplicate Controller's Warrant/Stop Payment, has been submitted, the original warrant must be returned WITH A TRANSMITTAL letter to ADD. The original warrant(s) are not longer valid and will not be honored.

DO NOT USE form STD. 674 or form STD. 666 to return a duplicate warrant or a recovered original warrant as this may result in the warrant being erroneously redeposited.

Original warrants returned after issuance of a duplicate warrant will be stamped "Duplicate Issued" by ADD. Upon receipt of a returned duplicate warrant, ADD will verify that the original warrant has not been honored by the State Treasurer's Office. The duplicate warrant will be returned to the agency/campus with a letter of explanation.

DUPLICATE WARRANT/CORRECTED FORM W-2, FORM W-2C **I 324**
(Revised 06/99)

SCO, Personnel/Payroll Services Division, W-2 Unit will generate a corrected W-2 for duplicate warrants issued in a tax year subsequent to the original warrant issue date (e.g., original warrant with issue date 12/2/98 is lost; duplicate warrant issued to employee on 1/18/99) based on the following criteria:

- An employee requests a corrected W-2 via correspondence.
- The original warrant was lost or destroyed PRIOR to the employee's receipt.

The W-2 Unit will take the following steps when correspondence is received requesting a corrected W-2:

- Verify with ADD that a duplicate warrant was issued in a tax year subsequent to the original warrant.
- Also, verify with ADD that either a CD 113 A or CD 113 B is filed indicating the original warrant was lost/destroyed PRIOR to employee receipt.
- Generate W-2C (if criteria is met) and send to employee.

The above is based on IRS Code 451, General Rule for Taxable Year of Inclusion. Specifically, inclusion of gross income for a taxable year is determined by a taxpayer's receipt of income. It is not a mandatory requirement for PPSD to automatically issue a W-2C in this situation. However, PPSD will provide a W-2C if the aforementioned criteria are met.

OTHER LOST/DESTROYED WARRANTS **I 325**
(Revised 03/02)

Government Code Sections 17090-6 provides for issuing a duplicate warrant in lieu of an original payroll or regular warrant lost or destroyed after delivery to the payee. These provisions do not apply to PAYROLL warrants lost or destroyed PRIOR to receipt by the payee.

All requests for issuing other duplicate warrants, photocopies of paid warrants, and inquiries as to whether or not a warrant was cashed, will be submitted per SAM Section 8428, form STD. 435 (available on DGS web site or from DGS Stores). Requests for duplicate PAYROLL warrants lost or destroyed PRIOR to receipt by the payee shall be submitted on Form CD 113 per this PPM section; telephone inquiries cannot be answered.

FORGERY/ERRONEOUS ENDORSEMENTS **I 326**
(Revised 06/99)

If a photocopy of a warrant reveals a possible forgery or erroneous endorsement, ADD must be notified.

STALE-DATED WARRANTS **I 330**

REFERENCES
(New)

Assembly Bill 874 (Chapter 20, Statutes of 1997)
Department of Finance Budget Letter #98-18
State Administrative Manual Section 8281

INTRODUCTION
(New)

The period of negotiability for a State Controller's issued payroll warrant is one(1) year from the issue date. However, payroll warrants issued dated December 31, 1997 and prior are valid for four (4) years from the issue date. The following information and procedures apply only to payroll warrants with the one-year negotiability period.

REQUESTS FOR PAYMENTS **I 331**
(New)

Payroll warrants that have not been cashed within one year after the issue date (stale dated) will revert to an escheat revenue account in the fund from which warrants are drawn.

Requests for payments from the escheat account can be made within two years from the date the payroll warrants were credited to the account. Requests for payments older than two years after the reversion date of the warrants are to be processed in the same manner as claims against reverted appropriations (refer to the State Administrative Manual (SAM) Section 8422.7 for further information.)

To re-issue funds from the escheat revenue account, agencies must submit claim schedules to the Controller's Office. Refer to the SAM Section 8281 for further information on submitting claims schedules.

CORRECTED FORM W-2 **I 332**
(New)

A corrected Form W-2 will not be issued when a payroll warrant becomes stale dated unless the warrant becomes non-negotiable prior to the employee's receipt. If the employee is entitled to the payment (is not an overpayment), agencies must submit a form STD. 674, Payroll Adjustment Notice, to request a corrected Form W-2. The form STD 674 must be submitted after the warrant from the claims process was received. A copy of the remittance advice from the claims process must be attached to the form STD. 674. Send the completed form STD. 674 and remittance advice to: Attention: W-2 Unit.

Complete the form STD. 674 as follows:

ITEM #	COMPLETION REQUIREMENTS:
1	"X" applicable box
2	Complete employee's social security number
3	Complete employee name (first and middle initial and last name)
4	Complete employee's position number (agency, reporting unit, class and serial)
5	Do not "X" any for the boxes; enter the following in the REMARKS Section: Please issue corrected Form W-2 due to the repayment of stale dated payroll warrant, as employee did not receive the original warrant. See attached remittance advice for the repayment.
6A	PAY PER CONTROLLER WARRANT REGISTER - must be completed for the payment corresponding to the payroll warrant that became stale dated.
6B	Do not complete
6C	Do not complete
7	Complete the following: • Form completed by • Telephone Number • Agency name • Authorized signature/date

REDEPOSITING A STALE-DATED WARRANT **I 333**
(New 03/01)

Typically, a stale dated warrant cannot be redeposited. However, if a stale dated payroll warrant becomes non-negotiable prior to the employee's receipt and would create an overpayment if it were issued to the employee, submit form STD. 674 to redeposit the warrant. Send the form STD. 674 after the warrant from the claims process is received. The General Disbursement Warrant issued from the claims process and the original payroll warrant including the statement of earnings and deductions must be attached to the form STD. 674.

Send the completed form STD. 674 and required attachments to the State Controller's Office, Administration and Disbursements Division (ADD) (see PPM Section I 318.60 for further mailing instructions). Once ADD processes the redeposit, the STD. 674 will be routed to Payroll Operations for rescheduling pay, if applicable, and issuing a corrected Form W-2 (see PPM Section I 319 for further information).

Complete the form STD. 674 per PPM Section I 315 with the following exception:

ITEM #	COMPLETION REQUIREMENTS:
5	Do not "X" any of the boxes; enter the following in the REMARKS Section: Please redeposit Stale Dated Warrant # (enter the warrant #). Attached is the original payroll warrant, the earning statement and the General Disbursement Warrant.
6B	Complete if employee is due pay or enter "NONE" if employee is not due pay. At the top of the form STD. 674, print the following in red ink: "REDEPOSITING A STALE DATED WARRANT"

SUBJECT: SUSPENDED TRANSACTIONS/PAYMENTS

I 400

SUSPENDED TRANSACTIONS
(Revised 09/89)

Payroll transactions are automatically audited for a series of conditions while processing through the system. If a transaction fails to meet certain audits, the transaction will suspend for various conditions or will be rejected. All suspended transactions are automatically reexamined on each daily payroll cycle and will be processed when the necessary documentation is received and all conditions have been cleared.

If the suspense condition is not cleared within 60 calendar days from the cycle date, suspended transactions will automatically be deleted from the suspense file.

SUSPENDED TRANSACTIONS LISTING **I 401**
(Revised 03/02)

A weekly list of suspended transactions will be sent to each agency/campus. These lists identify specific transactions (e.g., student assistant, positive pay, overtime, and shift pay) that have not issued pay and thus suspended. These listings will provide agencies/campuses a method for determining why certain payments are not received and if additional documentation/action is required to release pay.

CANCELLATION OF INCORRECT SUSPENDED TRANSACTIONS **I 402**
(Revised 09/89)

If a suspended transaction has been resubmitted and a correct payment issued, the incorrect transaction will continue to be suspended for the remaining 60 days unless cancelled. If the incorrect transaction is not cancelled, it may release in the future; e.g., overtime for 5/89 submitted as 6/89 suspended for "Need Regular Pay" prior to the 6/89 master payroll release. If the agency/campus submits a correcting transaction for 5/89, but does not cancel the erroneous document, the erroneous entries will release in the first green cycle following the 6/89 master cutoff. A copy of the listing for overtime should have been submitted to delete the erroneous transactions.

TYPE OF TRANSACTION **I 403**
(Revised 09/89)

Separate suspended transaction listings will be produced for each of the four types of payments. Each listing identifies a specific "transaction type", which relates to the type of pay as follows:

Transaction Type	Type of Payment
048	Student Assistant
672	Positive pay
673	Overtime
676	Shift differential

ACTION REQUIRED **I 404**
(Revised 03/02)

Agencies/campuses are requested to: a) review the listing, b) identify the suspense condition, c) verify employee information. Only review entries added to the listing to prevent rechecking items previously reviewed. Entries can be identified by "Original Suspense" date. See I 405 for detailed information regarding definitions and required documentation.

Should an agency/campus error be identified or additional payroll documentation be required, submit form STD 674. Indicate on form STD. 674 that the documentation is being submitted per the suspended transaction listing. If a PPSD error is identified, use the suspended transaction listing as a communication link back to Payroll Operations stating the problem. Do not return the listing if the payment has been released in the interim.

Each of the four listings differs slightly with respect to format. All formats identify a "suspense condition" which explains why the payment suspended.

SUSPENDED TRANSACTION/DEFINITION **I 405**
(Revised 03/87)

The following identifies/defines each suspense condition and the action to be taken:

Need Regular Pay
The transaction has suspended until regular pay is released or transferred into the regular position.
- Verify all information.

- If regular pay was not requested, submit appropriate documentation.
- If the suspended transaction is incorrect, submit correcting documentation.
- If all information is correct and all documentation was submitted, no further action is required.

Awaiting PAR/PPT

The transaction has suspended pending the employee's appointment to Employment History; e.g., PAR/PPT/SPAR.

- Verify the SSN.
- If the SSN is incorrect, submit documentation requesting the transaction under correct SSN.
- If the SSN is correct, submit a PAR/PPT/SPAR to appoint the employee.
- If the SSN is correct and matching PAR/PPT/SPAR was submitted, no further action is required.

Term Date Expired

If a transaction requests a payment for a pay period in which there is a termination date, the transaction will suspend.

- Submit a PAR/PPT/SPAR to either separate the employee or to extend the appointment.

No Employment History

If the regular position number on the transaction differs from the appointed position number, the transaction will suspend.

- Verify the regular position number on the transaction.
- If the position number is incorrect, submit correcting documentation.
- If the position number is correct, submit a PAR/PPT/SPAR to place the employee in that position.
- If the position number is correct and a matching PAR/PPT/SPAR was submitted, no further action is required.

NOTE:

In the past, if overtime, holiday, shift or miscellaneous pay was keyed for an employee in a new position and the appointing PAR/PPT had not been keyed, the transaction would suspend waiting for the PAR/PPT. If the agency and class code keyed on the pay request does not match the agency and class code on Employment History, the payment transaction will be REJECTED in the PPSD Personnel/Payroll System and payment will not be generated. (This does not pertain to Alternate Fund Codes used to charge a pay request to a different agency code.)

SUSPENDED PAYMENTS I 406

(Revised 12/00)

A valid payment or adjustment is tested for a series of conditions before being released. If a payment or adjustment fails to meet all the requirements, it is withdrawn for later release and placed on the Suspended Payment File.

Payments can suspend for one or more suspense conditions. All suspended payments are reexamined on each daily payroll cycle and will be released when the necessary documentation is received and ALL conditions have been cleared. Taxes, Social Security, Medicare, and retirement deductions may change from day-to-day if other payments for the same pay period are issued or suspended.

If a regular payment suspends during semimonthly or master payroll cutoff or green cycle and the payment is still suspended after green cycle, the payment will not release until attendance has been certified and processed by Payroll Operations.

Suspense condition A for prior pay periods can be certified via PIP using form STD. 966. See Section D 009.

SUSPENDED PAYMENT REPORT **I 407**
(Revised 03/02)

A listing of suspended payments and adjustments will be prepared from daily, semimonthly, and monthly payroll cycles.

During daily cycles, only payments suspended on that cycle will be printed. Weekly, a consolidated listing (includes all suspended payments) will be released.

Daily payroll cycle suspended payments are NOT included on the master payroll or semimonthly list.

An asterisk printed beside the suspense date indicates the suspended record is appearing on the list for the first time. The asterisk will be omitted the following week if the record is still suspended.

CANCELLATION OF INCORRECT SUSPENDED PAYMENTS **I 408**
(Revised 08/93)

Suspended payments not cleared within 60 calendar days from the date they first appear on the Suspended Payment listing will be deleted. Payroll Adjustment Notices (STD. 674) will be required to reschedule those payments.

Agencies will NOT receive notification when suspended payments are deleted.

Agencies may submit suspended payment listings requesting cancellation of individual suspended items.

EXCEPTION: Payments suspended for condition N, Non-Sufficient Funds, will not be deleted automatically after 60 days. These items will remain on the Suspended Payment Report until funding is available or SCO, Division of Accounting, authorizes the deletion of these items.

INFORMATION ON SUSPENDED PAYMENT REPORT **I 409**
(Revised 03/02)

The following information is printed on the Suspended Payments Listing on two separate lines.

Line 1 contains
Social Security Number
Employee name
Position number
Pay Period
    Type

Line 2 contains
Payment gross
Federal tax
    Marital status
    Exemptions
    Amount withheld

Month
Year
Clearance type
Payment type
Adjustment code
Time base, if any
Time paid
Days
Hours
Salary
Type

Rate
Suspense condition
Suspense date
State tax
State code
Marital status
Exemptions
Additional allowances
Amount withheld
Retirement
Identification code
Rate
Amount withheld
Social Security/Medicare or Medicare withheld
Payment net

SUSPENDED PAY CODE **I 410**
(Revised 08/93)

Code	Meaning
R	No reporting unit (no header)
U	Unfunded agency
*N	Non-sufficient funds (NSF)
*A	Need attendance certification
*D	Lump sum deferred
*O	Out-of-service
*T	Expired term date
S	Invalid retirement system
V	Vacant position
*F	Future fiscal year

* Payments with these codes will never appear on a master or semimonthly payroll Suspended Payments list due to the following:

N - NSF payments will be placed in the suspense file on the cycle following the date that the payments were to have been issued.
A - The master payroll is prepared in advance of the close of the pay period, prior to the submission of attendance.
D - Lump sum payments are issued on daily cycles only.
O - If Employment History is out-of-service during master payroll, no payments will be issued.
T - If a termination date expires during the pay period of the semimonthly or master payroll, no payment will be issued.
F - Master and semimonthly master payrolls are always charged to the current fiscal year.

SUSPENDED PAY CONDITION/DEFINITION **I 411**
(Revised 08/93)

The following defines each condition and the action to be taken:

R - No Reporting Unit

Payments or adjustments will suspend if there is no reporting unit for the agency/unit and fiscal year. Without a reporting unit record, state payroll revolving funds cannot be transferred. Only clearance types 1 and 4 should suspend for this condition.

If the pay period for suspended payment is prior to three fiscal years, special procedures must be taken by Payroll Operations.

- Verify header information.
- If header is incorrect, submit documentation.
- If payment is incorrect, submit correcting documentation.
- If header and payroll records are correct, no further action is required.

U - Unfunded Agency

At the beginning of a new fiscal year, all payments for the new fiscal year will be suspended until the budget has been signed and funds have been allocated. After the budget has been signed, payments will be released except for certain departments which must suballocate funds to their various institutions.

Payments will be released after Division of Accounting notifies PPSD that appropriations have been suballocated.

- No action required by agency/campus

N - Non-Sufficient Funds (NSF)

When notification regarding NSF condition is received from Division of Accounting, all payments (clearance type 1) that should have been issued for the NSF agency/unit(s) for that particular fiscal year, will be placed in the Suspense File. These payments will be released after notification from Division of Accounting that sufficient funds are available.

Normally, NSF payments will be placed in the Suspense File on the cycle following the date payments were to have been issued.

When NSF occurs for transfer of funds (clearance types 6 and 7), the transfer of funds record will be deleted from Payment History only; it will not be placed in the Suspense File. When notification from Division of Accounting is received, Payroll Operations will resubmit the transfer of funds.

- Verify status of fund balances
- Submit necessary documentation

A - Need Attendance Certification

A regular payment for a prior pay period which affects time to be paid for a negative roll employee will suspend if attendance is not certified. The payment will release once the agency has certified attendance correctly on form STD. 966 and keyed via PIP. See PPM sections D 009 and D 009. 1 and Section K, PIP System Instructions.

- Verify SSN, name, position, time, fraction.
- If certification is incorrect, submit correcting documentation.
- If position number is incorrect, submit PAR/PPT to place employee in correct position, time base.

D - Lump Sum Deferred

If a PAR/PPT requests deferral of a lump sum payment at the end of the calendar year, the payments for December and/or subsequent pay periods will suspend. The payment will automatically release on the first cycle of the new tax year.

- No action required by agency/campus

O - Out-of-Service

The payment was created and suspended for another condition prior to Employment History being placed out-of-service. The payment will remain suspended for this condition until Employment History is cleared.

- No action required by agency/campus

T - Expired Term Date

The payment was created and suspended for another condition prior to the term date (effective in the same pay period as that of the payment) being entered on Employment History. The payment will be released when the termination date on Employment History is cleared.

- No action required if documentation has been submitted

S - Invalid Retirement System

Payments subject to retirement will have state share amounts computed automatically. A payment will suspend if the retirement system ID is incorrect. If incorrect retirement system ID is shown on the suspended payment, special corrective action will be initiated by PPSD.

- No action required by agency/campus if PAR/PPT showed the correct retirement code.

V - Vacant Position

Payments for established positions, clearance type 1, will suspend if the payment is from a position abolished due to being continuously vacant in the previous fiscal year. GC 12439 specifies that no money appropriated by the Budget Act shall be used to pay the salary of any position which was continuously vacant for a specified period in the prior fiscal year.

- Submit necessary documentation to DOF if position should be reestablished.

F - Future Fiscal Year

Payments which are charged to a future fiscal year will not release until the first payroll cycle of the fiscal year to which they are charged.

Exception: CSU payments for summer session will release regardless of fiscal year.

- No action required by agency/campus

SUBJECT: SIGNATURE AUTHORIZATION

I 500

REFERENCES
(Revised 06/96)

SAM 8580.1
Board of Control Rule 660

INTRODUCTION
(Revised 03/02)

Payroll documents must have an authorized signature certifying that the information on the document is correct. To verify the authenticity of signatures, a Signature Card File of employees authorized to sign various payroll documents is maintained by the State Controller's Office, Personnel/Payroll Services Division (PPSD).

Note: The Division of Disbursements and Support maintains Signature Card, STD. 614 (available on DGS web site or from DGS Stores) for employees authorized to receive over-the-counter delivery of warrants. Refer to SAM 8580.1 for instructions.

AGENCY/CAMPUS RESPONSIBILITY **I 501**
(Revised 06/96)

It is the responsibility of each agency/campus to ensure that the Signature Card File is accurate. This is accomplished by submitting changes, deletions, etc., on a timely basis.

SIGNATURE AUTHORIZATION PERSONNEL/PAYROLL DOCUMENTS, PPSD 8A **I 502**
(Revised) 03/02

The only form accepted by PPSD is the Signature Authorization Personnel/Payroll PPSD 8A.
Note: Only one PPSD 8A is required if an employee is authorized to sign both Personnel and Payroll Documents.

A supply of the PPSD 8A may be ordered by calling PPSD, Production Support Unit, at (916) 322-8139, or CALNET 492-8139.

APPOINTING POWER SIGNATURE **I 503**
(Revised 06/96)

Each PPSD 8A must be signed by the appointing power; i.e., Director. A letter with the signature of the appointing power must also be on file with PPSD.

If an appointing power designates a person or persons below the director level to sign as appointing power, a letter naming such person(s) must be signed by the appointing power and submitted to PPSD. The letter must contain a sample signature of the person(s) delegated the authorization to sign as the appointing power.

When there is a change in the appointing power, new authorizations must be filed. This can be accomplished via a letter to notify PPSD to continue the existing authorization cards or submittal of new PPSD 8A's. In either case, the existing authorizations will continue until such time as the new appointing power modifies the instructions of his/her predecessor.

SUBMISSION OF PPSD 8A **I 504**
(Revised 03/02)

A PPSD 8A is required to:

- add a new name
- report a name change

All other changes must be reported on the Signature Card Authorization listing (see I 506 for further details).

COMPLETION OF PPSD 8A **I 505**
(Revised 06/96)

The following items must be completed on the PPSD 8A:

SECTION	
1	Enter the name of the employee authorized to sign personnel/payroll documents exactly as it will appear on the documents.
2	Employee must sign (not print) his/her name exactly as it will appear on the document(s).
3	Enter the effective date of the authorization.
4	Enter the agency code(s). If there are several agency codes and additional space is needed, enter "see reverse" in Section 4 and list the agency codes on the back of the card in the Section 4-Continued area.
5	Enter the social security number of the employee whose name is entered in Section 1.
6	If the authorization is restricted to certain reporting units, enter the reporting units in this section, otherwise leave blank.
7	Enter the name of the agency/campus.
8	Enter an "X" in the appropriate box(es) corresponding to the payroll document(s) the employee is authorized to sign. Note: Persons authorized to sign payroll documents cannot also be authorized to pick up warrants.
9	Enter an "X" in the appropriate box(es) corresponding to the personnel document(s) the employee is authorized to sign.
10	Appointing power or designee must sign and date.

SUBMISSION OF SIGNATURE CARD AUTHORIZATION LISTING **I 506**
(Revised 03/02)

The Signature Card Authorization listing identifies the agency's/campus' active signature

cards on file at PPSD. A new listing is generated and routed to agencies/campuses each time the Signature Card File is updated. This listing is to be submitted to report future changes or deletions as follows:

1. To **delete** an active signature authorization.
   This can be accomplished by lining through the social security number line entry on the listing.
2 To **report changes** to existing signature authorization records (i.e., delete/add forms, agency codes, or restricted reporting units).

   Write in the form numbers, agency codes, or restricted reporting units which should be added and/or line through any form numbers, agency codes, or restricted reporting units which should be deleted.

Note: Restricted Reporting Units are listed in the "REMARKS" section.

Prior to returning the listing to PPSD, it must be signed by the appointing power.

Submit the form PPSD 8A and updated listing to:

State Controller's Office
PPSD/Production Support Unit
P.O. Box 942850
Sacramento, CA 94250-5878

Subject: STATUTORY PAYROLL

I 600

REFERENCE
(Revised 12/90)

GC 12001, 18000

INTRODUCTION
(Revised 12/90)

Payroll transactions for statutory officers differ from those of exempt and civil service employees as to manner of appointment and separation, calculation of less than full-time pay, salary rate control, and position control.

Titles and salary rates for statutory officers are specified in Judicial Pay Scales, DPA pay Scales, and in various statutes.

A statutory maximum limitation on an officer's salary does not make the salary a statutory salary or the officer a statutory officer; i.e., Government Code states maximum salaries for the Governor's secretaries but the appointees are in exempt, not statutory, positions.

REPORT OF ESTABLISHED POSITION **I 601**
(Revised 12/90)

No position roster is maintained for the "Statutory Agencies." This must be considered when transferring a statutory officer from/to the statutory agency codes 001-004 and 007. Form 607 is used to establish or abolish statutory positions of statutory officers whose payroll records are maintained in the regular agencies.

Form 607 shall be originated by the agency. DOF approval is not required and should be indicated on the documents by specifically citing the statutory provision creating the position. The space provided for DPA approval shall contain a reference to the statutory provision.

PERSONNEL ACTION **I 602**
(Revised 12/90)

Personnel actions for statutory officers are submitted to Personnel Services per instructions in the PAM.

CALCULATION OF LESS THAN FULL-TIME **I 603**
(Revised 12/90)

Statutory officers with a monthly salary rate are not subject to Board of Control Rules governing calculation of short time salary payments. Statutory salary calculations must be made on a calendar day basis in lieu of a work day basis. Statutory officers are not subject to dock because they are entitled to their salaries by reason of holding office. Their annual salaries are paid in 12 monthly payments.

Statutory employees with a daily rate are paid on a positive attendance basis for the days in attendance.

Reports of Attendance are not legally required as a prerequisite for payments of salaries of those statutory officers paid under the USPS, but when the payroll record of a statutory officer is included in a regular agency, a check mark must be entered on attendance reports to show full-time attendance for the statutory officer to facilitate the reconciliation of the attendance records and payroll warrant registers. Statutory officers do not earn sick leave, vacation, or overtime credits.

When a statutory officer resigns or dies when in office, a final pay calculation shall be made with a fraction in which the denominator is the number of calendar days in the month and the numerator is the number of calendar days which the officer served in the month.

If a successor qualifies for office other than on the first calendar day of a pay period, a short time pay calculation shall be made in which the denominator is the number of calendar days in the month and the numerator is the number of calendar days which the officer serves during the first month.

AGENCY CODES **I 604**
(Revised 12/90)

In the PPSD file, records for some statutory officers are included in the regular agencies while others are maintained as statutory in agency codes 001-004 and 007.

Warrants for officers in agency codes 001-004 and 007 bear an issue date of the last day of each calendar month.

Agency codes 001 and 007 are limited to legislators, agency code 002 is limited to Constitutional Officers with membership in the Legislative Retirement System, and agency code 003 is limited to judges. No officer who is in the legislative or judges' retirement system may be placed in a regular agency but must be in agency codes 002 or 003.

SUBJECT: FORM W-2 WAGE AND TAX STATEMENT

I 700

INTRODUCTION
(Revised 03/98)

Forms W-2 are prepared at the close of a calendar year for all employees who received payments through USPS, as well as salary advances, moving expenses, judges' claims, and reported Fringe Benefit/Employee Business Expenses. Payments released or indicated as being paid January 1 through December 31, regardless of when the payment(s) may have been earned, are reflected on the Form W-2.

PLEASE NOTE: The Form W-2 includes all taxable wages paid through USPS regardless of the number of State agencies/campuses for which the employee worked during the tax year. Forms W-2 are mailed to the employee's agency/campus that issued/reported the last payment for the tax year; or mailed directly to employee's mailing address.

Inquiries regarding Form 1099R (formerly W-2P), Public Employees Retirement System (PERS) Form W-2 for retired employees, should be directed to PERS at (916) 326-3848.

WAGE AND TAX STATEMENT FORM W-2 I 701
(Revised 03/02)

Wage and Tax Statement, Form W-2 provides a variety of federal, state, and social security information. Form W-2 is a multi-use form used to report taxable wages to the Internal Revenue Service (IRS) and Franchise Tax Board (FTB), as well as Social Security and/or Medicare covered wages to the Social Security Administration (SSA).

The employee name and address which appears on Form W-2 reflects the most current information provided by the employee via the Employee Action Request (EAR). If the name and/or address is incorrect, the employee should complete a new EAR to ensure that accurate information is printed on future forms.

DISTRIBUTION FORM W-2 I 702
(Revised 03/98)

Agencies/campuses may elect to have SCO mail Forms W-2 directly to employee's mailing address versus Forms W-2 mailed to agency/campus personnel/payroll offices. January 15th has been established as a target date for the personnel offices to receive these forms. Forms W-2 should be delivered to employees no later than January 29th or the last day of the month if the 29th falls on a weekend.

Personnel offices should make every effort to deliver the Forms W-2 to employees. This includes employees who may have transferred or separated. If the W-2 cannot be delivered, retain for five (5) years. Each agency/campus is required to maintain procedures for disposition of outdated W-2's and should follow those procedures. Do not return Forms W-2 to SCO.

FORM W-2 NOT RECEIVED I 703
(Revised 12/97)

GROUPS

If groups of Forms W-2 are not received by January 20, contact SCO, Payroll Operations, W-2 Unit at (916) 322-8100 or CALNET 492-8100 for assistance. The W-2 Unit needs to know the agency/reporting unit(s) that are missing. Within seven working days Forms W-2 will be printed and forwarded. This type of service is only available through January 29. After that date, duplicate copies will have to be requested.

INDIVIDUAL

For individuals who do not receive a Form W-2 by January 29, the Personnel Office needs to contact the W-2 Unit. A search will be conducted to determine if a Form W-2 was created or not. If a Form W-2 was created, a duplicate copy will have to be requested (Section I 704). If a Form W-2 was not created due to a problem, a Form W-2 will be prepared and forwarded to the personnel office after the problem has been resolved. For exceptions, please refer to Section I 707.

REQUEST FOR DUPLICATE WAGE AND TAX STATEMENT, FORM STD. 436 **I 704**
(Revised 11/03)

Form STD. 436 (available on DGS web site or from DGS Stores) must be used to request a duplicate Form W-2. Form STD. 436 can be completed by either the employee or Personnel Services Specialist for the employee. Completion of form STD. 436 is self explanatory. More than one tax year may be requested on the STD. 436; however, only four prior tax years are available.

For those employees currently employed, payment for the duplicate Form W-2 must be made via payroll deduction and the appropriate option must be checked on the Std. 436. The option is found in the area identified as Billing Method, above Authorizing Signature on the Std. 436. The payroll deduction will be withheld from the next paycheck if the request
Is received by the 15th of the month, otherwise it will be withheld the following month.

For those employees in positions which do not allow voluntary deductions (i.e.: retired annuitant, student assistant, youth aide) or the employee has separated from their state employment, payment must be made via a money order or cashier's check made payable to the State Controller's Office. Personal checks will no longer be accepted.

The agency/campus may request to be billed for W-2's by so indicating on From Std. 436 within the Billing Method.

Send requests/payments to:
State Controller's Office
ATTN: W-2 Unit
Personnel/Payroll Services Division
P.O. Box 942850
Sacramento, CA 94250-5878

The duplicate Form W-2 will be forwarded to the employee at the mailing address shown on the form STD. 436. However, if the Personnel Office wishes to receive the duplicate Form W-2 and forward it to the employee, they must indicate their intention in the space provided on the form STD. 436.

Separated Employees

If an employee separates from state service and is not expected to return, the employee or their personnel office may request an advance Form W-2 (early release). A form can be developed by an agency/campus for this purpose.

In addition to employee information, the W-2 Unit needs:

- date of separation,
- warrant number,
- issue date of last payment,
- mailing address of agency/campus, and
- authorized signature

If these items are not provided, the form will be returned.

Please note, a Form W-2 will be issued at the close of the tax year. This W-2 may not agree with the early release W-2, due to the following circumstances:

. Employee returned to state service

. Employee had a correction to final pay

Payroll Operations Process

Payroll Operations verifies information provided on requests for early release Forms W-2. Forms W-2 will be issued within 30 days of receipt of request. Forms W-2 will be forwarded to the personnel office for forwarding to the employee.

CORRECTED FORM W-2, FORM W-2C **I 705**
(Revised 03/02)

Prior year tax/wage information is corrected by issuance of a Form W-2C. Forms W-2C are produced monthly and, normally, forwarded to agency/campus personnel offices around the 12th of the month. Like Form W-2, Form W-2C is a multi-use form used to report corrected wages to the IRS, FTB, and SSA.

Forms W-2C will be issued from the processing of payroll/Non-USPS documentation which causes a change to the data on the original Form W-2 or previously issued W-2C.

Reasons include:

- Social Security Number Correction
- Redeposit of a prior year warrant
- Adjustments of prior year Social Security/Medicare taxes
- Changes in prior year taxable gross due to:
    - Industrial Disability Leave
    - Repayment of an accounts receivable for a prior year
    - Late reporting/corrections of a Salary Advance/Offset
    - Late reporting/corrections of Moving Expense/Relocation
    - Late reporting/corrections of Fringe Benefits/Employee Business Expenses

NOTE: Establishing an accounts receivable for a prior tax year will only generate Form W-2C if the employee's Social Security and/or Medicare Tax is affected. See PPM Section I 004 for further information.

DISTRIBUTION FORM W-2C **I 706**
(Revised 03/02)

Payroll Operations will forward the forms W-2C to Agency/Campus Personnel Offices accompanied by a form letter explaining the reason for the W-2C. Personnel offices will forward the forms W-2C to individual employees.

Every effort should be made to deliver Forms W-2C to employees who may have transferred or separated. If the W-2C cannot be delivered, retain for five (5) years. Each agency/campus is required to maintain procedures for disposition of outdated W-2C's and should follow those procedures. Do not return Forms W-2C to SCO.

NEGATIVE TAXABLE GROSS PROCESS **I 707**
(Revised 03/02)

Employees can have a negative taxable gross in two situations. Specifically, if an employee repaid a prior year accounts receivable for a wage overpayment and:

1. has no reportable wages in the tax year of repayment (a Form W-2 is not issued); or

2. the repayment gross amount exceeds the reportable wages in that tax year (the gross overpayment amount(s) are backed out to allow the W-2 to print).

In those cases, a form letter (See PPM Section Z, Attachments I-3 and I-4) is sent to employees which provides information for filing tax returns.

QUESTIONS **I 708**
(Revised 12/93)

Questions concerning information shown on Form W-2 or Form W-2C should be directed to SCO, Payroll Operations, W-2 Unit at (916) 322-8100 or CALNET 492-8100. Direct all inquiries concerning federal and state tax returns to the IRS or FTB offices.

SUBJECT: STATEMENT OF EARNINGS AND DEDUCTIONS

I 750

REFERENCE
(New 03/95)

Government Code 19849.7

INTRODUCTION
(Revised 03/02)

All employees paid by the Uniform State Payroll System (USPS) are provided descriptive earnings and deduction information. The data is displayed on the Statement of Earnings and Deductions for both the regular payroll warrant (CD 39) and the Direct Deposit Advice (CD 39A) (See PPM Section Z, Attachments I-5 and I-6).

The CD 39/39A contains employee personal data as well as earnings and deductions information as follows:

1 - Employee Name - employee's first and middle initial and last name.

2 - Agy/Unit - employee's three digit agency and unit code.

3 - Tax Year - reporting tax year.

4 - Tax Status - employee's marital status claimed.

- S - single
- M - married
- H - head of household

5 - Pay Period - pay period for which the payment is being made. "VARIOUS" will print when payments for more than one pay period are included in the warrant.

For example:

Earnings and payments for various pay periods were processed as follows:

06/94	
Regular	3330.00
07/94	
Regular	3330.00
08/94	
OT Meal Mon	94.00
Uniform All	350.00
09/94	
Regular	3330.00

6 - Issue Date - date the payment is redeemable.

7 - Social Security No – employee's social security number on record.

8 - Warrant No – number of warrant (the number should match the pre-printed number on the top right-hand corner of the warrant portion of the form).

9 - Direct Deposit # - for employee on direct deposit (the number should match the direct deposit number on the right-hand corner of the warrant portion of the form).

10 - Bank Transit – for employee on direct deposit, the financial institution's identification number.

11 - Bank Acct – for employee on direct deposit, employee's bank account number.

12 - Gross Pay – employee's total earnings and payments, plus FlexCash amounts, processed for this issue.

13 - Year-To-Date Gross – total earnings, plus FlexCash, processed to date for the tax year through the USPS only. Excludes amounts deemed as taxable and reportable income, such as mileage, per diem, uniform allowance, overtime meals, etc. See PPM Section I 100, Non-USPS. These payments are not issued via the USPS, however, they will be included in the year end W-2 totals.
In addition, the Year-To-Date Gross on the final earnings statement/direct deposit advice for each tax year may not agree with Box 1 (Wages, tips, other compensation) on the W-2, due to the following items:

- Accounts Receivable deductions
- Non-USPS adjustments (Refer to PPM I 120)
- Deferred Compensation deductions
- Pre-Tax Benefit Deductions (POP/TAPP)
- Flex Benefit deductions
- Retirement/PST contributions
- Labor Code 4800 payments
- Tax Sheltered Annuity deductions

14 - Taxable Gross - that portion of the gross earnings which is subject to Federal and State taxes. These amounts are accumulated and entered in Box 1 of the Form W-2.

The Gross Pay amount is reduced by the amount of certain payroll deductions (prior to computing Social Security/Medicare, Federal and State taxes) such as deferred compensation, tax sheltered annuity, Flexible Benefit Employee deduction amounts (health, dental, health care reimbursement, dependent care reimbursement), retirement employer paid-retirement member contributions, etc. These amounts are identified with an asterisk (*) in the Deductions box.

Flexible Benefit cash option amounts are added to the employee's gross wage amount prior to computing taxable gross.

For example:

Employee's gross pay		$ 4500.00
FlexCash/Health only		128.00
Adjusted Gross pay		$ 4628.00
*Retirement	$ 195.00	
*F Dep Care	415.00	
*F Dental	21.18	
*Def Comp	350.00	981.18
Taxable Gross		$ 3646.82

15 - Deductions - sum of all deductions withheld.

16 - Net Pay - total amount of the employee's warrant (Gross Pay [Item 12] less Deductions [Item 15]).

17 - Earnings - description of the earnings included in the payment. Multiple earnings displayed separately by pay period. Negative amounts are for adjustments processed, excluding Flex/Cash. Limited to 12 entries. If over 12, earnings are summarized as "All Other". Refer to PPM B 003 for abbreviation details.

18 - Deductions - detailed deductions and contributions withheld. Printing limited to 21 individual deduction amounts. If over 21, deductions are summarized as "Other". Deductions are computed in descending priority order as follows:

- taxes
- retirement
- Social Security
- Medicare
- employee benefits
- garnishments

- fees
- dues
- voluntary deductions

An asterisk (*) preceding the description indicates that the deduction or deduction related amount reduced the taxable gross amount.

Deduction information for prior months employee benefit adjustments are provided as follows (PPM Section Z, Attachments I-5 and I-6):

- Like deduction/organization debit deductions will be totaled on a single line.
- Like deduction/organization code, credit deductions will be totaled on a single line.
- The deduction description for multiple employee benefit deductions totaled on a single line will indicate the number of deductions included in the amount.

19 - Employer Contributions - State's share for Social Security benefits, Medicare benefits and other deductions the employer is required to pay. The amounts are not included in gross pay, taxable gross or deductions. Limited to 8 detailed amounts. If more than 8, payments are summarized as "All Others".

20 - Leave Accounting - displays the leave benefit activity of the preceding pay period for those agencies/campuses participating in the California Leave Accounting System. Limited to 8 entries.

Leave accounting information will typically be shown on the master payroll warrant or the Direct Deposit Advice Statement issued with master payroll.

21 - Messages - 9 lines of text reserved to broadcast messages of interest to the employee. The message may vary based on class type, agency and CBID.

ADDITIONAL INFORMATION **I 752**
(Revised 12/95)

If a warrant is determined to be erroneous or an overpayment, it should be returned to SCO, Division of Administrative Support (Disbursements) with proper documentation and explanation. Refer to PPM I 310.

If a direct deposit payment is determined to be erroneous, and the payment is to be recovered from the financial institution, DO NOT release the CD 39A to the employee. Follow the detailed instructions contained in Section J.

SUBJECT: IRS DETERMINATION LETTERS

I 800

REFERENCES
(Revised 12/94)

IRC Sections 61, 3101, 3401, 3509, 6051
Management Memo 92-20

INTRODUCTION
(Revised 12/94)

Determination Letters are issued by the Internal Revenue Service (IRS) in response to Form SS-8, **Determination of Employee Work Status for Purposes of Federal Employment Taxes and Income Tax Withholding**. Form SS-8 may be completed by the worker (usually an independent contractor or consultant) or the department to request an IRS review of the worker's employment status. Employers are required to withhold employment taxes (Federal Income [FIT] and Social Security/Medicare [SS/Med] tax) from employee wages. No employment tax withholding is required from payment to independent contractors.

RECEIPT OF DETERMINATION LETTERS I 801
(Revised 12/94)

Determination Letters are sent to the employing agency (department or campus) by IRS. All employment taxes due must be remitted by the end of the quarter in which the Determination Letter is received. Quarters end on March 31, June 30, September 30 and December 31.

Departments and campuses **cannot** remit employment taxes directly to IRS. SCO must be notified **immediately** upon receipt of an IRS Determination Letter. SCO is the State's Reporting and Withholding Agent for employment taxes. Contact the Tax Support Section (TSS), PPSD for assistance at (916) 322-8105, CALNET 492-8105.

TAX REMITTANCE I 802
(Revised 12/94)

FIT (based on supplemental withholding rate; e.g., 28% for 1994) and both the employer and employee share of SS/Med tax for the current (and up to three prior) year(s) must be remitted. IRS **may** waive FIT and/or SS/Med for prior years if substantial proof is given that employees remitted FIT and/or Self employment tax (in lieu of SS/Med).

The department/campus must prepare separate warrants for each tax year. Separate warrants must also be prepared for SS/Med and Med Only taxes. Warrants are to be made payable to the State Controller's Office and sent to the Division of Disbursements (DOD), 3301 C Street, ATTN: Business Month Desk. The accompanying remittance advice should list all taxes paid by type and tax year.

TSS will remit the taxes along with other taxes withheld from payments not issued through USPS; e.g., Salary Advances.

TAX/WAGE REPORTING I 803
(Revised 03/02)

Payments to independent contractors are reported via Form 1099. Wages for employees are reported via Form W-2. Departments/campuses must request corrected Forms 1099 for prior years from whomever issued the original forms (DOD, Franchise Tax Board, agency). Indicate the employee name, Social Security Number (SSN), tax year, and wage amount to be deleted. Also indicate that wages are to be reported via Form W-2 by SCO due to an IRS Determination Letter.

A listing of all workers reclassified as employees must be forwarded to TSS. This listing must include employee names, SSNs, gross wages by tax year, FIT by tax year and employee/employer share of SS/Med and/or Med Only taxes by tax year. (See PPM Section Z, Attachment I-7.)

TSS will initiate generation of Forms W-2 indicating Federal/State wages, FIT withheld (if any), SS wages/taxes and Med wages/taxes. No FIT or SS/Med tax for prior years will be shown if IRS granted a waiver from remittance. (If any taxes were paid by the department/campus on behalf of the employee, it is the responsibility of the department/campus to recover such taxes from the employee.)

CALIFORNIA REPORTING **I 804**
(Revised 03/02)

California requires additional reporting for Unemployment Insurance purposes. Departments/campuses must prepare a listing of wages earned, by quarter, for each employee for the current year. TSS will inform the department/campus if prior year reporting is also required. This listing is sent to the Employment Status Unit of the Employment Development Department with at copy to TSS, SCO. (See PPM Section Z, Attachment I-7.)

OTHER STATES **I 805**
(Revised 12/94)

TSS will inform the department/campus of any additional reporting information required for states other than California.

EMPLOYEE APPOINTMENT
(Revised 12/94)

Reclassified employees, who are still working must be immediately appointed to the Employment History Data Base.

SUBJECT: DECEASED EMPLOYEE'S WAGES

I 900

REFERENCES
(Revised 04/04)

Internal Revenue Service Revenue Procedure #86-109
Internal Revenue Code Section 3121(a)(13)
California Revenue and Taxation Code Section 17131
Government Code Section 12479, regarding Designation of Person Authorized to Receive Warrants
State Administrative Manual Section 8477.1 – 8477.27
Payroll Letters #94-025, #95-005, #95-005 (Supplemental) and # 03-028

INTRODUCTION **I 901**
(Revised 04/04)

In 1995, the State Controller's Office implemented Federal/State reporting and withholding procedures for wages issued to deceased employees. In recognition of unique reporting and withholding requirements, at both Federal and State levels, new programs were

installed to the Non-USPS reporting system to update W-2 records. Likewise, processes were implemented to begin reporting wages issued to a deceased employee, but released to the beneficiary/designee via Federal Form 1099-MISC.

REPORTING AND WITHHOLDING **I 902**
(Revised 04/04)

Reporting and withholding requirements for wages paid on behalf of a deceased employee
are unique. Wages issued after death, but in the same calendar year of death, are neither reportable nor taxable income for the deceased employee for Federal/State purposes. However, payments are reportable/taxable for the deceased employee for Social Security (SS) and Medicare (Med) purposes. They are reported on the deceased employee's Form W-2 as SS and/or Med wages. The State Controller's Office reports these payments as income in the name of the recipient of the payments via Form 1099-MISC, Miscellaneous Income. These payments are reported as Federal income, but are not subject to either Federal or State Income Tax withholding.

Wages issued in subsequent years after death are neither reportable nor taxable income for Federal, State, SS or Med for the deceased employee. However, these payments are reportable as Federal income via Form 1099-MISC for the recipient of the payments. They are not subject to Federal or State Income Tax withholding.

Form 1099-MISC reporting is in the name and Social Security Number (SSN) or Taxpayer Identification Number (TIN) of the recipient of the payments. Payments may represent taxable income. UNDER NO CIRCUMSTANCES SHOULD THE RECIPIENT BE ADVISED THAT PAYMENTS ARE NOT TAXABLE.

EMPLOYEE RESPONSIBILITIES **I 903**
(Revised 04/04)

Employees are responsible for maintaining current designee information on file with their Personnel Offices. Designee information is contained on form STD. 243, Designation of Persons Authorized to Receive Warrants and STD. 457, CSU Student Payroll Action Request. A designee must be 18 years of age or older.

Employees should inform their designee that receipt of any warrants will result in the issuance of Form 1099-Misc to the designee.

AGENCY/CAMPUS RESPONSIBILITIES **I 904**
(Revised 04/04)

To ensure the designee/recipient's name and SSN/TIN are reported correctly, agencies/campuses must have the designee complete/sign form W-9, Request for Taxpayer Identification Number and Certification, prior to releasing the payment. Maintain the Form W-9 in the deceased employee's file. Forms W-9 are available from the Internal Revenue Service (IRS) at no charge via phone at 1-800-829-3675, or via the web site at www.irs.gov .

Agencies/campuses must forward to SCO, information required to ensure accurate reporting for payments issued to the deceased employee and payments released to the designee.

Reporting documents include:

- Form STD. 680, Personnel Action Request (PAR)
- Form STD. 456, Personnel/Payroll Transaction (PPT)
- Form STD. 457, CSU Student Payroll Action Request (SPAR)
- Form STD. 686, Employee Action Request (EAR)
- Form STD. 699, Direct Deposit Enrollment Authorization
- Form PPSD 21, Deceased Employee Data

FINES, PENALTIES AND ASSESSMENTS **I 905**
(Revised 04/04)

Failure to report deceased employee payment information consistent with Federal/State laws may result in the assessment of penalties from Federal and/or State tax authorities. Agencies/campuses are financially responsible for any assessed penalty due to late, incomplete or inaccurate reporting.

SCO will bill agencies/campuses for assessed penalties and remit the funds to the appropriate tax authority. Currently, penalties range from $15 to $50 per Form 1099-MISC and/or Form W-2, due to late, incomplete or inaccurate reporting.

PAR/PPT/SPAR DOCUMENTATION **I 906**
(Revised 12/98)

Upon the death of a State employee, the employing agency/campus must immediately complete the appropriate separation and exemption from withholding transactions.

CIVIL SERVICE ONLY

For Civil Service agencies, see Personnel Action Manual (PAM) Section 8.8 regarding PAR completion.

CSU ONLY

For CSU campuses, see Personnel Information Management System (PIMS) Manual Section 10.21 regarding PPT completion. Note: there are no PPT-type transactions to separate a deceased Student Assistant. When reporting a deceased Student Assistant, please provide a copy of the Death Certificate or Obituary Notice with form PPSD 21.

DIRECT DEPOSIT CANCELLATION **I 907**
(Revised 12/98)

Upon the death of a State employee, the employing agency/campus must immediately remove the employee from the Direct Deposit Program, if applicable.
See PPM Section J 009.

If a tax refund warrant is released to a Direct Deposit account that was closed by the bank, the bank will return the funds to SCO for redeposit. The Direct Deposit Unit will notify the agency/campus of this action and cancel the deceased employee from Direct Deposit. The payment will be issued as a regular warrant.

RETURNED WARRANTS **I 908**
(Revised 12/98)

If a warrant must be re-deposited, the agency/campus must attach the warrant to a completed form STD. 674.

Complete Item 1 as follows

- "X" Disbursements and Support
- "X" PPSD Unit Destination - W-2/Non-USPS

NOTE: Write in Remarks "Deceased Employee Wages".

EXEMPTION FROM WITHHOLDING **I 909**
(Revised 12/98)

The following process must be followed to prevent erroneous tax withholding and reporting for wages issued to a deceased employee.

1. Upon notification that an employee has died, process an E03, Withholding Allowance Change, EAR Transaction. Change the deceased employee's withholding status to NONTAXABLE WAGES, box E.09. Wages will still be reported on form STD. 686, Employee Action Request (EAR). Wages will still be reported on Form W-2 unless form PPSD 21 is completed (see below). Refer to the Personnel Action Manual (PAM), Section 10.16.1 for key entry instructions.

NOTE: This new process posts permanent tax exemption status on the Employment History Data Base.

2. Immediately key an S95, Separation Due to Death, PAR/PPT transaction (or S70, S71 if applicable).

NOTE: Any erroneous tax withholding will be refunded by the State Controller's Office on a monthly basis. Refunds are issued for Federal/State Income tax withheld in the current year and applicable SS and/or Med taxes withheld in calendar years after death. Refunds are issued (30 to 60 days after the S95 transaction entry date) in the last daily payroll cycle of each month.

CIVIL SERVICE ONLY

For Civil Service agencies, see PAM Section 5.102.

CSU ONLY

For CSU campuses, see PIMS Manual Section 2.32 regarding EAR/SPAR completion.

EAR TRANSACTIONS **I 910**
(Revised 04/99)

CIVIL SERVICE ONLY

Civil Service Agencies, see Personnel Action Manual (PAM) Section 6.1, 6.8 and 6.11 regarding EAR completion.

CSU ONLY

For CSU campuses, see PIMS Manual Section 2.32 regarding EAR completion.

BENEFICIARY/DESIGNEE NOTIFICATION OF FORM 1099 MISC **I 911**
(Revised 03/02)

When releasing deceased employee's payments to the beneficiary/designee, agencies/campuses must advise the recipient that Form 1099-MISC will be released to reflect amounts with issue dates after the employee's date of death. Under no circumstances should the recipient be advised that payments are not taxable. Payments are not subject to tax withholding. Agencies/campuses may provide the recipient with a transmittal explaining the nature of payments and encouraging the recipient to seek a tax consultant's services. See PPM Section Z, Attachment I-8 for a sample letter.

PPSD 21 COMPLETION **I 912**
(Revised 04/04)

Deceased Employee Data, form PPSD 21 (Rev. 7/96), (see PPM Section Z, Attachments I-10 and I-11) must be submitted to SCO on a flow basis, as payments are released to the designee.

NOTE: Photocopies or exact facsimiles of form PPSD 21 will be processed. Since form PPSD 21 is not available through the Department of General Services – Stores Warehouse ("low-use form"), agencies/campuses should photocopy and maintain a supply of forms PPSD 21 on-hand.

As noted above, payments issued to a deceased employee required special reporting via Form 1099-MISC. Payment information contained on Form 1099-MISC must not be included in a deceased employee's Form W-2. Agencies/campuses must complete form PPSD 21, Deceased Employee Data, to accurately reduce deceased employee wages on Form W-2 and report ALL payments (including Fringe Benefits/Employee Business Expenses and payments released when a S70/S71, Retirement/Disability Retirement, transaction was posted rather than a S95) released to the recipient on Form 1099-MISC.

Prior to releasing payments to the deceased employee's designee/authorized recipient:

- Verify the recipient's name and age (Must be 18 years or older)
- Have the recipient complete Form W-9
- Enter, on form PPSD 21, the recipient's name and social security number as it appears on the recipient's Form W-9 and retain Form W-9 in the deceased employee's official personnel file.

Completion instructions, also contained on the reverse side of form PPSD 21, follow:

SECTION I. DECEASED EMPLOYEE DATA

Enter the deceased employee's:

- First and middle initials followed by surname
- Date of death
- Social Security Number
- Agency and Unit Numbers

SECTION II. BENEFICIARY DESIGNEE DATA

Enter the beneficiary/designee's:

- Social Security Number (SSN)

  Enter as shown on the Form W-9. If the beneficiary/designee is an estate, report the Taxpayer Identification Number (TIN). The beneficiary/designee may receive a TIN after submission to IRS Form SS-4, Application for Employer Identification Number (EIN).

  Exception:
  - If the designee is not a U.S. Citizen, no SSN/TIN is required as no wage reporting or withholding is required.
  - If the designee on file is also deceased, the applicable TIN may be in the name of the deceased employee's estate.

  See PPM Section Z, Attachment I-9 for an example of IRS' response advising an individual of an assigned Taxpayer Identification Number.

- First and middle initials followed by surname

  Enter from the Form W-9. If the beneficiary/designee is an estate, enter the name as indicated.
- Street address, City, State and Zip Code

  Enter from form STD. 243 or directly from the beneficiary/designee via Form W-9.

SECTION III. WARRANT DATA

- Enter the Issue Date of the warrant.

  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.

  NOTE: Separate forms PPSD 21 are required to report payments issued in different tax years.
- Enter the taxable gross amount for each payment released to the beneficiary/designee.

  A single line entry must be reported for summarized warrants. The taxable gross amount is displayed on the Payment Detail Screen. Taxable gross is identified as "GROSS AMOUNT", found next to the Federal/State Tax amounts.
- Enter the Warrant Number for each payment.

Add and enter the total taxable gross amount of all warrants released to the beneficiary/designee.

- Enter the State Code

CA = California
NY = New York
IL = Illinois
Blank = All others

SECTION IV. AUTHORIZED SIGNATURE

Enter:

- Agency/campus name
- Signature of the reporting officer
- Current date
- Name and telephone number of the person completing the form.

NOTE: Form PPSD 21 is included on form PPSD 8A, Signature Authorization Personnel/Payroll Documents.

Submit completed form to:

STATE CONTROLLER'S OFFICE
W-2 Unit
PO BOX 942850
Sacramento, CA 94250-5878

To Correct/Cancel Amounts Reported:

- Submit a copy of the original forms PPSD 21 with "Cancel" written in red at top of the document.
- Highlight in yellow the entries to be corrected/canceled.
- Complete and attach a new corrected document with "Correction" written in red at top of the document.
- All documents must have an original authorized signature.
- Send the documents to SCO/PPSD, Attention W-2 Unit, at the above address.

FORMS W-2, W-2C AND 1099 – MISC **I 913**
(Revised 04/03)

SCO will prepare and release annually by January 31:

- Forms W-2 for deceased employees indicating wages/taxes issued prior to death, and SS/Med wages/taxes for calendar year of death.
  Form 1099-MISC indicating payments released to the beneficiary/designee

SCO will prepare and release on a flow basis:

- Forms 1099-MISC indicating payments released in prior years to the beneficiary/designee. Forms 1099-MISC are forwarded to the beneficiary/designee address indicated on form PPSD 21.
- If issuance of Form 1099-MISC requires a corresponding Form W-2c for a deceased employee indicating wage corrections, a Form W-2c will be forwarded to the agency/campus.

PAYROLL PROCEDURES MANUAL

SECTION J - DIRECT DEPOSIT - INDEX

(Revised 07/03)

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SUBJECT: DIRECT DEPOSIT

INTRODUCTION **J 001**

(Revised 01/00)

The Direct Deposit system provides for the automatic deposit of all net earnings into the financial institution designated by the participant. ALL payments, including regular pay, shift differential, premium pay, overtime, awards and bonuses, etc., are transferred through Direct Deposit once an employee is enrolled. It is a voluntary program available to State employees who meet minimum eligibility requirements.

All Direct Deposit payments are identified by warrant numbers beginning with 05 through 09; i.e., 05XXXXXX through 09XXXXXX.

Participants do not receive payroll warrants but continue to receive Statement of Earnings and Deductions. In lieu of the payroll warrant, participants receive non-negotiable Direct Deposit Advices.

The State of California's Direct Deposit Program operates under the National Automated Clearing House (NACHA) rules and regulations.

ELIGIBILITY **J 002**
(Revised 07/03)

The State Controllers Office no longer imposes any mandated eligibility criteria that employees must meet before participating in the Direct Deposit program. However, each agency, campus has the authority/option of establishing their own eligibility requirements. For example, agencies/campuses may elect to establish minimum leave balance criteria to ensure that participant absences can be covered with compensable time.

CSU ONLY

Special note for CSU employees: Effective March 15, 1988, temporary faculty with year-long, semester or quarter appointments are eligible for Direct Deposit. In addition, Faculty Early Retirement Program (FERP) participants are eligible. CSU faculty employees do not need a minimum sick leave balance.

ENROLLMENT **J 003**
(Revised 03/02)

Employees who wish to enroll in the program must complete a form STD. 699, Direct Deposit Authorization Form (available on DGS web site or from DGS Stores). It is important that employees verify the routing and account numbers with their financial institution. Once completed, the form is submitted to employees' personnel/payroll office for eligibility review. The white copy of the completed form is then forwarded to the State Controller's Office, Personnel/Payroll Services Division (PPSD), Direct Deposit Unit for processing. (PPSD cannot accept a copy of the form for processing.)

Critical information required on the STD.699 to establish, change, or cancel a Direct Deposit:

1. Type of Enrollment (new, change, cancel)
2. Social Security Number
3. Name
4. Type of Account (checking or savings)
5. Routing Number (9 digit bank transit number)

6. Depositor Account Number
7. Signature (employee and agency)

(DO NOT ALTER FORM IN ANY WAY)

NOTE: For an administrative cancellation, complete Sections A and D.

PRENOTIFICATIONS **J 004**

(Revised 06/99)

Whenever a new Direct Deposit is being established or an existing record is being changed, the State Controller's Office first sends a Prenotification to the designated financial institution. This Prenote allows the financial institution to examine the participant's type of account and account number for accuracy before Direct Deposit begins.

If the participant's account information is correct, the financial institution does nothing and the participant's Direct Deposit is activated within 15 to 20 days after the Prenote is sent.

If the participant's account information is incorrect, the financial institution is obligated to notify SCO. If the financial institution states what the correct information should be, SCO will process an "administrative change" document. If the financial institution does not indicate what the correct information should be, SCO will process an "administrative cancellation" and forward a PR250 to request a new form STD. 699 be submitted with the correct information.

TIMEFRAMES OF DIRECT DEPOSIT POSTINGS **J 005**

(Revised 03/02)

Funds are posted to participants' accounts according to the timeframes:

Regular Payments

1. Regular monthly or semimonthly employees paid on the last day of the pay period. Direct Deposit posting dates and pay dates can be found on SCO's web site at the following address: http://www.sco.ca.gov/ppsd/empinfo .

   Funds are available to the financial institution on the first banking day after the end of the pay period. For example, if the pay period ends on a Wednesday, the funds are available on Thursday. If the pay period ends on Friday, a weekend or holiday, funds are available on the next banking day.

2. Positive pay employees paid with a lag between the end of the pay period and pay day.

   Funds are available between the time the pay period ends and warrants are released. Funds should be posted no later than the date non-participants are paid.

3. Statutory Employees

   Funds are available on the first banking day following the last calendar day of the month. If the last calendar day of the month is on Friday, a weekend, or a holiday, funds are available on the next available banking day.

Supplemental Payments

Supplemental payments (e.g., overtime, shift differential, premium pays, award/bonuses, adjustments, etc.) are available within two banking days of the issue date of the payments. The exception to this may be supplemental payments for Roll Code 7 and 8 employees, which may be delayed for a limited number of days while Roll 7 and 8 regular payments are being held (Roll 7 and 8 regular payments are held until 2 banking days prior to pay day).

NOTE: While most financial institutions post funds to accounts at the beginning of the bank business day, this is not a universal practice. Some institutions post funds in the afternoon instead of the morning. Additionally, some institutions may not be timely in posting Direct Deposits.

If money has not been posted by the fifth day after funds are available, contact the Direct Deposit Unit to request a trace.

MULTIPOSITION PARTICIPANTS **J 006**
(Revised 03/97)

A participant with multipositions need enroll only once. All payments will be deposited into the designated accounts regardless of the number or type (Civil Service or California State University) of positions the participant holds, providing the participant meets eligibility requirements.

CHANGES IN SALARY OR NET EARNINGS (DEDUCTIONS) **J 007**
(Revised 03/97)

Changes in salary or net earnings do not affect a participant's Direct Deposit records. The new net amounts will continue to be deposited into the designated account. The Statement of Earnings and Deductions will reflect any changes in salary or net amount as before.

SALARY ADVANCES **J 008**
(Revised 03/97)

Agencies/campuses should not issue a salary advance to an employee who has an active Direct Deposit. An agency/campus should first submit a STD. 699 to cancel the employee's Direct Deposit before an advance is issued.

Employees should be informed that this cancellation/salary advance process can cause a delay of several days in advancing funds.

TRANSFERS **J 009**
(Revised 03/97)

When a participant transfers to another agency/campus, the Direct Deposit will continue into the designated account unless or until canceled by the participant or the agency/campus.

Forward copies of the participant's STD. 699 along with all other personnel/payroll information traditionally forwarded. Forward any Direct Deposit Advices which may proceed the actual transfer.

CRITERIA FOR AGENCIES/CAMPUSES REMOVING PARTICIPANTS **J 010**

FROM DIRECT DEPOSIT
(Revised 03/97)

Guidelines to remove participants from the Direct Deposit Program were established under the SCO's authority to administer the USPS and/or GC Sections 12470, 12477, 12480, and 12481(a). Removal at the agency/campus level or administratively by SCO can be for the following situations.

1. The participant no longer meets eligibility requirements for the Direct Deposit plan due to:

    - Inadequate leave balance for those who are required to maintain a minimum leave balance. (In situations where a participant's leave balance occasionally fluctuates below the required amount, agencies/campuses should not remove that participant from Direct Deposit. Removal should instead be initiated whenever the employee's attendance pattern could result in an overpayment condition [See No. 5 below]).

    - Transfer/demotion/promotion to an ineligible position(s) with no additional eligible position.

2. The participant requests a disability benefit.

3. The participant requests a salary advance.

4. The participant's Direct Deposit payment is returned (e.g., due to a closed account or invalid routing number) and SCO will reissue a paper warrant.

5. The participant was/may be overpaid due, but not limited to:

    - Death/permanent separation/suspension/dismissal/layoff

    - AWOL, absence, or participant tardiness which results in a dock situation.

6. The participant was overpaid and the State is recovering the amount of the overpayment.

7. The participant filed bankruptcy under the National Bankruptcy Act, Chapters VII or XIII and a court order directs all or a portion of the participant's pay to be remitted to a third party.

CHANGING DIRECT DEPOSITS **J 011**
(Revised 06/99)

When a STD. 699 change is submitted to SCO, the following occurs:

1. The current active enrollment is immediately terminated.

2. A Pre-notification with the new information is sent to the participant's designated financial institution. (The new Direct Deposit enrollment is not effective for approximately 15 to 20 days.)

3. The participant will receive a paper warrant from their agency/campus until the new (changed) enrollment is effective.

DIRECT DEPOSIT CANCELLATION J 012

(Revised 06/99)

A participant's Direct Deposit can be canceled by completing the appropriate portions of the STD. 699, Direct Deposit Enrollment Authorization form. Cancellations can be initiated by the:

1. Participant (can be processed with participant's signature only)

2. Employing agency/campus (can be processed with authorized signature only)

3. State Controller's Office (SCO)

Normally, cancellations are effective two working days after SCO receives the STD. 699.

Agencies/campuses can call SCO after the 15th of each month and prior to monthly or semimonthly master payroll cutoff to request that SCO initiate a cancellation. A telephone request to cancel a Direct Deposit is only permitted when agencies/campuses become aware that a participant is deceased, on disability or separating, and will not continue employment with the State and will be overpaid.

If agencies/campuses follow the deadlines, the SCO will process the Direct Deposit cancellation to be effective prior to master payroll:

Monthly deadline for SCO receipt of STD. 699 cancellation

- Master payroll cutoff each month.

Deadline for emergency cancellation telephone requests

- 11 AM on monthly or semimonthly master payroll cutoff.

AUTOMATIC DIRECT DEPOSIT CANCELLATIONS J 012.1

(Revised 07/03)

Each year during June and December, an automatic Direct Deposit cancellation process Occurs. This process involves comparing all Direct Deposit participants with their Employment History (EH) records. If EH shows that the record is active or on leave status, including Industrial Disability Leave (IDL), the participant remains on Direct Deposit. However, the agencies/campuses have the discretion of administratively canceling Direct Deposit for participants on IDL. If the EH record reflects non-active, the participant is cancelled from Direct Deposit.

DIRECT DEPOSIT STOP PAYMENT (STRIP) AND REVERSAL DEADLINES J 013

(Revised 06/99)

When an agency/campus becomes aware that a payment is an overpayment, the situation can be corrected via the STOP PAYMENT (Strip) or the REVERSAL.

NOTE: Payments to which garnishments should be applied cannot be corrected by using the REVERSAL. The STOP PAYMENT (Strip) is the only method which can be used for the garnishments.

The STOP PAYMENT (Strip) is used to prevent the payment from being sent to the participant's designated financial institution. Upon telephone request, SCO will delete the payment and cancel the participant's Direct Deposit enrollment. The agency/campus can check its daily warrant registers for the redeposit to insure that the payment was actually "stripped".

The REVERSAL is initiated via a telephone call to SCO to recover payments already sent to the participant's designated financial institution. REVERSALS will be posted on the same day as the original payment if requests are received by the SCO according to the deadlines listed below. If the deadline is missed, REVERSALS may still be posted up to five (5) banking days after the original payment was posted.

The deadlines for the STOP PAYMENT (Strip) and REVERSAL requests are as follows:

STOP PAYMENT (Strip)

Master and semimonthly Payroll

- Telephone call to SCO between master or semimonthly cutoff and 11 AM two (2) working days prior to the posting date.

DAILY PAYROLL

- Telephone call to SCO by 11 AM on date of issue.

REVERSAL

- Telephone call to SCO after 11 AM on the issue date and up to 7 days after the original issue date of the payment.

IMPORTANT NOTE:

Participants must be active on Direct Deposit to initiate REVERSALS. REVERSALS may at times be rejected by the receiving financial institution if the participant who was overpaid has had access to his/her funds and the funds remaining in the account are insufficient to cover the REVERSAL. In those instances, agencies/campuses will be notified by SCO when a REVERSAL rejects and must establish an accounts receivable to recover the overpayment. Under normal circumstances, agencies/campuses will be notified of any rejected REVERSALS within 15 working days.

RETURNED DIRECT DEPOSIT PAYMENTS **J 014**
(Revised 06/99)

Direct Deposit payments sent to financial institutions through the Automated Clearing House (ACH) system may be returned for a variety of reasons:

1. The participant is deceased and the account is frozen.

2. Participant closed the account and did not notify the employer.

3. Financial institution is unable to locate the account.

When a payment is returned, SCO will first remove the participant from Direct Deposit. The payment will then be redeposited and reissued as a warrant. Payments keyed via PIP must be rekeyed by the agency/campus. This process will normally take approximately 9-15 working days from the original issue date. The steps involved in this process are:

1. The financial institution normally notifies SCO within 3-5 banking days after the issue date that the payment is being returned. SCO notifies the agency/campus that the payment is being returned and why. Once SCO is aware that a payment was returned or is being returned, the agency/campus can issue a salary advance to the participant.

2. SCO will cancel the participant's Direct Deposit within 1-2 payroll cycles.

3. SCO will verify the redeposit of the Direct Deposit (otherwise the rescheduled pay would again reject) returned payment and then reissue the pay in the form of a payroll warrant. This will normally take 5-7 working days. Payments keyed via PIP must be rekeyed by the agency/campus after redeposit is verified on payment history screen.

DIRECT DEPOSIT REDEPOSITED PAYMENTS **J 015**
(Revised 06/99)

Payroll Operations may redeposit Direct Deposit payments under the following conditions:

1. The financial institution returns a payment (refer to PPM Section J014) or Prenotification (Prenote)* because the participant's designated account is incorrect, frozen or closed. If a payment is returned, the participant is removed from Direct Deposit and the payment is redeposited and reissued as a warrant. If a notification is returned late and a Direct Deposit payment has been created, it will be redeposited and reissued as a warrant. In this situation, the participant will be removed from Direct Deposit and must re-enroll with a valid account.

*NOTE: Prenotifications are zero dollar records that are first sent to the participant's designated financial institution to verify the account information. If the financial institution has not rejected the Prenote, the participant's record is activated in 15 to 20 working days and all future payments are made through Direct Deposit.

2. Payroll Operations receives a telephone call from an agency/campus reporting a participant is deceased, on disability or has retroactively separated from State service and has been issued an overpayment that has not yet been sent to the financial institution. This would require a STOP PAYMENT (Strip) to be done (refer to STOP PAYMENT (Strip) procedures, PPM Section J 013).

3. Payroll Operations receives a telephone call from an agency/campus reporting that a payment is subject to a late received garnishment and SCO determines that the funds have not yet been sent to the financial institution. This would require a STOP PAYMENT (Strip) to be done (refer to Stop Payment (Strip) procedures, PPM Section J 013).

4. Payroll Operations receives a telephone call from an agency/campus reporting that a participant is deceased or has retroactively separated from State service and has been issued an overpayment that has been sent to the financial institution. This would require a REVERSAL to be done (refer to REVERSAL debit procedures, PPM Section J 013).

5. Payroll Operations receives notification resulting from recently keyed PARs/PPTs and internal SCO processing that an overpayment has been issued but not yet sent to the financial institution. This would require a STOP PAYMENT (Strip) to be done (refer to STOP PAYMENT (Strip) procedures, PPM Section J 013).

ATTENDANCE CERTIFICATION **J 016**
(Revised 06/99)

When Payroll Operations redeposits a returned Direct Deposit payment, Payroll Operations will process the necessary documentation to reissue the same pay as a paper warrant.

If there have been subsequent changes to Employment History that result in a different position, time base, or time to be paid, or if the time to be paid is different due to changes in dock time, etc., the agency/campus must submit attendance certification via form STD. 674. Please state in STD. 674 "Remarks" section that the payment redeposited was a Direct Deposit payment.

Negative attendance reporting (Form 672/STD. 666) for participants on Direct Deposit is the same as for those participants who receive payroll warrants, with the following exception:

For those participants whose pay has been held due to a STOP PAYMENT (Strip) or REVERSAL request (Refer to STOP PAYMENT [Strip] and REVERSAL procedures, PPM Section J 013), enter Code "3" - Warrant redeposited by Controller - in column 8 on the STD. 666. In addition, enter "Direct Deposit" in column 9 - Remarks - on the STD. 666. Continue to enter the time paid and the amount of time certified for the pay period on Form 672/STD. 666 (refer to PPM Section D - Attendance).

NOTE: Since a Direct Deposit overpayment cannot be returned, submit form STD. 674 to request an accounts receivable to recover the overpayment. Do not return the Direct Deposit Advice in case of an overpayment.

GARNISHMENTS **J 017**
(Revised 06/99)

It is very important for agencies/campuses to expedite Salary Garnishment forms STD. 639 to Payroll Operations once a Notice of Garnishment is received. If there is insufficient time for the STD. 639 to be received and processed by Payroll Operations for master payroll cutoff, call the Direct Deposit Unit within the time frames noted within PPM Section J 013 for STOP PAYMENTS (Strip).

NOTE: The STOP PAYMENT (Strip) procedure for Garnishments is only for those Garnishments with effective dates prior to the next pay period that will not be received and processed by Payroll Operations master payroll cutoff. For example: A Garnishment is received two days after Master Payroll Cutoff and is effective for that month. Since the Garnishment must be deducted from that month's master payment, call the Direct Deposit Unit immediately, but no later than 11 AM on the day before payday to request a STOP PAYMENT (Strip).

BU 18 AND GENERAL SERVICES SEMIMONTHLY POSITIVE (ROLL 8) EMPLOYEES PAYROLL **J 018**
(Revised 06/99)

The State payroll system sends Direct Deposit payments to designated financial institutions based on issue dates and roll codes. This selection allows posting of payments on the appropriate day for semimonthly positive employees with date certain pay days.

Under the current USPS, there are two categories of Roll Code 8 employees with certain pay dates—employees at General Services Office of State Printing in Bargaining Unit 14, and Psychiatric Technicians in Bargaining Unit 18 who are employed at the Departments of Developmental Services and Mental Health. Both groups of employees are paid on a semimonthly positive basis and their date certain pay dates are mandated by collective bargaining agreements.

General Services employees' payroll is submitted to SCO on one payroll tape on the first working day following the close of each semimonthly pay period. Direct Deposit payments are then released into the ACH system on the following day and posted by the fourth working day following the close of the semimonthly pay period. Payroll warrants will be processed in the normal manner.

Developmental Services and Mental Health Roll 8 employees' payroll has traditionally been requested or keyed by the hospitals on a flow basis beginning with the first working day following the close of each semimonthly pay period. All warrants thus printed are held by the hospitals and released to employees on the 15th and the monthly pay day. However, processing these payments during the first few days following the close of each pay period, creates a problem for Direct Deposit participants. Whenever Unit 18 Roll 8 employees' payroll is processed in the same cycle as the General Services Roll 8 employees' payroll, it is released and posted to accounts ahead of the normal pay date.

Accordingly, the General Services payroll should be submitted in the first working day following the close of the semimonthly payroll, but no later than the second working day. Developmental Services and Mental Health facilities should not key or submit payroll transactions for Unit 18, Roll 8 employees (Psychiatric Technician) until the fourth working day following the close of each semimonthly pay period. Specific dates for submitting Unit 18 Roll 8 payroll can be found in the Civil Service Decentralized Calendar. Once Unit 18, Roll 8 Direct Deposit payments are created, they will be held by SCO and released into the ACH system in time for posting on the appropriate date certain pay date. All warrants that are generated will continue to be forwarded to the facilities as before for release at the appropriate time.

DIRECT DEPOSIT ADVICE AND STATEMENT OF EARNINGS **J 019**
(Revised 06/99)

Whenever Payroll Operations redeposits a Direct Deposit payment, agencies/campuses should not return the Direct Deposit Advice/Earnings Statement to the State Controller's Office. These statements should be destroyed or may be retained by the employee's agency/campus.

You should treat the Direct Deposit Advice as if it were a regular Statement of Earnings and Deductions when verifying participant's payments and attendance. Notify the Direct Deposit Unit immediately if the Direct Deposit Advice appears to be incorrect.

PAYROLL PROCEDURES MANUAL

SECTION K – PIP SYSTEM INSTRUCTIONS – INDEX
(Revised 08/03)

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Note: Only instructions for keying on the PIP system are covered in Section K

Refer to the following sections for document completion instructions and PIP exceptions:

Section D -	Regular pay (Form 672) Absences Without Pay (STD. 603) Employee Time Certification (STD. 966) Pay Adjustment Request (STD. 683)
Section G -	Miscellaneous Pay (Form 672/STD. 671) Fringe Benefit/Employee Business Expenses (Form 672/STD. 671)
Section E -	Disability Pay

SUBJECT: GENERAL INFORMATION

INTRODUCTION K 001
(Revised 12/00)

The Payroll Input Process (PIP) System is the on-line system used to key PIP documents. The documents used to enter information onto the system are the Time and Attendance Report (Form 672), Report of Absences Without Pay (STD. 603), Miscellaneous Payroll/Leave Actions (STD. 671), Employee Time Certification (form STD. 966), Pay Adjustment Request (form STD. 683) and the (CSU) Student Assistant Attendance Report (Form CD 048).

SYSTEM ACCESS K 002
(Revised 12/00)

PIP is accessed from the State Controller's Office Production (SCOPROD) monitor.

On-line keying is available 7 a.m. - 6 p.m. on the days that PIMS is active (see "Civil Service Decentralized Calendar" OR "CSU Chancellor's Office/Campus - State Controller's Office Employment History and Payroll Schedule").

If extended hours are required call Data Guidance at (916) 322-8089 or CALNET 492-8089. Twenty-four hours advance notice is required prior to making the request.

PROCESSING BATCHES K 003
(Revised 12/00)

The system will identify batches to be extracted and processed by batch status. There are five categories of batch status:

Closed (CLS) = completed batch ready to be processed
Deleted (DEL) = deleted batch, inactive
Empty (EMP) = contains no selected records to be processed
Processed (PRC) = extracted and processed batch, inactive
Saved (SAV) = suspended batch not ready for processing

The system will begin extracting batches at approximately 4:00 PM. Only batches identified as Closed will be extracted and processed in the first available Payroll Cycle. Processing will be done daily except on days identified as "NO PAYROLL CYCLE" or when in an emergency, a Payroll Cycle must be canceled.

BATCH MAINTENANCE K 004
(Revised 12/00)

Batches remain on the system for approximately three months from the CREATE DATE and are purged once a month the day after master payroll cutoff (e.g., all batches created January 1993 are purged the day after April 1993, master payroll cutoff 4/22/93).

BATCH CONTROL K 005

(Revised 12/00)

Batch controlling is a checking mechanism used to insure that the number of employee records, days, hours and rates are keyed correctly.
The system will compare operator tabulated totals (keyed from the Batch Entry Control Form) with the system computed totals (based on the employee records keyed into the system).

BATCH ENTRY CONTROL

BATCH ID _____ **KEYED BY** _____
DATE KEYED _____

COUNT _____
DAYS _____
HOURS _____.
RATE _____.
GROSS _____.
STD _____

ALTERNATE FUNDING

CD	AGY	RU	SER	CD	AGY	RU	SER	CD	AGY	RU	SER	CD	AGY	RU	SER

BATCH ENTRY CONTROL FORM COMPLETION INSTRUCTIONS K 005.1

(Revised 12/00)

Tabulate totals for <u>one</u> entire batch of employee records. Totals should reflect the number of employee records, days, hours and rates for all forms included in the batch. (DO NOT include count, days, hours and rates from unselected records.)

CLAS participants: include amounts for selected records with leave benefit transactions.

Complete the form as follows:

BATCH ID Enter the Batch ID

- Preloaded Batch - enter ID from preprinted Form 672 or

preprinted CD 048

- Scratch Batch - enter ID after batch is accessed

KEYED BY	Enter Operator's initials
DATE KEYED	Enter date batch is keyed
COUNT	Enter the total number of employee records selected
DAYS	Enter total number of days. (**DO NOT** include days from unselected employee records.)
HOURS	Enter total number of hours. **(DO NOT** include hours from unselected records.)
RATE	Enter total for all selected records with rate
GROSS	Enter total for all selected records with gross completed.
STD.	Enter total for all selected records with Standard completed.
ALTERNATE FUNDING	Used if payments within the batch are to be issued from other than the employee's regular position. A maximum of 16 Alternate Funding Codes may be used per batch. **DO NOT USE ALTERNATE FUND CODES FOR REGULAR PAY OR CSU STUDENT ASSISTANT PAY.**
CD	Code – operator assigned code used to identify position. Must be 1 character (alpha or numeric) and cannot be used for more than 1 alternate funding position within a batch.
AGY	Agency - used only when payment(s) is to be issued from other employee's Employment History position.
RU	Reporting Unit - used only when payment(s) is to be issued from other employee's Employment History position.
SER	Serial - used only when payment(s) is to be issued from other employee's Employment History position.

LOGON PROCEDURES **K 006**
(Revised 12/00)

(1) Logon to **SCOPROD**

(2) After receiving message "SIGN-ON IS COMPLETE" Key:

PIP

(3) Press **ENTER** (the "TIME AND ATTENDANCE MENU" will appear).

```
PIP



DTH35041 10:11:26 SIGN-ON IS COMPLETE
```

NOTE: The PIP system has an automatic logoff feature. After 60 minutes of inactivity, the operator will be automatically signed off of PIP. The operator has the option of 1) logging off of PIMS, 2) re-logging onto PIP or 3) accessing another system.

```
PIPF001          TIME & ATTENDANCE MENU          05/11/92    09:22:09

ENTER AN ACTION COMMAND OR PLACE AN 'X' BEFORE THE ACTION

BATCH UPDATE ACTION:                  BATCH INQUIRY ACTION:

ENT     BATCH ENTRY                   EI      EMPLOYEE INQUIRY
SEL     BATCH SELECTION               DIR     BATCH DIRECTORY
                                      BCH     BATCH INQUIRY

MISCELLANEOUS ACTIONS :

OFF     SIGNOFF
HLP     HELP
LAS     LEAVE ACCOUNTING

PRINT DESTINATION:

ACTN        BATCH                     SSN         PAY PER
```

TIME & ATTENDANCE MENU **K 006.1**
(Revised 12/00)

The TIME AND ATTENDANCE (T/A) MENU displays the various options which are available. This screen may be used to access:

- UPDATE
  - ENT - BATCH ENTRY
  - SEL - BATCH SELECTION
- INQUIRY
  - EI - EMPLOYEE INQUIRY
  - DIR - BATCH DIRECTORY
  - BCH - BATCH INQUIRY
- MISCELLANEOUS ACTION

OFF – SIGNOFF
HLP – HELP
LAS - LEAVE ACCOUNTING.

Key the command in the ACTN field or key an "X" to the left of the desired option. Only one selection can be made at a time.

PRINT DESTINATION: Indicates printer designated for Screen Print (PF12)

LOGOFF PROCEDURE **K 007**
(New 08/93)

(1) Press the CLEAR key until a blank screen is received
(2) Key: LOGO (short for LOGOFF)
(3) Press ENTER

LOGO

OR

To access other systems (e.g., HIST) from PIP;

(1) Press the CLEAR key until a blank screen is received.
(2) Key the name of desired system, press ENTER.

HIST

SUBJECT: PRELOADED BATCHES

INTRODUCTION K 100

(New 08/93)

This section contains information regarding preloaded batches. Preloaded batches are used to request various types of payments for negative and positive employees on the Time and Attendance (TA) format and CSU Student Assistant Pay on the Miscellaneous (MIS) format.

Each batch will contain only one agency code, reporting unit, roll code and pay period. Time and Attendance batches will be preloaded with a maximum of 64 preprinted employee records. CSU Miscellaneous batches will be preloaded with a maximum of 48 employee records.

TO ACCESS BATCH K 101

(New 08/93)

Example of screen and instructions below are for the TIME & ATTENDANCE (T/A) MENU; however, instructions also apply to the BATCH ENTRY screen.

PIPF001 **TIME & ATTENDANCE MENU** **07/31/92** **09:22:09**

ENTER AN ACTION COMMAND OR PLACE AN 'X' BEFORE THE ACTION

BATCH UPDATE ACTIONS:		**BATCH INQUIRY ACTIONS:**	
ENT	**BATCH ENTRY**	**EI**	**EMPLOYEE INQUIRY**
SEL	**BATCH SELECTION**	**DIR**	**BATCH DIRECTORY**
		BCH	**BATCH INQUIRY**

MISCELLANEOUS ACTIONS :

OFF	**SIGNOFF**
HLP	**HELP**
LAS	**LEAVE ACCOUNTING**

PRINT DESTINATION:

ACTN **ENT** **BATCH** **4000005** **SSN** **PAY PER**

The following procedures identify the various methods for accessing preloaded batches. Batches cannot be updated from Inquiry Screens; press CLEAR key and return to the T/A Menu screen.

- ► FROM T/A MENU*
  - Key information in the following fields:

ACTN	**ENT**	(to access the BATCH ENTRY screen)
BATCH	**4000005**	(key in the Batch ID preprinted on the Form 672 or CD 048)
Press	ENTER	(the BATCH ENTRY screen for the requested batch will display)

- ▶ FROM BATCH ENTRY*
  - Key information in the following field:

BATCH	**4000005**	(key in the Batch ID preprinted on the Form 672 or CD 048)
Press	ENTER	(the BATCH ENTRY screen for the requested batch will display).

* To access more than one batch refer to K 105, BATCH SELECTION.

UPDATING BATCH ENTRY SCREENS **K 102**
(Revised 08/03)

INITIAL UPDATE

(1) Key the required information from the Batch Entry Control form (instructions in Section K 005.1) onto the BATCH ENTRY screen under the heading ENTERED. (See example below.) Key decimal point to reflect fractional hours and cents:

TRANS COUNT	**14**	(number of employee records, maximum 100)
DAYS		(total number of days)
HOURS	**880.5**	(total number of hours)
RATE	**289.55**	(total amount from rates)
GROSS		(total amount from gross)

Note: When correcting/changing fields with preprinted information on the screen, erase the previous data using the ERASE EOF key. If rate should be 0, erase the rate field and leave blank.

Key the **ALTERNATE FUNDING** fields, if applicable.

CODE	**1**	
AGY +		(Key only if different than employee's regular position)
RU +		(Key only if different than employee's regular position)
SER	**901**	

NOTE: Do not use Alternate Funding for regular pay or CSU Student Assistant pay.

(2) Move the cursor to the following field and key:

ACTN **TA** (to request the Time and Attendance screen)

OR

ACTN **MIS** (to request the Miscellaneous screen for CSU Student Assistant Pay)

(3) Press **ENTER** (will update the BATCH ENTRY screen and display the first page of employee records in the batch)

+ PROTECTED FIELD – To key changes in protected fields, unprotect the field by pressing the PF9 key. Key the correction and press PF9 to reinstate the protected fields.

```
PIPF103U                    BATCH ENTRY        07/31/92                    09:29:09

BATCH  ID  4000005  AGY  192  RU  001  ROLL  CODE  3  PAY  PER    0 06 92  PGS    1 TO 3

PAY CENTER ID PD            CREATE DATE 05 22 92                BATCH STATUS EMP
USER DDM                    PROCESS DATE                 BATCH BALANCE STATUS OUT

TOTALS                      ENTERED            COMPUTED            DIFFERENCE

TRANS COUNT                 14                 0                   15
DAYS                                           0                   0
HOURS                       880.5              .00                 .00
RATE                        289.55             .00                 .00
GROSS

============================ ALTERNATIVE FUNDING ============================
CODE      NUMBER      CODE      NUMBER      CODE      NUMBER      CODE      NUMBER
        AGY RU SER            AGY RU SER            AGY  RU SER            AGY RU  SER
· 1                901  · 2          100   901  ·                      ·
·                      ·                      ·                      ·
·                      ·                      ·                      ·
·                      ·                      ·                      ·
DC980527          BATCH OUT OF BALANCE
ACTN TA           BATCH 4000005 SSN                          PAY PER
```

TIME AND ATTENDANCE DETAIL SCREEN K 103

(Revised 06/96)

Each page can contain a maximum of 4 employee records with a maximum of 9 types of payments per record. The system selects the records to be processed by the "X" in the OK field of the employee's record. If the field is blank, the record will not be selected for processing.

```
PIPF202U                                                    TIME AND ATTENDANCE     07/31/92  09:38:45
AGY 888  RU 999    PAY PER 0 06 92    ROLL CD 3        RPT PG   1                    BATCH ID4000005

OK          SSN              NAME      CLASS      SERIAL
ERN    DY   HOURS            RATE    AF    ERN    DY  HOURS    RATE    AF    ERN    DY  HOURS    RATE    AF
1X     762    30      1201    SR      STE   1128      001
 0            55                            0T6                            SRE
SRN           13                      2

2X     770    78      1501    VG      JAC   1128      902
 0            100                           0T6       23                1     SRE       100              2
SRN

3X     778    23      2429    SS      SMI   1311      012
 0            160                           0T6       27                *     SRE
SRN

4X     623    22      3829    JJ      WHI   1311      011
 0            160                           0T6E      5                 1
SRN
DC980169 FIRST PAGE
ACTN                                                SSN                PAY PER
```

The **"*"** indicates the use of the DUP key to duplicate data from the previous employee record. To update entries beginning at a particular record, key the social

security number in the SSN field located at the bottom of the screen, then press PF15 (Quick Find) key.

(1) Key the information as coded on the Form 672.

FIELDS

Name	Description/Use
(a) **OK**	OK Indicator. Key an "X" when payment(s) is requested. CLAS participants: Key an "X" when leave benefits transactions are keyed. Leave blank or erase "X" (unselect the record) if payment(s) should not be requested. For non-preprinted entries this field is closed and will automatically be updated with an "X".
(b) SSN+	Social Security Number (divided into 3 fields). (Not protected on non-preprinted entries; field will be protected when record is updated).
(c) NAME+	Key first and middle initial and first 3 letters of surname. (Not protected on non-preprinted entries; field will be protected when record is updated).
(D) CLASS CODE+	Class Code. (Not protected on non-preprinted entries; field will be protected when record is updated).
(e) SER+	Serial Number. (Not protected on non-preprinted entries; field will be protected when record is updated).
(f) ERN ID	Earnings Identifier - Required to identify type of payment (1 to 4 characters). NOTE: All unused preprinted Earnings IDs will be deleted for selected employee records when initially updated.
(g) DY+	Days to be paid. Data cannot be duplicated using the DUP key.
(h) HOURS	Hours to be paid. Key decimal to reflect hours in hundredths. Data cannot be duplicated using the DUP key.
(i) RATE	Rate for the type of payment requested. Key decimal to reflect cents. Data cannot be duplicated using the DUP key.
(j) AF	Alternate Funding Code. Key the character code assigned.
Use of DUP key	Will duplicate the data from the previous employee record in the corresponding line. Exceptions: DY (Days), HOURS and RATE fields. **(Do Not** use the asterisk, upper case 8, key.)

+ PROTECTED FIELD -To key changes in protected fields, unprotect the fields by pressing the PF9 key. Key the correction and press PF9 to reinstate the protected fields.

(2) After keying all information onto the screen, one of the following actions may be performed:

- Press **ENTER.** Data will be updated and the next preprinted page will display OR when updating the last preprinted page, a blank TA detail screen, will display.
- **SAVE** the batch. Press **PF6** (will update the displayed page and return to the BATCH ENTRY screen).
- **CLOSE** the batch. Press **PF5** (will update the displayed page and return to the BATCH ENTRY screen).

If an ERROR MESSAGE is displayed, correct the error condition and repeat the command or press **ENTER.**

(3) Initial and date keyed Forms 672 on the DATE KEYED area.

MISCELLANEOUS DETAIL SCREEN CSU STUDENT ASSISTANT PAY **K 104**
(Revised 12/97)

Each page can contain a maximum of 8 employee records. The system selects the records to be processed by the "X" in the OK field of the employee's record. If the field is blank, the record will not be selected for processing.

PIPF203U MISCELLANEOUS PAYROLL/LEAVE ACTIONS 08/14/92 10:53:28

AGY192 RU 001 PAY PER 0 07 92 BATCH ID 4367891

	OK	SSN	NAME	CLASS	SER	ERN	ID	DY	HOURS	AF	RATE	WWG/FLSA	GROSS
1	X	911 23 4567	SR GOE	1870	901	L			32		6.88		
2	X	922 34 5678	VG ING	1870	913	L			37		6.88		
3		933 45 6789	NE JAC	1870	914	L					6.88		
4	X	946 31 1897	OY SMI	1870	916	L			40.5		6.88		
5	X	436 36 1901	KE WHI	1870	918	L			10.1		6.88		
6													
7													
8													

DC980170 LAST PAGE
ACTN SSN PAY PER

Example of the last page of a Preloaded Student Assistant batch.

(1) Key the information as coded on the CD 048 or STD. 671.

FIELDS

Name	Description/Use
(a) OK	OK Indicator. Key an "X" when payment(s) is requested. Leave blank or erase "X" (unselect the record) if payment(s) should not be requested. Does not require keying for non-preprinted entries.
(b) SSN+	Social Security Number (divided into 3 fields). Protected field + on preprinted entries.
(c) NAME+	Key first and middle initial and first 3 letters of surname. Protected field + on preprinted entries.
(d) CLASS+	Class Code. Protected field + on preprinted entries.
(e) SER+	Serial Number. Protected field + on preprinted entries.
(f) ERN ID	Earnings Identifier - Required to identify type of payment. ERN ID "L" must be entered for ALL non-preprinted entries.
(g) DY+	Leave blank. Protected field +.
(h) HOURS	Hours to be paid. Key decimal to reflect hours in hundredths. Data cannot be duplicated using the DUP key.
(i) RATE	Student hourly rate. Key decimal to reflect cents. Data cannot be duplicated using the DUP key.
(j) AF	DO not use Alternate Funding Code for Student Assistant Pay.
(k) WWG/FLSA+	Leave blank.
USE OF DUP KEY	Will duplicate the data from the previous employee record in the corresponding line. Exceptions: DY (Days), HOURS and RATE fields.
(l) GROSS	Leave blank.

(2) After keying all information onto the screen, one of the following actions may be performed:

- Press **ENTER** Data will be updated and the next preprinted page will display. OR a blank MIS detail screen will display.
- **SAVE** the batch. Press **PF6** (will update the displayed page and return to the BATCH ENTRY screen).

- **CLOSE** the batch. Press **PF5** (will update the displayed page and return to the BATCH ENTRY screen).

If an ERROR MESSAGE is displayed, correct the error condition and repeat the command or press **ENTER.**

(3) Initial and date keyed CD 048 (upper right hand corner) or in item 6 and 7 on the STD. 671.

+ PROTECTED FIELD - To key changes in protected fields, unprotect the fields by pressing the PF9 key. Key the correction and press PF9 to reinstate the protected fields.

BALANCING THE BATCH **K 105**
(Revised 12/97)

After Saving (PF6) or Closing (PF5) batch, the BATCH ENTRY screen will appear. The field BATCH BALANCE STATUS will identify whether the batch is IN balance or OUT of balance.

Batch Entry shows OUT OF BALANCE batch:

```
PIPF103U                                  BATCH ENTRY                 07/31/92          09:29:09

BATCH ID 4000005        AGY 192  RU 001 ROLL CODE 3    PAY PER        0 05 92  PGS     1 TO 3

PAY CENTER ID PD                CREATE DATE 05 22 92                BATCH STATUS SAV
USER DMS                        PROCESS DATE                        BATCH BALANCE STATUS OUT

TOTALS                          ENTERED                COMPUTED                DIFFERENCE
TRANS COUNT                        14                      14                        0
DAYS                                                       0                        0
HOURS                            880.50                880.50                      .00
RATE                             289.50                289.00                      .50
GROSS

==================================== ALTERNATE FUNDING====================================

CODE        NUMBER        CODE        NUMBER        CODE        NUMBER        CODE        NUMBER
        AGY RU    SER             AGY RU    SER             AGY RU    SER             AGY RU    SER
. 1                901    . 2          100    901    .                         .
.                         .                         .                         .
.                         .                         .                         .
.                         .                         .                         .
DC980527          BATCH OUT OF BALANCE
ACTN              BATCH 4000005 SSN                        PAY PER
```

The difference between the data keyed on the employee records (COMPUTED) and the totals keyed on the BATCH ENTRY screen (ENTERED) will appear under the heading DIFFERENCE. Verify totals keyed in the fields under the heading ENTERED:

Step	Action
TOTALS KEYED INCORRECTLY	
1	Erase the previous data using the ERASE EOF key and key the correct amount(s) in the appropriate field(s).

2 Press ENTER.

3
- If Batch Balance Status displays IN, proceed to Step 8.
- If Batch Balance Status displays OUT, continue to Step 4.

INCORRECT DATA KEYED IN BATCH

4 There are three methods to access records keyed in a preloaded batch:

- To verify data in the batch, key:

ACTN **TA** or **MIS** (CSU Student Assistant Pay)

Press ENTER (will update the Batch Entry Screen and display the first record)

- To update or view entries beginning at a particular record, key:

SSN 732 77 3721 (key in the employee's Social Security Number)

Press the **PF15** key (will display the first record for the requested SSN and when applicable the following records)

- To update or view one employee record, key:

SSN 732 77 3721 (key in the employee's Social Security Number)

Press **ENTER** (Only the requested employee's record(s) will display)

5 Verify records using PF8 (Next Page) and PF7 (Previous Page) key and correct all errors.

NOTE: When deleting one of several payment requests from an employee's record, erase <u>all</u> fields for <u>ONLY</u> the payment being deleted.

6 **Save (PF6) or Close (PF5)** the batch.

7
- If BATCH BALANCE STATUS displays IN, proceed to BATCH BALANCE STATUS-IN, Step 8.
- If BATCH BALANCE STATUS displays OUT, re-verify totals and employee records (go to Steps 1 – 3 or Steps 4 – 6).

Batch Entry shows batch IN BALANCE:

PIPF103U BATCH ENTRY 07/31/92 09:29:09

BATCH ID 4000005 AGY 192 RU 001 ROLL CODE 3 PAY PER 0 06 92 PGS 1 TO 3

PAY CENTER ID PD CREATE DATE 05 22 92 BATCH STATUS CLS
USER DMS PROCESS DATE BATCH BALANCE STATUS IN

TOTALS	ENTERED	COMPUTED	DIFFERENCE
TRANS COUNT	14	14	0
DAYS		0	0
HOURS	880.50	880.50	.00
RATE	289.55	289.55	.00
GROSS			

```
==================================ALTERNATE FUNDING=================================

CODE      NUMBER        CODE      NUMBER        CODE      NUMBER        CODE      NUMBER
        AGY RU  SER             AGY RU  SER             AGY RU  SER             AGY RU  SER
. 1             901   .             100 901   .                       .
.                     .                       .                       .
.                     .                       .                       .
.                     .                       .                       .
DC980520        BATCH IN BALANCE
ACTN            BATCH 4000005           SSN             PAY PER
```

Step	Action
8	One of the following options can be performed when BATCH BALANCE STATUS indicates IN: • Close (PF5) or Save (PF6) the batch. • Multiple batches were selected from the BATCH SELECTION screen, press PF14 to access the Next Batch. • Request a new Scratch Batch, erase all characters in the BATCH Search Key Field and press ENTER. • Request an existing batch, key the desired batch number in the BATCH Search Key Field and press ENTER. • To return to the T/A MENU screen, press the CLEAR key.

BATCH SELECTION **K 106**
(New 08/93)

BATCH SELECTION is an update screen that provides a listing of batches. From the BATCH SELECTION screen several update functions can be performed.

This section contains procedures to:

- Access a listing of batches based on information keyed in Search Key Fields;
- Select one or more batches to correct, delete, or add entries; and
- Change the status of one or more selected batches from Saved to Closed or Closed to Saved.

```
PIPF001          TIME & ATTENDANCE MENU          11/20/92    12:55:09

ENTER AN ACTION COMMAND OR PLACE AN 'X' BEFORE THE ACTION

BATCH UPDATE ACTIONS:                    BATCH INQUIRY ACTIONS:

ENT     BATCH ENTRY                      EI      EMPLOYEE INQUIRY
SEL     BATCH SELECTION                  DIR     BATCH DIRECTORY
                                         BCH     BATCH INQUIRY
```

```
MISCELLANEOUS ACTIONS:

OFF        SIGNOFF
HLP        HELP
LAS        LEAVE ACCOUNTING

PRINT DESTINATION:

ACTN    SEL     BATCH                    SSN        PAY PER
```

To access the BATCH SELECTION screen from the Time & Attendance Menu or Batch Entry Screen, key the following:

- ACTN SEL
- Press ENTER. (A blank BATCH SELECTION screen will display)

```
PIPF101U                          BATCH SELECTION                          08/11/92      12:57:58

PPC ID 99

      BATCH    BATCH    CREATE          PROCESS   RPT                    ROLL     PAY      BEGIN
      ID       STAT     DATE     USER   DATE      TYP     AGY     RU     CD       PERIOD   PG #




DC980521 Please Enter Search Key Field(s)

ACTN    PPC ID 99 USER    BATCH STATUS EMP BATCH CREATION METHOD P

PAY PERIOD 0 06 92  RPT  TYPE  SA    ROLL CD          AGENCY          REPORTING UNIT
```

HOW TO ACCESS A LISTING OF BATCHES

Upon initial access, a blank BATCH SELECTION screen will display. By keying additional information in one or more of the Search Key Fields, located at the bottom of the screen, the specific desired batches will display. Refer to Search Key Field descriptions below:

(1) USER — Initially displays your User ID which is used to access only your batches. When using this field, additional Search Key Field(s) must be entered. To access other batches:

- Preloaded Batches - (Empty status) User ID must be blank. Press the ERASE EOF key.
- Other Users' Batches - Enter the last three letters of the desired User ID.
- All Users' Batches - must be blank. Press the ERASE EOF key.

(2) BATCH STATUS — To request only one status of batches. When this field is blank, will display all Empty, Closed, and Saved batches. To

request one Status of batches, key:

- EMP (displays Empty Batches)
- CLS (displays Closed Batches)
- SAV (displays Saved Batches
- PRC (displays Processed Batches)
- DEL (displays Deleted Batches)

(3) BATCH CREATE METHOD — To request only one type of batch, key:

- P (displays Preloaded Batches)
- S (displays Scratch Batches)

(4) PAY PERIOD * — To request batches for a specific month/year, key:

- Pay Period Type - optional field. When left blank will display all batches for the month/year.
- Month and Year - required to display specific pay period(s).

(5) RPT TYPE * — To request Batches for a specific report type:

- TA (displays preloaded Time and Attendance batches)
- SA (displays preloaded Miscellaneous batches for CSU Student Assistant Pay)

(6) ROLL CD * — To request one specific roll code batch, key the desired roll code.

(7) AGENCY * — To request only one agency code batch, key the desired agency code.

(8) REPORTING UNIT * — This field must be used with the AGENCY Search Key field.

To request batches for a specific unit, key the agency code in the AGENCY Search Key Field and the unit number in the REPORTING UNIT field.

After keying data into the desired Search Key Fields, press ENTER (requested batches will display).

* Applies to Preloaded Batches only.

<u>HOW TO SELECT BATCHES TO CORRECT, DELETE, OR ADD ENTRIES</u>

If the desired batches are not displayed, to access additional pages of batches, press:

- **PF8** = Next Page
- **PF7** = Previous Page

To access the BATCH ENTRY screen, key an "X" next to the desired batch(es). Batches can only be selected on the displayed page (cannot select batches over multiple pages).

Press **ENTER** (the BATCH ENTRY screen of the first selected batch will display).

If multiple batches were selected, use the following keys from the BATCH ENTRY screen:

- **PF14** - to access the next batch
- **PF13** - to access the previous batch

HOW TO RETURN TO BATCH SELECTION SCREEN

To return to the previous page of selected batches from the BATCH ENTRY screen, press **PF10.**

CHANGE THE STATUS OF BATCHES

To change Batch Status from SAV (Saved) to CLS (Closed) or CLS to SAV, key an "X" next to the desired batches and press **PF5** (to Close) or **PF6** (to Save).

PIPF101U **BATCH SELECTION** **08/11/92 12:57:58**

PPC ID 99

	BATCH ID	BATCH STAT	CREATE DATE	USER	PROCESS DATE	RPT TYP	AGY	RU	ROLL CD	PAY PERIOD	BEGIN PG #
X	4060100	EMP	052292			SA	189	301	3	0 06 92	1
X	4060101	EMP	052292			SA	189	302	3	0 06 92	1
X	4060102	EMP	052292			SA	189	303	3	0 06 92	1

DC980521 Please Enter Search Key Field(s)

ACTN PPC ID 99 USER BATCH STATUS EMP BATCH CREATION METHOD P

PAY PERIOD 0 06 92 RPT TYPE SA ROLL CD AGENCY REPORTING UNIT

RE-ENTER BATCH K 107

(Revised 12/97)

Access the BATCH ENTRY screen of the desired batch. (See instructions in section K 101 or use the BATCH SELECTION screen instructions in section K 106).

If data is changing on the BATCH ENTRY screen, correct the Batch Control sheet. Key the corrected data onto the BATCH ENTRY screen.

BATCH ENTRY (RE-ENTER)

PIPF103U **BATCH ENTRY** **07/31/92 09:29:09**

```
BATCH  ID 4000005      AGY 192        RU 001  ROLL CODE 3   PAY PER        0 06 92     PGS    1 TO 3
PAY CENTER ID PD                  CREATE DATE 05 22 92                                  BATCH STATUS SAV
USER DMS                          PROCESS DATE                                  BATCH BALANCE STATUS OUT

TOTALS                    ENTERED              COMPUTED              DIFFERENCE
TRANS COUNT               14                   13                    1
DAYS                                           0                     0
HOURS                     880.50               780.50                100.00
RATE                      289.55               276.00                13.55
GROSS

  ====================================ALTERNATE FUNDING================================

CODE    NUMBER          CODE    NUMBER          CODE    NUMBER          CODE    NUMBER
        AGY RU    SER           AGY RU    SER           AGY RU    SER           AGY RU    SER
. 1                901   . 2          100    901   .                     .
.                        .                        .                     .
.                        .                        .                     .
.                        .                        .                     .
DC980520                  BATCH OUT OF BALANCE
ACTN                      BATCH 4000005 SSN                     PAY PER
```

NOTE: When correcting/changing fields with data displayed on the screen, erase the previous data using the ERASE EOF key.

There are three methods to access records:

To re-enter the Time and Attendance format key:

ACTN TA

Press **ENTER** (will update the BATCH ENTRY screen and display the first page in the batch)

OR

To re-enter the Miscellaneous format key:

ACTN MIS

Press **ENTER** (will update the BATCH ENTRY screen and display the first page in the batch)

To access last page of the format key:

ACTN LP (Last Page)

Press **ENTER** (last page will display with space to add additional entries)

To begin keying records from a particular employee, key:

SSN 732 77 3721 (key in employee's Social Security Number)

Press the PF15 key (will display the record for the requested SSN and, when applicable, the following employee records).

To access one specific employee, key:

SSN 732 77 3721 (key in employee's Social Security Number)

Press **ENTER** (will display only the employee's record(s) contained in the batch, other employee records will not display, entries cannot be added).

```
PIPF103U                BATCH ENTRY                                                  07/31/92  09:29:09

BATCH ID 4000005  AGY 192  RU 001  ROLL CODE 3     PAY PER 0 06 92   PGS                          1 TO 3
PAY CENTER ID PD          CREATE DATE 05 22 92                                        BATCH STATUS SAV
USER DMS                  PROCESS DATE                                          BATCH BALANCE STATUS OUT

TOTALS                        ENTERED                COMPUTED                  DIFFERENCE

TRANS COUNT                     14                     13                          1
DAYS                                                    0                          0
HOURS                          880.50                 780.50                     100.00
RATE                           289.50                 276.00                      13.50
GROSS

=========================================ALTERNATE FUNDING=====================================

CODE    NUMBER          CODE    NUMBER          CODE    NUMBER          CODE    NUMBER
        AGY RU    SER           AGY RU    SER           AGY RU    SER           AGY RU    SER
· 1                     · 2         100     901   ·                       ·
.                       .                         .                       .
.                       .                         .                       .
.                       .
                                .
.
DC980520                BATCH IN BALANCE
ACTN                    BATCH 4000005           SSN  732 77 3721      PAY PER
```

Example of accessing record(s) for a specific Social Security Number.

Subject: SCRATCH BATCHES

INTRODUCTION **K 200**
(Revised 12/00)

This section contains information regarding scratch batches. A scratch batch is an operator created batch or a copied batch which can be used to request all format types (i.e., Time and Attendance [TA], Dock [DCK], Miscellaneous [MIS], Certification [ETC], Adjustments [ADJ]. The batch may contain up to 100 records.

TO ACCESS BATCH (INITIAL) **K 201**
(Revised 12/00)

```
PIPF001        TIME & ATTENDANCE MENU        07/31/00        9:22:09
ENTER AN ACTION COMMAND OR PLACE AN 'X' BEFORE THE ACTION
```

BATCH UPDATE ACTIONS:		BATCH INQUIRY ACTIONS:	
ENT	BATCH ENTRY	EI	EMPLOYEE INQUIRY
SEL	BATCH SELECTION	DIR	BATCH DIRECTORY
		BCH	BATCH INQUIRY

MISCELLANEOUS ACTIONS:

OFF	SIGNOFF
HLP	HELP
LAS	LEAVE ACCOUNTING

PRINT DESTINATION:

ACTN ENT BATCH SSN PAY PER

Example of screen above is for the TIME & ATTENDANCE (T/A) MENU; however, instructions below also apply to the BATCH ENTRY and BATCH SELECTION screens.

The following procedures identify the method for accessing a new SCRATCH batch. Note: Batches cannot be updated from Inquiry Screens; press CLEAR key and return to the T/A Menu to access Update Screens.

FROM T/A OR BATCH SELECTION

- Key information in the following field:

ACTN ENT (to access BATCH ENTRY screen)

- Press **ENTER**

FROM BATCH ENTRY

- Key the following:

  BATCH (erase all characters in this field by pressing the ERASE EOF key).

- Press **ENTER** (BATCH ENTRY screen will display)

UPDATING BATCH ENTRY SCREENS **K 202**
(Revised 08/03)

INITIAL UPDATE

(1) Key the required information from the Batch Entry Control form (instructions in Section K 005.1) onto the BATCH ENTRY screen under the heading ENTERED. (See example below.) Key decimal point to reflect fractional hours and cents:

TRANS COUNT	**14**	(number of employee records, maximum maximum 100)
DAYS	**5**	(total number of days)
HOURS	**880.5**	(total number of hours)
RATE	**289.55**	(total amount from rates)
GROSS		(total amount from gross)
STD		(total amount from standard)

Key the **ALTERNATE FUNDING** fields, if applicable (do not use Alternate Funding for Regular pay).

CODE	**1**	
AGY +		(Key only if different than employee's regular position)
RU +		(Key only if different than employee's regular position)
SER	**901**	

(2) Move the cursor to the following field and key:

ACTN (Key the command for the desired format:

ETC = Employee Time Certification;
TA = Time and Attendance [Form 672];
DCK = Dock [STD.603];
MIS = Miscellaneous [STD.671];
ADJ = Pay Adjustment

(3) Press **ENTER** (will update the BATCH ENTRY screen, assign a Batch ID and display a blank screen in the requested format).

```
PIPF103U                                    BATCH ENTRY                    07/31/00 09:29:09

BATCH ID                    AGY   RU   ROLL CODE 3   PAY PER                    PGS

PAY CENTER ID PD            CREATE DATE                                    BATCH STATUS
USER XYZ                    PROCESS DATE                                 BATCH BALANCE STATUS
TOTALS                      ENTERED                  COMPUTED            DIFFERENCE

    TRANS COUNT               14                       0                    0
    DAYS                       5                       0                    0
    HOURS                    880.5                     .00                  .00
    RATE                     289.5                     .00                  .00
    GROSS
    STD
 ==========================================ALTERNATE FUNDING=====================================
CODE    NUMBER          CODE    NUMBER          CODE    NUMBER          CODE    NUMBER
        AGY RU    SER           AGY RU    SER           AGY RU    SER           AGY RU    SER
· 1                 901   · 2         100   901   ·                     ·
.                         .                       .                     .
.                         .                       .                     .
.                         .                       .                     .
DC980526          ENTER DATA FOR NEW BATCH
```

+ PROTECTED FIELD - To key changes in protected fields, unprotect the fields by pressing the PF9 key. Key the correction and press PF9 to reinstate the protected fields.

TIME AND ATTENDANCE DETAIL SCREEN K 203

(Revised 12/00)

Each page can contain a maximum of 4 employee records with a maximum of 9 types of payments per record.

PIPF202U TIME AND ATTENDANCE 07/31/00 09:38:45

AGY 888 RU 999 PAY PER 0 06 00 ROLL CD RPT PG BATCH ID 1000909

OK	SSN	NAME	CLASS	SERIAL									
ERN	DY	HOURS	RATE	AF	ERN	DY	HOURS	RATE	AF	ERN	DY	HOURS	AF
1	762	30	1201	SR	STE	1128	001						
0		55				OT6	2		1	8C3			
2	700	78	1501	VG	JAC	1128	902						
0		100				OF6	10	13.58	*				
1	778	23	2429	SS	SMI	1311	012						
0		17				OT5	1.5		3				

4

DC980126 ENTER DESIRED CHANGES

ACTN SSN PAY PER

The "*" indicates the use of the DUP key to duplicate data from the previous employee record.

(1) Key the information as coded on the Form 672.

FIELDS

Name	Description/Use
(a) AGY	Agency Code
(b) RU	Reporting Unit
(c) PAY PER	Pay Period (divided into 3 fields). Pay Period Type (1 character), Month (2 characters) and Year (2 characters).
(d) OK	OK Indicator Initially closed field. After the screen is updated, or in a "copied" batch, the field will display an "X" for selected records. Erase "X" (unselect the record) if payment(s) should not be requested.
(e) SSN	Social Security Number (divided into 3 fields).
(f) NAME	Key first and middle initial and first 3 letters of surname.
(g) CLASS	Class Code

(h) SER — Serial Number

(i) ERN ID — Earnings Identifier - Required to identify type of payment (1 to 4 characters).
NOTE: All unused preprinted Earnings IDs for copied preloaded batches will be deleted for selected employee records when initially updated.

(j) DY+ — Days to be paid.
Date cannot be duplicated using the DUP key.

(k) HOURS — Hours to be paid.
Key decimal to reflect hours in hundredths. Data cannot be duplicated using the DUP key.

(l) RATE — Rate for the type of payment requested. Key decimal to reflect cents. Data cannot be duplicated using the DUP key.

(m) AF — Alternate Funding Code. Key the character code assigned.

Use of DUP key — Will duplicate the data from the previous employee record in the corresponding line.
Exception: DY (Days), HOURS, and RATE fields.

Note: **Do Not** use the asterisk (uppercase 8) key.

\+ **PROTECTED FIELD - To key changes in protected fields, unprotect the fields by pressing the PF9 key. Key the correction and press PF9 to reinstate the protected fields.**

(2) After keying all information onto the screen, one of the following actions may be performed:

- Press **ENTER**. Data will be updated and a blank TA detail screen or the next TA detail screen will display.
- Request a different format. Key **DCK** (for STD. 603), **ETC** (for STD. 966), **ADJ** (for STD. 683) or **MIS** (for STD. 671) in the ACTN field. Press **ENTER** (will update the displayed page and advance to the requested format).
- **SAVE** the batch. Press **PF6** (will update the displayed page and return to the BATCH ENTRY screen).
- **CLOSE** the batch. Press **PF5** (will update the displayed page and return to the BATCH ENTRY screen).

If an ERROR MESSAGE is displayed, correct the error condition and repeat the command or press ENTER.

(3) Initial and date keyed Forms 672 on the DATE KEYED area.

ABSENCE WITHOUT PAY (DOCK) DETAIL SCREEN **K 204**
(Revised 08/93)

Each page can contain a maximum of 8 employee records.

If more than one dock record for the same pay period is keyed for an employee, the payroll system will process the dock with the most current date in the REPORTING DATE field. The date is automatically assigned when the format is originally established in the batch. The assigned date may be changed to a future date (see Reporting Date, Item 1d, below).

PIPF201U ABSENCE W/O PAY (DOCK)07/14/92 09:38:45

DC980155 BATCH ADDED

AGY 192 RU 001 PAY PER 0 07 92 REPORTING DATE 07 14 92 BATCH ID 118017

OK	SSN	NAME	CLASS	SER	DY	HOURS
1	911 23 4567	AB CEE	1128	001	2	
2	922 34 5678	CB ESS	*	005	5	5
3	778 45 6789	NB SEA	1136	020	1	.5
4						
5						
6						
7						
8						

DC980549 ADD TRANSACTIONS

ACTN SSN PAY PER

The "*" indicates the use of the DUP key to duplicate data from the previous employee record.

(1) Key the information as coded on the STD. 603.

FIELDS

Name	Description/Use
(a) AGY	Agency Code
(b) RU	Reporting Unit
(c) PAY PER	Pay Period (divided into 3 fields). Pay Period Type (1 character), Month (2 characters) and Year (2 characters)
(d) REPORTING DATE	Divided into 3 fields. Month (2 characters), Day (2 characters) and Year (2 characters). The date is computer generated and can be changed to reflect a different date.

(e) OK	OK Indicator Initially closed field. After the screen is updated or on a "copied" batch, the field will display an "X" for selected records. Erase "X" (unselect the record) if dock should not be requested.
(f) SSN	Social Security Number (divided into 3 fields).
(g) NAME	Key first and middle initial and first 3 letters of the surname.
(h) CLASS	Class Code
(i) SER	Serial Number
(j) DY	Days to be docked. Leave blank to cancel dock time that was processed in error. Data cannot be duplicated using the DUP key.
(k) HOURS	Hours to be docked. Key decimal to reflect hours in hundredths. Leave blank to cancel dock time that was processed in error. Data cannot be duplicated using the DUP key.
Use of DUP key	Will duplicate the data from the previous employee record in the corresponding line. Do not skip lines. Exception: DY (Days) and HOURS Note: DO NOT use the asterisk (upper case 8) key.

(2) After keying all information onto the screen, one of the following actions may be performed

- Press **ENTER.** Data will be updated and a blank or next dock detail screen will display.
- Request a different format. Key **TA** (for Form 672), **ETC** (for STD. 966), **ADJ** (for STD. 683) or **MIS,** (for STD 671) in the ACTN field. Press **ENTER** (will update the displayed page and advance to the requested format).
- **SAVE** the batch. Press **PF6** (will update the displayed page and return to the BATCH ENTRY screen.)
- **CLOSE** the batch. Press **PF5** (will update the displayed page and return to the BATCH ENTRY screen).

If an ERROR MESSAGE is displayed, correct the error condition and repeat the command or press ENTER.

(3) Initial and date each STD. 603 keyed into the system in the upper right hand corner.

PIPF203U MISCELLANEOUS PAYROLL/LEAVE ACTIONS 08/14/92 10:53:28

AGY 192 RU 001 PAY PER 0 07 92 BATCH ID 118017

OK	SSN	NAME	CLASS	SER	ERN	ID	DY HOURS	AF RATE	WWG/FLSA	GROSS
1	911 23 4567	AB CEE	1128	001	SRE		40			
2	922 34 5678	CH ESS	*	005	9M			200		
3	933 45 6789	NB SEA	1136	020	SRE		8			
4										
5										
6										
7										
8										

DC980549 ADD TRANSACTIONS

ACTN SSN PAY PER

The "*" indicates the use of the DUP key to duplicate date from the previous employee record.

Each page can contain a maximum of 8 employee records.

(1) Key the information as coded on the STD. 671.

FIELDS

Name	Description/Use
(a) AGY	AGENCY (Agency Code)
(b) RU	UNIT (Reporting Unit)
(c) PAY PER	Pay Period (divided into 3 fields). Pay Period Type (1 character); Month (2 characters), and Year (2 characters).
(d) OK	OK Indicator Initially closed field. After the screen is updated or in a "copied" batch, the field will display an "X" for selected records. Erase "X" (unselect the record) if payment should not be requested.
(e) SSN	SOCIAL SECURITY NUMBER (divided into 3 fields).
(f) NAME	INITIALS (key first and middle initials and first 3 letters of surname)
(g) CLASS	CLASS (Class Code)
(h) SER	SERIAL (Serial Number)

(i) ERN ID	EARNINGS ID. (Earnings Identifier - required to identify type of payment). Can be 1 to 4 characters.
(J) DY+	DAYS (days to be paid) Data cannot be duplicated using the DUP key. Protected field +.
(k) HOURS	HOURS AND HDTHS (hours to be paid). Key decimal to reflect hours in hundredths. Data cannot be duplicated using the DUP key.
(L) AF	ALT FUND CODE (Alternate Funding Code) Key the character code assigned.
(m) RATE	Key decimal to reflect cents. Data cannot be duplicated using the DUP key.
(n) WWG+	WORK WEEK (Civil Service employee's Work Week Group or reallocated WWG, or CSU employee's FLSA Code).
(o) GROSS	Key decimal to reflect cents. Data cannot be duplicated using the DUP key.
Use of DUP key	Will duplicate the data from the previous employee record in the corresponding line. Do not skip lines. Exception: DY, HOURS and RATE fields. Note: **Do Not** use the asterisk (upper case 8) key.

+ PROTECTED FIELD - To key changes in protected fields, unprotect the fields by pressing the PF9 key. Key the correction and press PF9 to reinstate the protected fields.

(2) After keying all information onto the screen, one of the following actions may be performed:

- Press **ENTER**. Data will be updated and a blank or next MIS screen will display.
- Request a different format. Key **TA** (for Form 672), **ETC** (for STD. 966), **ADJ** (for STD. 683) or **DCK** (for STD 603) in the ACTN field. Press **ENTER** (will update the displayed page and advance to the requested format).
- **SAVE** the batch. Press **PF6** (will update the displayed page and return to the BATCH ENTRY screen).
- **CLOSE** the batch. Press **PF5** (will update the displayed page and return to the BATCH ENTRY.

If an ERROR MESSAGE is displayed, correct the error condition and repeat the command or press **ENTER**.

(3) Initial and date each STD. 671 page keyed into the system.

EMPLOYEE TIME CERTIFICATION DETAIL SCREEN **K 206**
(Revised 12/00)

```
PIPF304U                    EMPLOYEE TIME CERT ENTRY     05/17/00

AGY  RU        PAY PER                                  BATCH ID   1053
OK       SSN   NAME   CLASS   SER   STD   DY   HOURS   TBFRAC

1                                                       000000

2                                                       000000

3                                                       000000

4                                                       000000

5                                                       000000

6                                                       000000

7                                                       000000

8                                                       000000
DC980549 ADD TRANSACTIONS
ACTN                              SSN          PAY PER
```

Each page can contain a maximum of 8 employee records.

(1) Key the information as coded on the STD. 966.

FIELDS

Name	Description/Uses
(a) AGENCY	AGENCY (Agency Code)
(b) RU	UNIT (Reporting Unit)
(c) PAY PERIOD	Pay Period (divided into 3 fields). Pay Period Type (1 character); Month (2 characters), and Year (2 characters).
(d) OK	OK Indicator Initially closed field. After the screen is updated or in a "copied" batch, the field will display an "X" for selected records. Erase "X" (unselect the record) if payment should not be requested.
(e) SSN	SOCIAL SECURITY NUMBER (divided into 3 fields).

(f) NAME INITIALS (key first and middle initials and first 3 letter of surname)

(g) CLASS CLASS (Class Code)

(h) SER SERIAL (Serial Number)

(i) STD If standard warrant due key “1”.

(j) DY+ DAYS (days to be paid) Data cannot be duplicated using the DUP key. Protected field+.

(k) HOURS HOURS AND HDTHS (hours to be paid). Key decimal to reflect hours in hundredths. Data cannot be duplicated using the DUP key.

(l) TBFRAC If timebase less than FT key fraction (e.g., 001002)

+ PROTECTED FIELD - To key changes in protected fields, unprotect the fields by pressing the PF9 key. Key the correction and press PF9 to reinstate the protected fields.

(2) After keying all information onto the screen, one of the following actions may be performed:

- Press **ENTER**. Data will be updated and a blank or next MIS screen will display.
- Request a different format. Key **TA** (for Form 672), **MIS** (for STD. 671), **ADJ** (for STD. 683) or **DCK** (for STD 603) in the ACTN field. Press **ENTER** (will update the displayed page and advance to the requested format).
- **SAVE** the batch. Press **PF6** (will update the displayed page and return to the BATCH ENTRY screen).
- **CLOSE** the batch. Press **PF5** (will update the displayed page and return to the BATCH ENTRY screen).

PAY ADJUSTMENTS DETAIL SCREEN FORM STD. 683 **K 207**
(Revised 12/00)

Each page can contain a maximum of 3 employee records with a maximum of 3 types of payments per record.

```
PIPF304U                          PAY ADJUSTMENT ENTRY              05/17/00          08:53:23

AGY   RU              PAY PER                                  RPT PG       BATCH ID        1053
        TIME  PAID  PER  WARRANT  REGISTER                 TIME  TO  BE  PAID  SHOULD  BE
OK    SSN             NAME      CLASS            SERIAL
SAL   RATE    DY      HOURS     TBFRAC    PT     SD         RC     SAL     RATE    DY     HOURS     TBFRAC

1                               000000                                                                000000
                                000000                                                                000000
                                000000                                                                000000
```

2	000000 000000 000000		000000 000000 000000
3	000000 000000 000000		000000 000000 000000
DC980549 ADD TRANSACTIONS			
ACTN	SSN	PAY PER	

(1) Key the information as coded on the STD. 683.

FIELDS

Name	Description/Uses
(a) AGENCY	AGENCY (Agency Code)
(b) RU	UNIT (Reporting Unit)
(c) PAY PERIOD	Pay Period (divided into 3 fields). Pay Period Type (1 character); Month (2 characters), and Year (2 characters).
(d) OK	OK Indicator Initially closed field. After the screen is updated, or in a "copied" batch, the field will display an "X" for selected records. Erase "X" (unselect the record) if payment(s) should not be requested.
(e) SSN	Social Security Number (divided into 3 fields).
(f) NAME	Key first and middle initials and first 3 letters of surname.
(g) CLASS	Class Code
(h) SER	Serial Number

Payment per Warrant Register:

(i) SAL RATE	Key decimal to reflect cents.
(j) DY	Days Paid
(k) HOURS	Hours paid – key decimal to reflect hundredths.
(l) TBFRAC	Time Base if less than FT (e.g., 001002 for 1/2 time for payment type "Y" only).
(m) PT	Payment Type
(n) SD	Shift Differential
(O) RC	Roll Code

Payment Should Be:

(p) SAL RATE Key decimal to reflect cents.

(q) DY Days to be paid

(r) HOURS Hours to be paid

(s) TBFRAC If less than FT (e.g., 001002 for 1/2 time) for payment type "Y" only.

(2) After keying all information onto the screen, one of the following actions may be performed:

- Press **ENTER**. Data will be updated and a blank or next MIS screen will display.
- Request a different format. Key **TA** (for Form 672), **MIS** (for STD. 671), **ADJ** (for STD. 683) or **DCK** (for STD 603) in the ACTN field. Press **ENTER** (will update the displayed page and advance to the requested format).
- **SAVE** the batch. Press **PF6** (will update the displayed page and return to the BATCH ENTRY screen).
- **CLOSE** the batch. Press **PF5** (will update the displayed page and return to the BATCH ENTRY screen).

If an ERROR MESSAGE is displayed, correct the error condition and repeat the command or press ENTER.

(3) Initial and date keyed form STD. 683 on the DATE KEYED area.

BALANCING THE BATCH **K 208**
(Revised 12/00)

After saving (PF6) or closing (PF5) the batch, the BATCH ENTRY screen will appear. The field BATCH BALANCE STATUS will identify whether the batch is IN balance or OUT of balance.

Batch Entry shows OUT OF BALANCE batch:

PIPF103U			BATCH ENTRY		05/22/00 09:29:09
BATCH ID 118017	AGY 192	RU 001	ROLL CODE 3	PAY PER 0 05 00	PGS 1 TO 3
PAY CENTER ID PD		CREATE DATE 05/22/00		BATCH STATUS SAV	
USER DMS		PROCESS DATE		BATCH BALANCE STATUS OUT	
TOTALS		ENTERED	COMPUTED	DIFFERENCE	
TRANS COUNT		14	14	0	
DAYS			0	0	
HOURS		880.50	880.50	.00	
RATE		289.50	289.00	.50	

GROSS
STD

ALTERNATE FUNDING

CODE	NUMBER AGY RU	SER	CODE	NUMBER AGY RU	SER	CODE	NUMBER AGY RU	SER	CODE	NUMBER AGY RU	SER
.1		901	.2	100	901	.			.		
.			.			.			.		
.			.			.			.		
.			.			.			.		

DC980527 BATCH OUT OF BALANCE
ACTN BATCH 118017 SSN PAY PER

The difference between the data keyed on the employee's records **(COMPUTED)** and the totals keyed on the **BATCH ENTRY** screen **(ENTERED)** will appear under the heading **DIFFERENCE.** Verify totals keyed in the fields under the heading **ENTERED:**

Step Action

TOTALS KEYED INCORRECTLY

1 Erase the previous data using the ERASE EOF key and key the correct amount(s) in the appropriate field(s).

2 Press ENTER

3 If Batch Balance Status displays IN, proceed to Step 8.
If Batch Balance Status displays OUT, proceed to Step.

INCORRECT DATA KEYED IN BATCH

4 To re-enter a format, key the command for the desired format in the following field:

ACTN Key one of the following formats:

ETC = Employee Time Certification (STD. 966);
TA = Time and Attendance (Form 672);
DCK = Dock (STD. 603);
MIS = Miscellaneous (STD. 671);
ADJ = Pay Adjustment (STD. 683).

Press **ENTER** (will update the BATCH ENTRY screen and display the first page of the requested format)

Once the desired format is accessed, to begin keying/viewing record(s) use one of the following procedures:

- To access a particular employee, key:

SSN 732 77 3721 (Key in the employee's Social Security Number)

Press the PF15 key* (will display the first record for the requested SSN, and if applicable, the following 6 employee records)

- To access one specific employee, key:

  SSN 732 77 3721 (key in employee's Social Security Number)

  Press **ENTER** (will display only the employee's records contained in the format, other employee records will not display).

5 Verify records using PF8 (Next Page) and PF7 (Previous Page) keys. Correct all errors.

NOTE: When deleting one of several payment requests from a particular employee's record, erase all fields for ONLY the payment being deleted.

6 Save (PF6) or Close (PF5) the batch.

7
- ➢ If BATCH BALANCE STATUS displays IN, proceed to BATCH BALANCE STATUS - IN, Step 8.
- ➢ If BATCH BALANCE STATUS displays OUT, re-verify totals and employee records (go back to Steps 1 - 3 or Steps 4 - 6).

* When the PF15 key is used on the BATCH ENTRY screen, the system will search for the SSN in ONLY the first format of the batch.

Batch Entry shows batch IN BALANCE:

```
PIPF103U                                    BATCH ENTRY                                  05/22/00  09:29:09

BATCH ID 118017        AGY 192      RU 001      ROLL CODE 3        PAY PER 0 05 00        PGS 1 TO 3
PAY CENTER ID PD                        CREATE DATE 05/22/00              BATCH STATUS CLS
USER DMS                              PROCESS DATE                      BATCH BALANCE STATUS IN
TOTALS                 ENTERED                     COMPUTED                DIFFERENCE

 TRANS COUNT            14                          14                      0
 DAYS                    5                           0                      0
 HOURS                880.50                      880.50                    .00
 RATE                 289.50                      289.50                    .00
 GROSS
 STD
=================================ALTERNATE FUNDING=================================================

CODE     NUMBER          CODE     NUMBER          CODE     NUMBER          CODE     NUMBER
         AGY RU     SER          AGY RU     SER          AGY RU     SER          AGY RU     SER
. 1                 901  . 2          100     901  .                       .
.                        .                       .                       .
.                        .                       .                       .
.                        .                       .                       .
DC980520                 BATCH IN BALANCE
ACTN                     BATCH 118017 SSN              PAY PER
```

8 One of the following options can be performed when BATCH BALANCE STATUS indicates IN:

- Close (PF5) l or Save (PF6) the batch.
- Multiple batches were selected from the BATCH SELECTION screen, press PF14 to access the Next Batch.
- Request a new Scratch Batch, erase all characters in the BATCH Search Key Field and press ENTER.
- Request an existing batch, key the desired batch number in the BATCH Search Key Field and ENTER.
- To return to the T/A MENU screen, press the CLEAR key.

BATCH SELECTION **K 209**
(Revised 12/00)

BATCH SELECTION is an update screen that provides a listing of batches. From the BATCH SELECTION screen several update functions can be performed.

This section contains procedures to:

- Access a listing of batches based on information keyed in Search Key Fields;
- Select one or more batches to correct, delete or add entries; and
- Change the status of one or more selected batches from Saved to Closed or Closed to Saved.

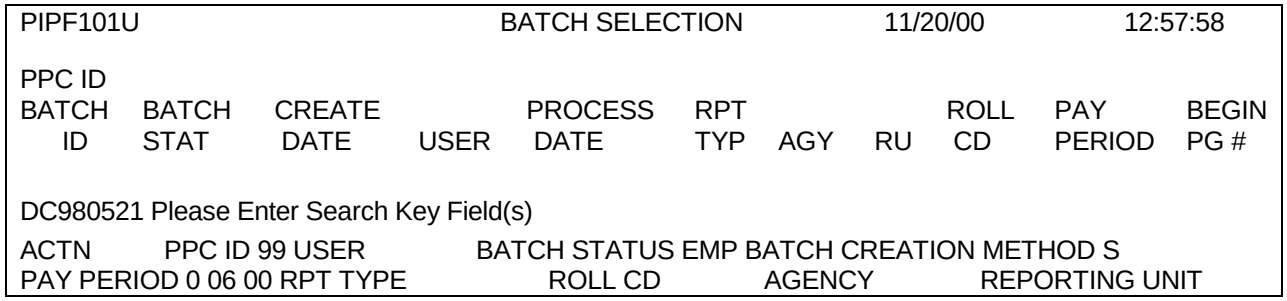
```
PIPF001          TIME & ATTENDANCE MENU          07/31/00          9:22:09

ENTER AN ACTION COMMAND OR PLACE AN `X' BEFORE THE ACTION

BATCH UPDATE ACTIONS:                    BATCH INQUIRY ACTIONS:
ENT          BATCH ENTRY                 EI          EMPLOYEE INQUIRY
SEL          BATCH SELECTION             DIR         BATCH DIRECTORY
                                         BCH         BATCH INQUIRY
MISCELLANEOUS ACTIONS:
OFF          SIGNOFF
HLP          HELP
LAS          LEAVE ACCOUNTING
PRINT DESTINATION:
ACTN ENT          BATCH                  SSN                PAY PER
```

To access the BATCH SELECTION screen from the Time & Attendance Menu or Batch Entry Screen, key the following:

- ACTN SEL
- Press ENTER (a blank BATCH SELECTION screen will display).



HOW TO ACCESS A LISTING OF BATCHES

Upon initial access, a blank BATCH SELECTION screen will display. By keying additional information in one or more of the Search Key Fields, located at the bottom of the screen, the specific desired batches will display. Refer to Search Key Field descriptions below:

(1) USER — Initially displays your User ID which is used to access only your batches. When using this field, additional Search Key Field(s) must be entered. To access other batches:

- Preloaded Batches - (Empty status) - User must be blank. Press the ERASE EOF key.
- Other Users' Batches - Enter the last three letters of the desired User ID.
- All Users' Batches - must be blank. Press the ERASE EOF key.

(2) BATCH STATUS — To request only one status of batches. When this field is blank will display all Empty, Closed and Saved batches. To request one status of batches, key:

- EMP (displays Empty Batches)
- CLS (displays Closed Batches)
- SAV (displays Saved Batches)
- PRC (displays Processed Batches)
- DEL (displays Deleted Batches)

(1) BATCH CREATE METHOD — To request only one type of batch, key:

- P (displays Preloaded Batches)
- S (displays Scratch Batches)

(4) PAY PERIOD* — To request batches for specific month/year, key:

	➢ Pay Period Type – optional field. When left blank will display all batches for the month/year. ➢ Month and Year - required to display specific pay period(s).
(5) RPT TYPE*	To request batches for specific report type: ➢ TA (displays preloaded Time and Attendance batches) ➢ SA (displays preloaded Miscellaneous batches for CSU Student Assistant Pay)
(6) ROLL CD*	To request batches with one specific roll code, key the desired roll code.
(7) AGENCY*	To request batches with one specific agency code, key the desired agency code.
(8) REPORTING UNIT*	This field must be used with the AGENCY Search Key Field. To request batches for a specific unit, key the agency code in the AGENCY Search Key Field and the unit number in the REPORTING UNIT field.

After keying data into the desired Search Key Fields, press ENTER (requested batches will display).

* **Applies to Preloaded Batches only**

<u>HOW TO SELECT BATCHES TO CORRECT, DELETE OR ADD ENTRIES</u>

If the desired batches are not displayed, to access additional pages of batches, press:

- **PF8** - Next Page
- **PF7** - Previous Page

To access the BATCH ENTRY screen, key an "X" next to the desired batch(es). Batches can only be selected on the displayed page (cannot select batches over multiple pages).

Press ENTER (the BATCH ENTRY screen of the first selected batch will display).

If multiple batches were selected, use the following keys from the BATCH ENTRY screen:

- **PF14** – to access the next batch
- **PF13** – to access the previous batch

<u>HOW TO RETURN TO BATCH SELECTION SCREEN</u>

To return to the BATCH SELECTION screen from the BATCH ENTRY screen, press PF10.

CHANGE THE STATUS OF BATCHES

To change Batch Status from SAV (Saved) to CLS (Closed) or CLS to SAV, key an "X" next to the desired batches and press PF5 (to Close) or PF6 (to Save).

```
PIPF101U                          BATCH SELECTION          11/20/00          12:57:58
PPC ID
    BATCH    BATCH    CREATE            PROCESS   RPT                ROLL   PAY       BEGIN
    ID       STAT     DATE      USER    DATE      TYP   AGY   RU     CD     PERIOD     PG, #

X   110147   SAV      10 26 00  PKN
X   110102   SAV      10 26 00  PKN
X   110010   SAV      10 26 00  PKN

DC980521 Please Enter Search Key Field(s)

ACTN      PPC ID 99 USER PKN      BATCH STATUS   BATCH CREATION METHOD S

PAY PERIOD  RPT TYPE                  ROLL CD        AGENCY          REPORTING UNIT
```

TO ACCESS BATCH (RE-ENTER) **K 210**
(Revised 12/00)

```
PIPF001          TIME & ATTENDANCE MENU                07/31/00              9:22:09


ENTER AN ACTION COMMAND OR PLACE AN `X' BEFORE THE ACTION


BATCH UPDATE ACTIONS:                          BATCH INQUIRY ACTIONS:
ENT              BATCH ENTRY                   EI            EMPLOYEE INQUIRY
SEL              BATCH SELECTION               DIR           BATCH DIRECTORY
                                               BCH           BATCH INQUIRY
MISCELLANEOUS ACTIONS:
OFF              SIGNOFF
HLP              HELP
LAS              LEAVE ACCOUNTING
PRINT DESTINATION:
ACTN ENT         BATCH 118017          SSN                PAY PER
```

Example of screen above is the TIME& ATTENDANCE (T/A) MENU; however, instructions below also apply to the BATCH ENTRY.

The following procedures identify the methods for re-entering a batch. NOTE: Batches cannot be updated from Inquiry Screens; press CLEAR key and return to the T/A MENU screen to access Update Screens.

FROM T/A MENU*

(1) Access the batch. Move the cursor to the following fields and key:

ACTN ENT (to access the BATCH ENTRY screen)

BATCH 118017 (key in the desired batch number)

(2) Press ENTER (BATCH ENTRY screen for the requested batch will display)

<u>FROM BATCH ENTRY</u>*

(1) Access the batch. Move the cursor to the following field and key:

BATCH 118017 (key in the desired batch number)

(2) Press ENTER (BATCH ENTRY screen for the requested batch will display)

* To request more than one batch refer to BATCH SELECTION Section K 209.

```
PIPF103U                          BATCH ENTRY                    05/22/00              09:29:09

BATCH ID 118017        AGY     RU      ROLL CODE                    PAY PER              PGS  TO

PAY CENTER ID SSU          CREATE DATE  05 22 00                  BATCH STATUS SAV
USER DMS                   PROCESS DATE                     BATCH BALANCE STATUS OUT

TOTALS                          ENTERED              COMPUTED                  DIFFERENCE

TRANS COUNT                        14                   13                          1

DAYS                                5                    5                          0

HOURS                            880.50               880.50                        .00

RATE                             289.50               289.50                        .50

GROSS

STD


==================================ALTERNATE FUNDING=====================================

CODE        NUMBER        CODE        NUMBER        CODE        NUMBER        CODE        NUMBER
        AGY RU    SER             AGY RU    SER             AGY RU    SER             AGY RU    SER
. 1                 901   . 2           100    901   .                           .
.                         .                         .                           .
.                         .                         .                           .
.                         .                         .                           .


DC980527                       BATCH OUT OF BALANCE

ACTN                           BATCH 118017          SSN                    PAY PER
```

If data is changing on the BATCH ENTRY screen, correct the Batch Control Sheet. Key the corrected data onto the BATCH ENTRY screen.

NOTE: When correcting/changing fields with data displayed on the screen, erase the previous data using the ERASE EOF key.

There are two methods to access records from the BATCH ENTRY screen:

Re-enter a format, key the command for the desired format in the following field:

ACTN Key one of the following formats:

ETC = Employee Time Certification [STD. 966];
TA = Time and Attendance [Form 672];
DCK = Dock [STD. 603];
MIS = Miscellaneous [STD. 671];
ADJ = Pay Adjustment Request [STD. 683]

Press ENTER (will update the BATCH ENTRY screen and display the first page of the requested format).

(1) To begin keying/viewing from a particular record, use the PF15 command. Key:

SSN 732 77 7321

Press the PF15 key (will display the first record for the requested SSN, and, if applicable, the following employee records).

(2) (1) To add more records to the batch, move the cursor and key:

ACTN LP (Last page command)

Press **ENTER** (will display the last page of the format).

PIPF304U ABSENCE W/O PAY (DOCK) 07/14/00 09:38:45

DC980155 BATCH ADDED
AGY 192 RU 001 PAY PER 0 07 00 REPORTING DATE 07 14 00 BATCH ID 118017

	OK	SSN	NAME	CLASS	SER	DY HOURS
1		991 23 4567	AB CEE	1128	001	2
2		922 34 5678	CB ESS	*	005	5 5
3		778 45 6789	NB SEA	1136	020	1 .5
4						
5						
6						
7						
8						

DC980549 ADD TRANSACTIONS

ACTN LP	SSN	PAY PER

Example of accessing last page of a specific format.

Subject: MISCELLANEOUS

INTRODUCTION **K 300**
(New 08/93)

This section contains miscellaneous information regarding PIP. Specific information may be found on the following pages:

Content	Reference Paragraph
Pay Problem Resolution	301
Commands	302
Update and Inquiry	302.1
Update Only	302.2
Inquiry Only	302.3
Copy Batch Process	303

PAY PROBLEM RESOLUTION **K 301**
(New 08/93)

It is the campus/department's responsibility to determine the source of the pay problem and take corrective action. Listed below are suggested research steps:

STEP 1 - Verify PAY HISTORY

Access pay history through the HIST application for the pay period in question. HIST can answer many questions depending on the situation. For example, regular pay has not issued; therefore overtime will suspend and not issue, or it may show that pay issued in a subsequent payroll cycle or that the transaction is a duplicate request.

STEP 2 - Verify the PIP Batch

a) First verify the BATCH STATUS. To verify the Batch Status, access the BATCH INQUIRY (BCH) screen, refer to K 402. The Batch Status is located in the upper right corner of the BATCH INQUIRY screen. If the Batch Status is SAV (Saved), it must be closed to process (access the BATCH ENTRY screen and close the batch). If the Batch Status is CLS (closed), it will be processed in the next Payroll Cycle. If the Batch Status is PRC (processed) continue to b.

b) Access the detail screen to verify the keyed record(s) with the source document(s). Check all items for accurate keying.

STEP 3 – Verify documentation.

a) Some transactions can not be keyed on PIP and must be sent to PPSD for processing. Refer to the EXCEPTIONS section pertaining to

the document being keyed.

b) Verify that all required fields were completed correctly.

STEP 4 - Verify Employment History or CSU SPAR information.

Information keyed from source document must agree with the employee's Employment History SSN, name and position number.

STEP 5 - Check the SUSPENDED TRANSACTIONS LIST.

If your department/campus has access to this listing, it can help identify transactions that have suspended and the reason.

STEP 6 - FINAL STEP

If you are unable to determine source of the problem and have exhausted research steps, contact the Telephone Liaison Unit for assistance. (See A013.)

NEVER RE-KEY A DOCUMENT BEFORE FIRST DETERMINING AND CORRECTING THE PROBLEM!

Once an error has been identified, it may be resolved using one of the following:

1. Re-key the corrected payment request(s) in a new scratch batch. If an entire batch is incorrect, the batch can be copied (see Copy command page K 302.2) and corrections made to the new batch prior to processing.

2. Take no action (i.e., if the transaction is correctly suspended on the Suspended Transaction Listing or if the transaction was a duplicate request).

3. Submit documents to correct Employment History.

4. Submit STD. 674 or STD. 671 to PPSD as required.

COMMANDS **K 302**
(Revised 12/00)

Various commands are used on PIP screens. The commands are listed in 3 groups which identify the capacity for their use. These groups are:

1. Update and Inquiry (See K 302.1)
   - Refresh and Change Function Commands
   - Paging Commands
   - Transaction Format Commands
   - Miscellaneous Screens

2. Update Only (See K 302.2)

3. Inquiry Only (See K 302.3)

Each Command listed includes the Control Key programmed for the command (when applicable), command name to be entered in the ACTN field and the description/use. Some commands also include additional information explaining the "step by step" procedures.

The chart below can be used to locate specific information about a command:

DESCRIPTION	ACTN ENTRY	CONTROL KEY	PAGE
Batch Directory	DIR	-	K 302.3
Batch Entry	ENT	-	K 302.2
Batch Inquiry	BCH	-	K 302.3
Batch Selection	SEL	-	K 302.2
Close	CLS	PF5	K 302.2
Copy	CPY	-	K 302.2
Delete	DEL	-	K 302.2
Dock Pay	DCK	-	K 302.1
DUP	-	-	K 302.2
Employee Inquiry	EI	-	K 302.3
Employee Time Certification	ETC	-	K 206
Help/Help Directory	HLP	PF1	K 302.1
Last Function/Cancel	LST	PF3	K 302.1
Last Page	LP	-	K 302.1
Miscellaneous	MIS	-	K 302.1
Next Batch	NB	PF14	K 302.1
Next Page	NP	PF8	K 302.1
Pay Adjustment Entry	ADJ	-	K 207
Previous Batch	PB	PF13	K 302.1
Previous Page	PP	PF7	K 302.1
Protect/Unprotect	PRO	PF9	K 302.2
Quick Find	QF	PF15	K 302.1
Refresh/Cancel	RP	PF4	K 302.1
Return & Refresh Page	RRP	PF10	K 302.1
Save	SAV	PF6	K 302.2
Screen Print	PRT	PF12	K 302.1
Time and Attendance	TA	-	K 302.1
T/A MENU/Cancel	MNU	CLEAR	K 302.1

REFRESH/CHANGE FUNCTIONS COMMANDS

Control Keys	ACTN Entry	Description/Use
*PF3	LST	LAST FUNCTION/CANCEL* - cancels selections/keyed data and returns to the first page of the previous level screen.
PF4	RP	REFRESH/CANCEL - cancels selections/keyed items and refreshes the data. When used on the BATCH SELECTION, BATCH DIRECTORY or EMPLOYEE INQUIRY screens, all pages will be refreshed and selections canceled.
*CLEAR	*MNU	RETURN TO T/A MENU* - cancels selections/keyed data and returns to the T/A MENU screen. SIGNOFF/LOGOFF - pressing the CLEAR key from the T/A MENU screen will begin the logoff process.
*PF10	RRP	RETURN AND REFRESH PAGE - cancels selections/keyed data and returns to the previous level on the same screen and page from which original selections were made.

* When performing this command on an update screen, data keyed on the displayed screen will not be updated. The batch will remain in the same status (i.e., Closed, Saved or Empty); if the batch is empty and records are updated (selected), the batch will be changed to Save status.

PAGING, PAGE SEARCH COMMANDS

Control Keys	ACTN Entry	Description/Use
+PF7	+PP	PREVIOUS PAGE+ - displays the previous page within the same format (i.e., TA [Form 672], DCK [STD. 603], or MIS [STD. 671]) or within the BATCH DIRECTORY, EMPLOYEE INQUIRY or BATCH SELECTION screens.
+PF8	+NP	NEXT PAGE+ - displays the next page within the same format (i.e., TA [Form 672], DCK [STD. 603], or MIS [STD. 671]) or within the BATCH DIRECTORY, EMPLOYEE INQUIRY or BATCH SELECTION screens.
	LP	LAST PAGE+ - used in the update mode only. Displays the last page within the same format (i.e., TA [Form 672], DCK [STD. 603], or MIS [STD. 671]).
+PF13	+PB	PREVIOUS BATCH+ - displays the previous batch requested when multiple batches are selected from the BATCH SELECTION or BATCH DIRECTORY screens.
+PF14	+NB	NEXT BATCH+ - displays the next batch requested when multiple batches are selected from the BATCH SELECTION or BATCH DIRECTORY screens.

+PF15	+QF	QUICK FIND+ - used in conjunction with a social security number will locate an employee. The system will display the identified social security number on the first line and subsequent employees on the remaining lines/pages. You must first access the appropriate format (TA, DCK, or MIS), then perform the QUICK FIND command.

TRANSACTION FORRMATS

Control Keys	ACTN Entry	Description/Use
	+TA	TIME AND ATTENDANCE SCREEN+ - displays the Time and Attendance screen format for the Form 672 when updating or inquiring.
	+DCK	ABSENCE W/O PAY (DOCK) SCREEN+ - displays the Dock screen format for the STD. 603 when updating or inquiring.
	+MIS	MISCELLANEOUS PAYROLL+ - displays the Miscellaneous screen format for the STD. 671 when updating or inquiring.
	ETC	EMPLOYEE TIME CERTIFICATION SCREEN - displays the Certification screen format for the form STD. 966 when updating or inquiring.
	ADJ	PAYMENT ADJUSTMENT SCREEN - displays the Adjustment screen format for the form STD. 683 when updating or inquiring.

\+ This command has "Process & Go" capability (i.e., data keyed on the displayed screen will be updated when this command is performed).

MISCELLANEOUS ACTIONS

Control Keys	ACTN Entry	Description/Use
PF1	HLP	HELP – contains information about the requested screen.
	HDR	HELP DIRECTORY - lists the HELP screens available.
		The Help Facility is not fully developed at this time. If accidental access into the Help Facility is made:
		Press the PF3 key to exit the HELP screen.
PF12	PRT	SCREEN PRINT - used to print the displayed page only.

UPDATE ONLY **K 302.2**
(New 08/93)

Control	ACTN	Description/Use

Keys	Entry	
+PF5	+CLS	CLOSE+ - identifies that the batch is to be processed. Use the Close command after all entries are keyed and processing is being requested. The CLOSE command may also be used on the BATCH SELECTION screen to change SAV (Saved) batch status to CLS (Closed). To close batches on the BATCH SELECTION screen: (1) Key an "X" next to the batches requiring status change. (2) Press PF5 key (close command). (3) The selected batches will display CLS (Closed) status.
	CPY	COPY - copies all entries from one batch into a new batch (with a new Batch ID) reflecting the new designated pay period. The new batch will be in the Saved (SAV) status. All pages will be updated to reflect the pay period entered on the BATCH ENTRY screen. Special attention must be given when copying batches containing multiple pay periods. Re-enter the batch and verify that each page reflects the correct pay period for the entries keyed. (1) Access the batch to be copied. (If already on the BATCH ENTRY screen of the batch to be copied, proceed to step 3). Key information in the following fields: ACTN ENT BATCH (key desired Batch ID) (2) Press ENTER. (BATCH ENTRY screen will display.) (Refer to K 303 for COPY BATCH PROCESS) (3) To copy the batch, key information in the following fields: ACTN CPY PAY PER (key in desired pay period type, month and year) (4) Press ENTER (Message BATCH COPIED will display.) The BATCH ENTRY screen of the new batch will display. The batch will be in the Saved (SAV) status. All formats/pages within the batch will be updated with the new pay period.
	DEL	DELETE - deletes the batch and prevents processing.

(1) Access the batch to be deleted. (If already on the BATCH ENTRY screen of the batch to be deleted, proceed to Step 3. Key information in the following fields:

ACTN ENT

BATCH (key in Batch ID)

(2) Press ENTER (requested batch will display)

(3) Key information in the following field:

ACTN DEL

(4) Press ENTER (Message PRESS ENTER AGAIN TO DELETE BATCH will display.)

(5) Press ENTER (Message BATCH DELETED will display.)

(6) Batch is deleted/inactive.

NOTE: If the batch was deleted in error, copy the batch (see previous page).

DUP — DUP - Use of DUP key will duplicate the data from the previous employee record in the corresponding line. Do Not skip lines. Exception: DY, HOURS and RATE fields. NOTE: Do Not use asterisk (upper case 8) key.

ENT — BATCH ENTRY - used to access a BATCH ENTRY screen for updating.

PF9 PRO — PROTECT/UNPROTECT Fields - protects (cursor skips and does not move into the field) or unprotects designated fields on the Time and Attendance or Miscellaneous Payroll transactions.

+PF6 +SAV — SAVE+ - suspends a batch and prevents processing. The SAVE command may also be used on the BATCH SELECTION screen to change CLS (Closed) batch status to SAV (Saved).

To save batches on the BATCH SELECTION SCREEN:

(1) Key an "X" next to the batches requiring status change.

(2) Press PF6 (Save command).

(3) The selected batches will display Saved status.

SEL — BATCH SELECTION – provides a listing of batches from which several update functions can be performed.

Specific step by step instructions for using the BATCH SELECTION screen can be found on the following pages:

(1) For Preloaded Batches - K 105

(2) For Scratch Batches - K 207

\+ This command has "Process & Go" capability (i.e., data keyed on the displayed screen will be updated when this command is performed).

INQUIRY ONLY **K 302.3**
(New 08/93)

Control Keys	ACTN Entry	Description/Use
	BCH	BATCH INQUIRY - use to inquire a particular batch. Must be used in conjunction with a Batch ID. For specific instructions refer to INQUIRY section, K 402.
	DIR	BATCH DIRECTORY – lists batches based on data in the Search key Fields. (For update see SEL - BATCH SELECTION). For specific instructions refer to the INQUIRY section, K 403.
	EI	EMPLOYEE INQUIRY - lists various transaction types for a particular Social Security Number based on data keyed in the Search Key Fields. For specific instructions refer to the INQUIRY section, K 401

COPY BATCH PROCESS **K 303**
(New 08/93)

The Copy Batch Process is a time saving feature designed for the Payroll Input Process (PIP) system. It can significantly reduce entry time for groups of employees who consistently receive the same type of pay on a monthly basis. The following instructions must be used to maximize the benefits of the copy process.

I. Establish a Document Master

After identifying a group of employees/transactions that are keyed from month to month (e.g., overtime, shift, dock, premium payments) complete the appropriate document (STD. 603 or STD. 671) with those fields that are consistent from month to month and make copies to use for future months.

II. First Month's Procedures

A. Complete/code the document.

B. Key the first months entries into a Scratch Batch (see PPM Section K 200).

NOTE: Special procedures are needed for employees that are not being docked or receiving pay in the initial month. Complete the line entry with the appropriate information (SSN, position, etc.) and enter .01 in the hours field.

C. After all entries have been keyed SAVE (PF6) the batch. The system will then return to the Batch Entry screen.

IMPORTANT

<u>If applicable, enter the format (DCK or MIS) and remove the "X" in the OK field for all entries added per the NOTE in item B above.</u>

D. SAVE (PF6) and balance the batch. If balanced, CLOSE (PF5) the batch for processing.

E. Retain the Batch ID number which will be used for next month's pay. (SUGGESTION: Note the Batch ID on a Batch Control form and save it for the next month's processing.)

III. Second and All Subsequent Months

A. Complete the document.

B. Access the processed batch from the previous month. (If Batch ID is not known, use the Batch Selection screen to locate the Processed batch.)

C. From the Batch Entry screen of the Processed batch key CPY in the ACTN field and key the desired Pay Period Type, Month and Year in the PAY PER field located in the bottom right corner of the Batch Entry screen. Press the ENTER key.

D. The system will create a duplicate of the original batch and assign the information to a new Batch ID with a "Saved" status. In addition, each format screen within the batch will be updated with the Pay Period Type, Month and Year identified in the PAY PER field.

E. Update the BATCH ENTRY screen and the detail screen records. After all entries have been completed SAVE (PF6) and balance the batch. If in balance, CLOSE (PF5) the batch.

F. Retain the Batch ID number for the next month's process.

SUBJECT: INQUIRY

INTRODUCTION **K 400**
(New 08/93)

The Payroll Input Processing (PIP) system provides various methods of inquiry.

- Employee Inquiry - provides all the transactions keyed for a specific Social

Security Number

- Batch Inquiry - reflects all information in a batch
- Batch Directory - provides a list of all campus/department's batches

Instructions on the three inquiry methods may be found in the following paragraphs:

INQUIRY METHOD	ACTN ENTRY	PARAGRAPH #
Employee Inquiry	EI	401
Batch Inquiry	BCH	402
Batch Directory	DIR	403

INQUIRY HISTORY **K 400.1**
(New 08/93)

The Inquiry system provides transaction information for approximately three months from the creation date of the batch (see "Maintenance of Batches", K 004).

ACCESSING EMPLOYEE INQUIRY SCREEN **K 401**
(New 08/93)

The following procedure identifies the methods of accessing the EMPLOYEE INQUIRY screen. The EMPLOYEE INQUIRY screen cannot be accessed from Update screens. Press CLEAR key and return to T/A MENU screen to access Inquiry screens.

PIPF001 **TIME & ATTENDANCE MENU** **11/20/92** **09:22:09**

ENTER AN ACTION COMMAND OR PLACE AN 'X' BEFORE THE ACTION

BATCH UPDATE ACTIONS:		**BATCH INQUIRY ACTIONS:**	
ENT	**BATCH ENTRY**	**EI**	**EMPLOYEE INQUIRY**
SEL	**BATCH SELECTION**	**DIR**	**BATCH DIRECTORY**
		BCH	**BATCH INQUIRY**

MISCELLANEOUS ACTIONS:

OFF	**SIGNOFF**
HLP	**HELP**
LAS	**LEAVE ACCOUNTING**

PRINT DESTINATION:

ACTN **EI** **BATCH** **SSN** **751 75 5301** **PAY PER**

To access the employee inquiry screen from Time and Attendance Menu - or - any inquiry screen:

1. Key the following:

   ACTN EI (the EMPLOYEE INQUIRY screen)

SSN 751 75 5301 (key in employee's Social Security Number)

2. Press ENTER (the employee inquiry screen for requested Social Security Number will display)

PIPF102		**EMPLOYEE INQUIRY**		**05/14/92**	**09:31:03**
751 75 5301	**SL JON**				
PAY PER	**POSITION NUMBER**	**BATCH ID**	**SCREEN ID**	**ERN ID**	
X 0 05 92	**192 001 4179 001**	**118207**	**TA**	**O**	
		118218		**OT6**	
		118219	**MIS**	**HS**	
		118225	**MIS**	**9M**	
0 04 92	**192 001 4179 001**	**117205**	TA	**O**	
				OT6	
DC980579 PLEASE SELECT DESIRED TRANSACTIONS					
ACTN	**BATCH**	**SSN 751 75 5301**		**PAY PER**	

The following procedure identifies the method used to access one or more transactions for a specific employee from the EMPLOYEE INQUIRY screen.

FROM EMPLOYEE INQUIRY

(1) Key an "X" next to the desired transaction(s). Selections can be made from displayed page (cannot select transactions over multiple pages).

(2) Press ENTER (the detail format screen for the first transaction requested will display. If more than one transaction was selected, press PF8 for Next Page or PF7 for Previous Page).

(3) To return to the EMPLOYEE INQUIRY screen, press the PF10 key.

(4) To exit Inquiry screens, press the CLEAR key to return to the T/A MENU screen.

ACCESSING BATCH INQUIRY SCREEN **K 402**
(New 08/93)

The following procedure identifies the method for accessing the BATCH INQUIRY screen. BATCH INQUIRY screens can not be accessed from Update screens, press CLEAR key and return to T/A MENU screen to access Inquiry screens.

PIPF001	**TIME & ATTENDANCE MENU**	**07/31/92**	**09:22:09**
ENTER AN ACTION COMMAND OR PLACE AN 'X' BEFORE THE ACTION			
BATCH UPDATE ACTIONS:	**BATCH INQUIRY ACTIONS:**		

ENT	**BATCH ENTRY**	**EI**	**EMPLOYEE INQUIRY**
SEL	**BATCH SELECTION**	**DIR**	**BATCH DIRECTORY**
		BCH	**BATCH INQUIRY**

MISCELLANEOUS ACTIONS:

OFF	**SIGNOFF**
HLP	**HELP**
LAS	**LEAVE ACCOUNTING**

PRINT DESTINATION:

ACTN BCH BATCH 3031 SSN PAY PER

To access batch inquiry from Time and Attendance Menu - or any inquiry screen:

(1) Key information in the following fields:

ACTN **BCH** (BATCH INQUIRY screen)
BATCH **3031** (key in the specific Batch ID for inquiry)

(2) Press ENTER (the BATCH INQUIRY screen for the requested batch will display).

The following procedure identifies the method for accessing a detail screen from the BATCH INQUIRY screen.

(1) To access a detail screen from the BATCH INQUIRY screen, key information in the following field:

ACTN Key the command for the desired format:
TA = Time and Attendance [Form 672];
DCK = Dock [STD 603];
MIS = Miscellaneous [STD 671]

(2) Press ENTER (the requested format will display)

(3) To return to the BATCH INQUIRY screen, press PF3 key.

(4) To exit an Inquiry screen, press the CLEAR key to return to the T/A MENU screen.

PIPF103I BATCH ENTRY 08/12/92 09:31:31

BATCH ID 113031 AGY 329 RU 100 ROLL CODE 3 PAY PER 0 07 90 PGS 1 TO 1

PAY CENTER ID PD 99 CREATE DATE 08 12 92 BATCH STATUS CLS
USER DMS PROCESS DATE BATCH BALANCE STATUS IN

TOTALS ENTERED COMPUTED DIFFERENCE

```
TRANS COUNT                    5                  5                  0

DAYS                                              0                  0

HOURS                        743.00             743.00                .00

RATE                          65.09              65.09                .00

 ==================================ALTERNATE FUNDING=====================================

CODE   NUMBER          CODE   NUMBER          CODE   NUMBER          CODE   NUMBER
       AGY RU   SER           AGY RU   SER           AGY RU   SER           AGY RU   SER
. 1              901   . 2              999   .                      .
.                      .                      .                      .
.                      .                      .                      .
.                      .                      .                      .


DC980525                BATCH FOUND
ACTN TA                 BATCH 113031              SSN            PAY PER
```

ACCESSING BATCH DIRECTORY K 403

(New 08/93)

The following procedure identifies the method for accessing the BATCH DIRECTORY. The BATCH DIRECTORY cannot be accessed from Update screens, press CLEAR key and return to the T/A MENU screen to access Inquiry screens

```
PIPF001                TIME & ATTENDANCE MENU                 07/31/92        09:22:09

ENTER AN ACTION COMMAND OR PLACE AN 'X' BEFORE THE ACTION
BATCH UPDATE ACTIONS:                    BATCH INQUIRY ACTIONS:
        ENT   BATCH ENTRY                EI        EMPLOYEE INQUIRY
        SEL   BATCH SELECTION            DIR       BATCH DIRECTORY
                                         BCH       BATCH INQUIRY
MISCELLANEOUS ACTIONS:
        OFF   SIGNOFF
        HLP   HELP
        LAS   LEAVE ACCOUNTING

PRINT DESTINATION:

ACTN      DIR      BATCH                SSN        PAY PER
```

BATCH DIRECTORY is an inquiry screen that provides a listing of all status of batches. Contained in this section are the procedures to:

(A) Access a listing of batches based on information keyed in Search Key Fields.

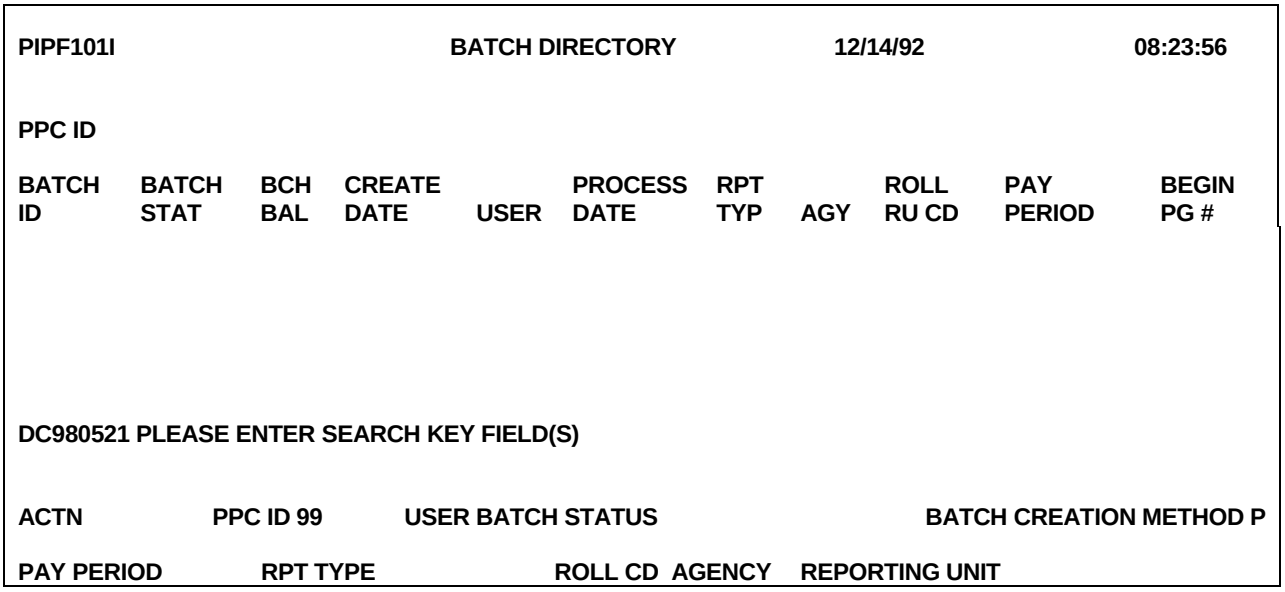
(B) Select one of more batches to view entries.

To access Batch Directory from the T/A Menu or any Inquiry Screen:

(1) Key the following:

ACTN DIR

(2) Press ENTER. (A blank BATCH DIRECTORY screen will display).



HOW TO ACCESS A LISTING OF BATCHES

Upon initial access, a blank BATCH DIRECTORY screen will display. By keying additional information in one or more of the Search Key Fields, located at the bottom of the screen, the specific desired batches will display. Refer to Search Key Field descriptions below:

1. USER — Initially displays your User ID which is used to access only your batches. When using this field, additional Search Key Field(s) must be entered. To access other batches:
   - Other Users' Batches -- Enter the last three letters of the desired User ID.
   - All Users' Batches -- Must be blank. Press the ERASE EOF key.
   - Preloaded Batches (Empty Status) -- User must be blank. Press the ERASE EOF key.

2. BATCH STATUS — To request only one status of batches. When the field is blank, will display all Empty, Closed, Saved, Processed and Deleted batches. To request one Status of batches, key:
   - EMP (displays Empty Batches)
   - CLS (displays Closed Batches)
   - SAV (displays Saved Batches)
   - PRC (displays Processed Batches)
   - DEL (displays Deleted Batches)

3. BATCH CREATE METHOD — To request only one type of batch, key:
   - P (displays Preloaded Batches)
   - S (displays Scratch Batches)

4. PAY PERIOD* — To request batches for a specific month/year, key:

- Pay Period Type – optional field. When left blank will display all batches for the month/year.
- Month and Year – required to display specific pay period(s).

5. RPT TYPE* — To request specific report type

   - TA (displays Time and Attendance Batches)
   - SA (displays preloaded Miscellaneous Batches for CSU Student Assistant Pay)

6. ROLL CD* — To request batches with one specific roll code, key the desired roll code.

7. AGENCY* — To request batches with one specific agency code, key the desired agency code.

8. REPORTING UNIT* — This field must be used with the AGENCY Search Key field. To request batches for a specific unit, key the agency code in the AGENCY Search Key Field and the unit number in the REPORTING UNIT field.

After keying data into the desired Search Key Fields, press ENTER (requested batches will display).

* Apply to Preloaded Batches only.

PIPF101I **BATCH DIRECTORY** **08/20/92** **12:58:10**

PPC ID

BATCH ID	BATCH STAT	CREATE DATE	USER	PROCESS DATE	RPT TYP	AGY	RU	ROLL CD	PAY PERIOD	BEGIN PG #
4010001	EMP	07 22 92			POS	192	001	3	0 08 92	1
4010002	EMP	07 22 92			POS	192	001	5	0 08 92	1
4003001	SAV	07 22 92	PKN		POS	192	001	3	0 08 92	1
X 4003004	CLS	06 22 92	PKN		POS	192	001	3	0 07 92	1
X 4002006	CLS	06 22 92	PKN		POS	192	001	3	0 07 92	1
4002001	PRC	05 22 92	PKN	07 06 92	POS	192	001	3	0 06 92	1
X 4002002	PRC	05 22 92	PKN	07 06 92	POS	192	001	3	0 06 92	1

DC980521 **PLEASE ENTER SEARCH KEY FIELD(S)**

ACTN **PPC ID 99** **USER** **BATCH STATUS** **BATCH CREATION METHOD P**

PAY PERIOD **RPT TYPE** **ROLL CD** **AGENCY** **REPORTING UNIT**

HOW TO SELECT BATCHES TO VIEW

If the desired batches are not displayed, to access additional pages of batches, press:

- PF8 = Next Page
- PF7 = Previous Page

To access the BATCH INQUIRY screen, key an "X" next to the desired batch(es). Batches can only be selected on the displayed page (can not select batches over multiple pages).

Press ENTER (The BATCH INQUIRY screen for the first selected batch will display).

If multiple batches are selected, to access other batches:

(1) If a detail screen (i.e., TA, DCK or MIS) is displayed:

Press PF 3 (will return to the BATCH INQUIRY screen)

(2) From the BATCH INQUIRY screen:

Press PF14 (will access the next batch selected from the BATCH DIRECTORY)

Press PF13 (will access the previous batch selected from the BATCH DIRECTORY)

To return to the BATCH DIRECTORY screen, press PF10.

To exit Inquiry screens, press the CLEAR KEY to return to the T/A MENU.

SUBJECT: MESSAGES

GENERAL INFORMATION K 500

(Revised 12/97)

This section lists the messages which can be generated on PIP System screens. Many messages are informational only and require no subsequent action. Other messages identify potential problems or require corrective action.

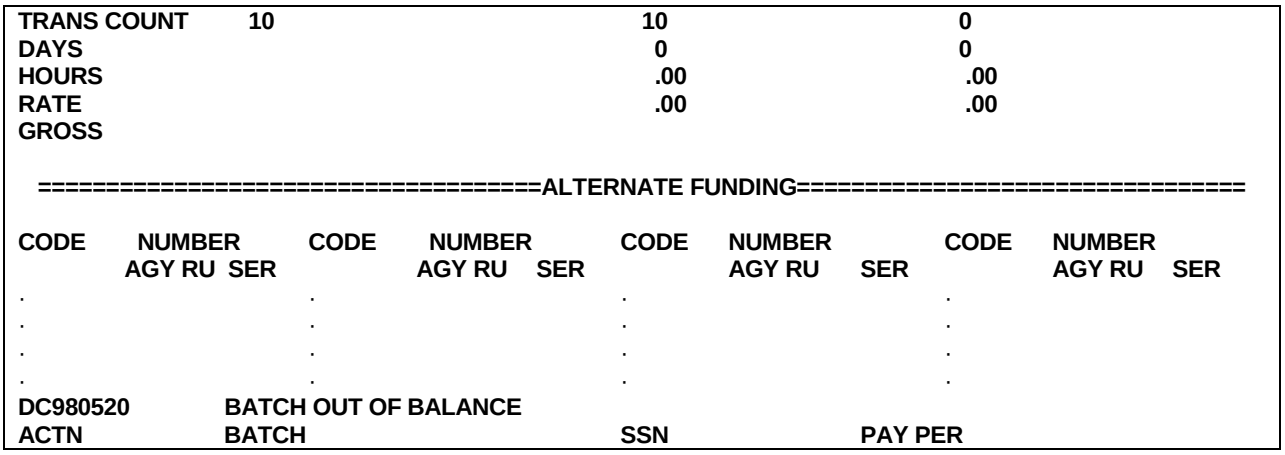
Note: Departments/Campuses using the leave Accounting System can access additional PIP messages on the Leave Message System. Refer to the Leave Accounting System manual.

MESSAGE LOCATION K 500.1

(Revised 12/97)

On each screen there are two locations for messages (refer to the shaded areas on the sample below). Confirmation messages will be located in the top left of the screen. Informational and/or error messages will be located in the bottom left area. Some conditions may receive messages in both locations at the same time.

PIPF103U	**BATCH ENTRY**		**07/31/87**	**09:29:09**
DC980156 BATCH COPIED				
BATCH ID 110110 AGY RU	**ROLL CODE**	**PAY PER**	**PGS**	**TO**
PAY CENTER ID AB	**CREATE DATE 07/31/92**		**BATCH STATUS SAV**	
USER ABC	**PROCESS DATE**		**BATCH BALANCE STATUS IN**	
TOTALS	**ENTERED**	**COMPUTED**	**DIFFERENCE**	



The following pages contain a list of messages in message number order. Some contain information regarding the condition, which generated the message, and possible resolutions.

DC172008 UNACCEPTABLE RESPONSE - PLEASE TRY AGAIN

Condition: Action taken is not valid on this screen.

Resolution: Refer to the section in this manual addressing the type of action (i.e., Inquiry, Update, Preload, Scratch, etc.) being taken.

DC980103 INVALID PAY PERIOD MONTH

Condition: Values other than 01-12 were entered for the month in a Search Key Field or the month of the pay period field on the detail update screen.

Resolution: Key in the correct pay period.

DC980105 SOCIAL SECURITY NUMBER REQUIRED

Condition: The entire Social Security Number (SSN) Field is blank.

Resolution: Key in the entire 9 digit SSN.

DC980106 EMPLOYEE LAST NAME REQUIRED

Condition: The entire Surname Field is blank.

Resolution: Key in the correct surname.

Note: If any value is entered, either Alpha or Numeric, the system will accept the information.

DC980108 CLASS CODE REQUIRED

Condition: The entire Class Code is blank.

Resolution: Key the entire 4 digit Class Code.

DC980109 POSITION SERIAL NUMBER REQUIRED

Condition: The entire Serial Number is blank.

Resolution: Key the entire 3 digit Serial Number.

DC980111 AGENCY CODE REQUIRED

Condition: The entire Agency Code is blank.

Resolution: Key the entire 3 digit Agency Code.

DC980112 REPORTING UNIT REQUIRED

Condition: The entire Reporting Unit Code is blank.

Resolution: Key the entire 3 digit Reporting Unit.

DC980113 INVALID REPORTING DATE

Conditions: 1) The entire Reporting Date is blank

2) Values other than 01-12 are used for months

3) Values other than 01-31 are used for days

Resolution: Key in the correct Reporting Date. The Reporting Date can be different from the Date Dock is being keyed.

DC980115 INVALID ACTION - PLEASE RE-ENTER

Condition: Initially, if an invalid command is keyed the message DC172008 "UNACCEPTABLE RESPONSE - PLEASE TRY AGAIN" will display. After receiving this message, if a valid command for that screen is requested but the command does not correct the original error condition, this message will occur.

Resolution: Request a command that will satisfy the original error conditions.

DC980116 PLEASE REQUEST NEXT ACTION

DC980119 EMPLOYEE TRANSACTIONS SELECTED – BATCH PAGING NOT ALLOWED

Condition: Selection(s) were made from the EMPLOYEE INQUIRY screen. From the Detail screen the command NEXT BATCH (NB or PF14) or PREVIOUS BATCH (PB or PF13) was requested with the intent to go to the next batch or previous batch of detail for the requested employee.

Resolution: If multiple batches were selected, request NEXT PAGE (NP or PF8) or PREVIOUS PAGE (PP or PF7) to access.

DC980120 EMPLOYEE TRANSACTIONS SELECTED - FORM PAGING NOT ALLOWED

Condition: Selection(s) were made from the EMPLOYEE INQUIRY screen, From the detail screen the command NEXT FORM (NF) or PREVIOUS FORM (PF) was requested with the intent to go to the next or previous form of detail for the requested employee.

Resolution: If multiple forms were selected, request NEXT PAGE (NP or PF8) or PREVIOUS PAGE (PP or PF7).

DC980121 EMPLOYEE TRANSACTIONS SELECTED - FORM SELECTION NOT ALLOWED

Condition: Selection(s) were made from the EMPLOYEE INQUIRY screen. From the Detail screen the command TA, DCK or MIS was requested with the intent to go to another form of data for the requested employee.

Resolution: Either return to the EMPLOYEE INQUIRY screen and make additional selections for the desired format(s) or if multiple selections were made request Next Page (NP or PF8) or Previous Page (PP or PF7).

DC980122 BATCH ID ENTERED - BATCH PAGING NOT ALLOWED

Condition: A specific batch was requested by entering the Batch ID in the Search Key Field. After viewing the data the command NEXT BATCH (NB or PF14) or PREVIOUS BATCH (PB or PF13) was requested.

Resolution: Either enter another Batch ID or request BATCH SELECTION or BATCH DIRECTORY screens for desired batch(es).

DC980126 ENTER DESIRED CHANGES

DC980127 BATCH IDENTIFIER NOT ENTERED

Condition: The Batch Inquiry screen or any of the Detail Inquiry screens are requested from the T/A MENU, BATCH DIRECTORY, or the EMPLOYEE INQUIRY screens without a Batch ID in the Search Key Field.

Resolution: Key the Batch ID in the Search Key Field.

DC980128 PREVIOUS SCREEN NOT UPDATED

DC980129 PREVIOUS CHANGES UPDATED AND BATCH IS CLOSED

DC980130 PREVIOUS CHANGES UPDATED

DC980131 NO DATA FOUND - VERIFY REQUESTED INFORMATION

DC980132 SELECTED TRANSACTION MUST HAVE AT LEAST 1 EARNINGS ID

Condition: An employee record selected or added on the TIME AND ATTENDANCE screen contains no Earnings ID's OR pay was requested on the first line of the record without an Earnings ID.

Resolution: Key in the Earnings ID

Note: If the first line has an Earnings ID but any subsequent entries have blank Earnings ID's with payment information completed, Message DC980139 'EARNINGS ID REQUIRED' will display.

DC980133 INVALID EARNINGS ID

Condition: Transaction was keyed with an Earnings ID which does not exist.

Resolution: Key the correct Earnings ID.

Note: This message will not occur for valid Earnings ID's keyed on the wrong format type.

DC980134 DAYS OR HOURS MUST BE ENTERED

DC980136 FIELDS UN-PROTECTED

DC980137 FIELDS PROTECTED

DC980138 NO TRANSACTIONS IN BATCH

Condition: After requesting Inquiry detail screen (TA, DCK or MIS) from the BATCH INQUIRY screen and the batch requested is empty.

Resolution: Verify Batch ID.

DC980139 EARNINGS ID REQUIRED

Condition: Displays on the Time and Attendance or Miscellaneous Payroll screens when payment information is entered for an employee but the Earnings ID is blank.

Resolution: Key in the Earnings ID for the requested payment.

DC980151 DUPLICATE ALTERNATE FUNDING CODES ENTERED

DC980152 INCOMPLETE ALTERNATE FUNDING ENTRY

Condition: On the BATCH ENTRY screen an Alternate Funding code is entered but the Alternate Funding position number is blank or if the Alternate Funding position number is entered and the Alternate Funding Code is blank.

Resolution: Either key in the missing Alternate Funding Code or in the Alternate Funding position number.

DC980154 CONCURRENT UPDATE HAS OCCURRED – UPDATE SUSPENDED

Condition: Two or more operators attempt to modify or copy the same batch at the same time (pressing the Enter Key simultaneously), one operator will successfully modify the batch and the other operator(s) will receive this message.

Resolution: The operator receiving this message can refresh the screen (using the PF4 command) to review the new data entered. If additional data needs to be modified, see the other operator and coordinate efforts.

DC980155 BATCH ADDED

DC980156 BATCH COPIED

DC980157 BATCH MODIFIED

DC980158 BATCH DELETED

NOTE: If the Batch is deleted in error it can be copied (see section K 302.2).

DC980159 BATCH CLOSED

DC980160 BATCH SAVED

DC980161 CURRENT SCREEN DATA MAY NOT HAVE BEEN PROCESSED

Condition: After returning to the screen from which the HELP command (PF1) or EARNINGS ID command (PF2) has been requested.

Resolution: Data keyed prior to requesting the HELP or the EARNINGS ID screen will redisplay upon return. If the data keyed on the screen was not entered prior to requesting the HELP or EARNINGS ID screen it must be entered to become a record.

DC980162 INVALID PAGE REQUEST

DC980163 CORRECT HIGHLIGHTED FIELDS

DC980164 NO HELP TEXT AVAILABLE

DC980165 HELP APPLICATION NOT FOUND

DC980166 ALREADY ON FIRST HELP APPLICATION

DC980167 ALREADY ON LAST HELP APPLICATION

DC980168 ONLY PAGE

DC980169 FIRST PAGE

DC980170 LAST PAGE

DC980171 MORE PAGES

DC980172 OPERATOR NOT AUTHORIZED FOR THE BATCH

DC980173 AGENCY CODE NOT VALID FOR OPERATOR

DC980174 OPERATOR NOT AUTHORIZED FOR REQUESTED ACTION - SEE SUPERVISOR

DC980175 SECURITY VIOLATIONS EXCEED LIMIT

DC980176 PRINT DESTINATION UNDEFINED

DC980177 SCREEN PRINT PROCESSED

DC980501 PLEASE CORRECT AGENCY CODE

DC980502 PLEASE CORRECT REPORTING UNIT CODE

DC980503 SELECT ONLY ONE FUNCTION

Condition: More than one selection is made (X) on either the T/A MENU screen or the HELP DIRECTORY screen

Resolution: Request only one selection.

DC980504 SELECT DESIRED FUNCTION

DC980505 PLEASE CORRECT CLASS CODE

DC980506 HELP FUNCTION NOT FOUND

DC980507 INVALID ACTION FOR CURRENT SCREEN

DC980508 PLEASE CORRECT POSITION SERIAL NUMBER

DC980509 PLEASE CORRECT SOCIAL SECURITY NUMBER

DC980518 INVALID ALTERNATE FUNDING CODE

DC980519 TIME OR RATE MUST BE ENTERED

DC980520 BATCH IN BALANCE

DC980521 PLEASE ENTER KEYS

DC980522 REQUESTED BATCH NOT FOUND

DC980523 ALTERNATE FUNDING CODE(S) NOT USED

DC980524 DELETED OR PROCESSED BATCH IS INACTIVE

Condition: Message will appear on the BATCH ENTRY screen when an inactive batch is accessed.

Resolution: Request a new batch to key data, copy the batch for use, or return to the BATCH SELECTION screen and verify Batch ID. To view data in a Deleted or Processed batch use Inquiry screens, refer to INQUIRY section.

Note: Deleted or processed batches will not display on the BATCH SELECTION screen unless specifically requested by using the BATCH STATUS Search Key field.

DC980526 ENTER DATA FOR NEW BATCH

DC980527 BATCH OUT OF BALANCE

DC980528 ONLY BATCH

DC980529 FIRST BATCH

DC980530 LAST BATCH

DC980531 MORE BATCHES

DC980532 BATCH MUST EXIST FOR ACTION TAKEN

Condition: An invalid batch was requested message DC980522 'REQUESTED BATCH NOT FOUND' will display; then, an additional action is requested, (e.g. CLS, SAV, CPY, DEL, RP, or Paging commands).

Resolution: Exit the invalid batch by either the PF3 or Clear Key, or change the Batch ID.

DC980533 INVALID ACTION WHILE ADDING BATCH

Condition: After requesting ENT from the T/A MENU, BATCH SELECTION, or BATCH ENTRY screen, the operator requested an action prior to entering data on the BATCH ENTRY screen (i.e., SAV, CLS, CPY, DEL, or the Paging commands)

Resolution: If the request for a New Batch is valid, key totals on the BATCH ENTRY screen.

DC980534 INVALID ACTION FOR INACTIVE BATCH

DC980535 NO PROCESSING ATTEMPTED - CHANGE KEY OR ACTION

Condition: When the BATCH INQUIRY, HELP or HELP DIRECTORY screens are requested without any Search Key information, a blank screen will display. If the ENTER key is pressed again without any Search Key information this message will display.

Resolution: Enter data in the Search Key Fields.

DC980536 CANNOT MODIFY INACTIVE BATCH

DC980537 ALREADY ON FIRST BATCH - CANNOT GO TO PRIOR BATCH

DC980538 ALREADY ON LAST BATCH - CANNOT GO TO NEXT BATCH

DC980540 DATA CHANGE - DELETE NOT ALLOWED

Condition: Data was changed on the BATCH ENTRY screen, and prior to entering the data, the DELETE command was requested.

Resolution: Enter the changed data first by pressing the ENTER key, then Delete the batch if appropriate.

DC980541 DATA CHANGE - COPY NOT ALLOWED

Condition: Data was changed on the BATCH ENTRY screen, and prior to entering the data, the COPY command was entered.

Resolution: Either copy the batch first then change the BATCH ENTRY screen or key the new BATCH ENTRY information and press the ENTER key, then enter the copy command.

DC980542 PRESS ENTER AGAIN TO DELETE BATCH

Note: If the Operator does not wish to delete the batch, press the CLEAR key or erase EOF the command in the ACTN field.

DC980543 BATCH ALREADY CLOSED

DC980544 BATCH ALREADY SAVED

DC980545 BATCH STATUS IS EMPTY

DC980546 INVALID FORM REQUESTED FOR PRELOADED BATCH

DC980548 ROLL CODE MUST BE NUMERIC

DC980549 ADD TRANSACTIONS

DC980550 NO DATA SELECTED

DC980552 PREVIOUS CHANGES UPDATED AND BATCH IS SAVED

DC980553 INVALID PAY PERIOD TYPE

DC980554 AGENCY CODE REQUIRED IF REPORTING UNIT IS ENTERED

DC980555 INVALID BATCH CREATION METHOD INDICATOR

Condition: A value other than 'P' for Preloaded or 'S' for Scratch was entered in the BCH CREAT MTHD (Batch Creation Method) field.

Resolution: Only use 'P' or 'S' for this Search Key Field.

DC980557 INVALID BATCH STATUS INDICATOR

Condition: A value other than SAV, CLS, DEL, EMP, or PRC was entered in the BATCH STAT (Batch Status) field.

Resolution: Only use SAV, CLS, DEL, EMP, or PRC in this Search Key Field.

DC980558 PLEASE SELECT DESIRED BATCHES

DC980559 NO DATA FOUND FOR REQUESTED SEARCH KEYS

DC980560 GROSS MUST BE ENTERED

DC980561 SELECTED BATCHES MUST BE CLOSED STATUS FOR SAVE ACTION

DC980562 SELECTED BATCHES MUST BE SAVED STATUS FOR CLOSE ACTION

DC980563 GROSS MUST NOT BE ENTERED

DC980564 SELECTED BATCHES WERE SAVED

DC980565 SELECTED BATCHES WERE CLOSED

DC980566 INVALID TIME REPORT TYPE

Condition: An invalid report type was entered the RPT TYPE (Time Report Type) field.

Resolution: Only 'TA, or SA' can be used for this Search Key Field. (campus use only)

DC980568 RATE MUST BE ENTERED

DC980575 NO SELECTIONS MADE

DC980579 PLEASE SELECT DESIRED TRANSACTIONS

DC980580 ENTER A SOCIAL SECURITY NUMBER

DC980582 TRANSACTION LIMIT REACHED

Condition: The number of entries keyed exceeds limit of 100

Resolution: Key remaining entries into a new batch.

DC980584 SELECTIONS MADE PAGING NOT ALLOWED

Condition: Batch(es) selected on displayed page.

Resolution: Take action on selected batch(es) or refresh screen (using the PF4 command) then page to previous (PF7) or next (PF8) page.

DC980585 TRANSACTION LIMIT REACHED - ENTRIES ADDED NOT UPDATED

Condition: Batch limited to 100 line entries. Additional entries are not accepted.

Resolution: Key remaining entries in a different batch.

DC980586 COPY CANCELED-BATCH TOO LARGE

Condition: Batch contains more than 499 entries.

Resolution: Batch cannot be copied. Transactions must be re-keyed into new batches.

DC980587 INVALID PAY PERIOD YEAR

S010 RE-SIGNON FAILURE

Condition: Automatic PIP sign-off after 30 minutes of inactivity.

Resolution: Key PIP, press ENTER.

PAYROLL PROCEDURES MANUAL

SECTION L – IDL SUPPLEMENTATION CALCULATOR USER INSTRUCTIONS - INDEX
(New 06/93)

Introduction 001

Calculator Exception Conditions 002

Introduction to the Calculator 003

Calculator Access 004

Logon Procedures 005

Logoff Procedures 006

Using the Calculator 007

Control Keys and Commands 008

DATA Entry Instructions 009

Field Descriptions 010

Error Messages 011

Reporting Calculator System Problems 012

SUBJECT: IDL/S (CIVIL SERVICE)

REFERENCES **L 001**
(Revised 12/00)

PAYROLL LETTER #93-09
PAYROLL LETTER #94-014

INTRODUCTION **L 001**
(Revised 12/00)

The on-line calculator is to be used to calculate IDL supplementation information only. It is not be used to calculate any other types of pay, such as IDL Full, IDL 2/3, and regular pay.

The calculator computes the gross pay and the number of leave credit hours needed for full IDL supplementation. Calculations are based solely on the data entered on the calculator's screen. Employment History and Payment History information is not used by the calculator.

CALCULATOR EXCEPTION CONDITIONS **L 002**
(Revised 12/00)

The calculator cannot accurately compute supplementation gross pay and leave credits for the conditions listed below. For these conditions, supplementation pay and leave credits must be calculated manually. Refer to PPM Section E 450 for manual calculation instructions.

1) Employees who have premiums locked-in on Employment History that are NOT subject to retirement but are included in the IDL calculations.
2) Employees supplementing premium or shift pay that is not locked-in on Employment History.
3) Second half pay period for semimonthly paid employees when the gross subject to retirement for the first half pay period was insufficient to satisfy the full monthly retirement exclusion amount.
4) Employees subject to Illinois or New York state tax.
5) Daily salary rate employees.
6) Retirement Account Code LO and the employee's retirement rate is 0%.
7) Employees having more than one salary rate or retirement plan during the pay period.
8) Employees who will exceed the Medicare or Social Security maximum earnings limit in the pay period.

INTRODUCTION TO THE CALCULATOR **L 003**
(Revised 03/95)

The calculator consists of two screens:
1) EMPLOYEE INFORMATION screen - The first screen displayed. Data needed for the calculations is entered on this screen.
2) CALCULATED INFORMATION screen - The second screen displayed. Data computed by the calculator is displayed on the screen.

CALCULATOR ACCESS **L 004**
(Revised 03/95)

The IDL Supplementation Calculator is accessed from the State Controller's Office Production (SCOPROD) monitor.

On-line keying is available 7 a.m. - 6 p.m. on the days that PIMS is active (see "Civil Service Decentralized Calendar").

If you currently have authority to access Pay scale (CSP), Payroll Input Process (PIP) or Employment History update (PIMS), you automatically have authority to access the IDL Supplementation Calculator. You do not need to submit a Security Authorization Form (PSD125A).

If you do not have access to CSP, PIP or PIMS (update authority) and you wish to have access to the calculator, submit a Security Authorization Form (PSD125A) to the State Controller's Office, Training Services and Security Section.

LOGON PROCEDURES **L 005**
(Revised 03/95)

1) Logon to SCOPROD.
2) After receiving message, "*SIGN-ON IS COMPLETE*", key: ***IDLS***
3) Press *ENTER* (the IDL Supplementation Calculator Employee Information screen will

appear).

LOGOFF PROCEDURES **L 006**
(Revised) 03/95

1) Press the *CLEAR* key while on either screen (a blank screen will appear).
2) Key: *LOGO* (short for LOGOFF).
3) Press *ENTER*.

OR

To access other systems (e.g., PIMS) from the calculator:

1) Press the *CLEAR* key while on either screen (a blank screen will appear).
2) Key the name of desired system, and then press *ENTER*.

USING THE CALCULATOR **L 007**
(Revised 06/93)

Logon to the calculator (the first screen, Employee Information, is displayed). Refer to PPM Section L 005, LOGON PROCEDURES.

1) Enter the required employee information data.
2) Press *ENTER* (the second screen, Calculated Information, is displayed with the calculated information).
3) To return to the Employee Information screen:
   Press *PF3* (the Employee Information screen is displayed with the previously entered data).
4) To correct or change data entered on the Employee Information screen:
   Enter the desired data.
   Press *ENTER* (the Calculated Information screen is displayed with the recalculated information).
5) To do a new calculation:
   Press *PF4* (to refresh the screen before entering new data).
   Enter new data.
   Press *ENTER* (the Calculated Information screen is displayed with the calculated information).

6) To log off the calculator or to access another system, refer to PPM Section L 006, LOGOFF PROCEDURES.

CONTROL KEYS AND COMMANDS **L008**
(Revised 06/93)

Control Keys	Command Entry	Description/Use
ENTER	CALC	**CALCULATE** - Prompts the calculator to compute IDL supplementation.

PF3	LAST	**RETURN TO THE EMPLOYEE INFORMATION SCREEN** - From the Calculated Information screen, you may go back to the Employee Information screen to (1) perform another calculation or (2) review or change the previously entered data.
PF4	REFR	**REFRESH** - To refresh (cancel) previously entered data on the Employee Information screen. It is advised that you *REFRESH* the screen before entering data for a new calculation. The screen will *REFRESH* automatically when you first log on.
PF12	PRINT	PRINT - To print either screen.
CLEAR	EXIT	**EXIT** - You may exit the calculator from either screen. You may then log off or access another system. See PPM Section L 006 LOGOFF PROCEDURES.
ErEOF		**ERASE** - The ErEOF (Erase end of field) key may be used to erase the present value in any entry field on the Employee Information screen.

DATA ENTRY INSTRUCTIONS **L 009**
(Revised 06/93)

EMPLOYEE INFORMATION SCREEN

Upon logging onto the calculator, the Employee Information screen is displayed for data entry. The fields on the screen are arranged in four groups:

- Salary Information
- Retirement/Social Security Information
- Federal/State Tax Information
- Time For: Regular, IDL Full and IDL 2/3 pay.

Data entry instructions for each field are provided below:

Field Name	Description/Use
SALARY INFORMATION	
SALARY RATE	Enter the employee's salary rate in effect for the pay period of the pay. The salary rate should reflect any locked-in premiums or shift pay included in IDL calculations. For positive employees, enter the hourly salary rate. For negative employees, enter the monthly salary rate. For fractional timebase employees, enter the full salary rate. Key a decimal to reflect cents.
SALARY PER	Indicates if the rate entered in SALARY RATE is monthly or

hourly.

Enter: "H" if the SALARY RATE entered is an hourly rate.

"M" if the SALARY RATE entered is a monthly rate.

PAY FREQUENCY

Enter "M" for monthly pay frequency.

"S" for semimonthly pay frequency.

"B" for biweekly pay frequency.

DAYS IN PAY PERIOD

Used by the calculator to compute an hourly rate for monthly or semimonthly employees.

SEMIMONTHLY employees:

Enter the total number of days in the full monthly pay period (21 or 22 days). DO NOT enter the number of days for the semimonthly pay period. The calculator requires the total number of days for the MONTHLY pay period to calculate the appropriate hourly rate.

HOURLY employees:

Enter the total number of days in the pay period.

MONTHLY employees:

Enter the total number of days in the full monthly pay period (21 or 22 days).

BIWEEKLY employees:

Enter the number of days for the biweekly pay period.

TIME BASE FRACTION

Used only for FRACTIONAL time base employees. Otherwise, leave the field blank.

Fractions may be entered with or without leading zeros.

EXAMPLE: Enter 001/002 or 1/2

<u>RETIREMENT/SOC SEC INFORMATION</u>

RETIREMENT ACCOUNT CODE

Enter the 2 digit Account Code/Retirement ID for the employee's retirement plan in effect for the pay period of the pay being calculated. Refer to Payroll Procedures Manual (PPM) Section H214 or Personnel Action Manual (PAM) Item 505 for Retirement Account Code information.

NOTE: The appropriate Social Security and Medicare amounts will be calculated based on the retirement

account code provided.

PAY PERIOD

Enter the month and 4 digit year (century and year) of the pay period in effect for the pay being calculated (e.g., 02 1994).

APPLY EXCLUSION AMT (for semimonthly only)

- Enter "Y" (yes) when the Retirement Exclusion Amount is to be applied in retirement calculations.
- Enter "N" (no) when the Retirement Exclusion Amount is NOT to be applied in retirement calculations.

NOTE: An entry in this field is required only when calculating IDL Supplementation for a semimonthly employee. For all other employees, no entry should be made in this field.

FEDERAL/STATE TAX INFORMATION

FEDERAL FILING STATUS

Enter the employee's CURRENT filing status for Federal tax purposes.

Enter: "S" for single/head of household

"M" for married

TOTAL FED EXEMPTIONS

Enter the total number of federal exemptions the employee CURRENTLY claims for federal tax purposes.

If the employee claims exemption from federal taxes, enter "99".

STATE FILING STATUS

Enter the employee's CURRENT filing status for state tax purposes.

Enter: "S" for single

"H" for head of household

"M" for married

REG STATE ALLOWANCES

Enter the number of regular state allowances (Standard Deductions) the employee CURRENTLY claims for state tax purposes.

If the employee claims exemption from state taxes, enter "99".

ADD'TNL STATE ALLOWANCES

Enter the number of additional state allowances the employee CURRENTLY claims for state tax purposes.

TAX MONTH AND YEAR

Enter the appropriate tax month, century and year (e.g., 01 1994).

EXAMPLES:

- For pay which has been issued and released in a PRIOR TAX YEAR:

  Enter: PRIOR TAX YEAR (month, century, year)

- For pay which has been issued and released in BOTH the PRIOR and CURRENT tax years:

  Enter: PRIOR TAX YEAR (month, century, year)

- For pay which has NOT been issued and released in the PRIOR tax year or will be issued and released in the CURRENT tax year:

  Enter: CURRENT TAX YEAR (month, century, year)

TIME FOR:	
	Enter the days and/or hours for time worked and/or on IDL in the pay period.
Regular Pay	Enter the days and/or hours worked in the pay period. Time worked must reflect the Personal Leave Program (PLP) reduction, when appropriate. The calculator does not reduce time for PLP.
IDL Full Pay	Enter the days and/or hours for IDL FULL in the pay period.
IDL 2/3 Pay	Enter the days and/or hours for IDL 2/3 in the pay period.
After entering and verifying the required fields...	Press ***ENTER*** to calculate.

FIELD DESCRIPTIONS **L 010**
(Revised 06/95)

CALCULATED INFORMATION SCREEN

The Calculated Information screen is displayed upon pressing the *ENTER* key on the Employee Information screen. Each field displayed on the screen is described below.

The purpose of this screen is to provide the supplementation pay gross and leave credits required for full IDL supplementation. Other information is displayed for the sole purpose of helping the user understand how the calculator computed the full IDL supplementation gross pay and leave credits.

Field Name	Description/Use
GROSS	GROSS SALARY - Displays the calculated gross salary.

Full Net	Full Net Pay: displays the full gross salary.
Regular Pay	Regular Pay: Displays the full gross salary.
IDL Full Pay	IDL Full Pay: Displays the reduced IDL gross (after mandatory withholdings).
IDL 2/3	IDL 2/3 Pay: Displays 2/3 of IDL Full gross.
RETIREMENT	RETIREMENT WITHHOLDING AMOUNT - Displays the calculated retirement withholding amount for FULL NET PAY, REGULAR PAY, IDL FULL PAY and IDL 2/3 PAY.
SOCIAL SECURITY	SOCIAL SECURITY WITHHOLDING AMOUNT - Displays the calculated Social Security withholding amount for FULL NET and REGULAR PAY.
MEDICARE	MEDICARE WITHHOLDING AMOUNT - Displays the calculated Medicare withholding amount for FULL NET or REGULAR PAY.
FEDERAL TAX	FEDERAL TAX WITHHOLDING AMOUNT - Displays the calculated federal tax withholding amount for FULL NET and REGULAR PAY.
STATE TAX	RETIREMENT WITHHOLDING AMOUNT - Displays the calculated retirement withholding amount for FULL NET PAY, REGULAR PAY, IDL FULL PAY and IDL 2/3 PAY.
GROSS NET	GROSS NET AMOUNT - Displays the calculated gross net amount (gross minus mandatory withholdings) for FULL NET, REGULAR, IDL FULL and IDL 2/3 PAY.
HOURLY RATE USED FOR CALCULATION	HOURLY RATE USED FOR CALCULATION - Displays the hourly rate entered on the input screen for a positive employee or displays the hourly rate calculated when a monthly salary rate was entered on the input screen (negative employee). This hourly rate is used to calculate the gross salary for FULL NET, REGULAR, IDL FULL and IDL 2/3 PAY. It is also used to calculate gross and leave credit hours for full IDL supplementation.
SUPPLEMENTATION GROSS NET	SUPPLEMENTATION GROSS NET AMOUNT - Displays the calculated supplementation gross net amount (gross minus mandatory withholdings).
DIVIDED BY	MANDATORY WITHHOLDING FACTOR - Displays the mandatory withholding factor used by the calculator to divide the supplementation gross net to obtain the supplementation gross (which is also displayed on this line).
GROSS FOR FULL	GROSS PAY AMOUNT FOR FULL SUPPLEMENTATION -

SUPPLEMENTATION	Displays the calculated gross amount for full supplementation pay.
LEAVE CREDIT HOURS NEEDED FOR FULL SUPPLEMENTATION	NUMBER OF LEAVE CREDIT HOURS NEEDED FOR FULL SUPPLEMENTATION -Displays the calculated number of leave credit hours (rounded to the whole hour) the employee must use to receive full supplementation.

ERROR MESSAGES **L 011**
(Revised 06/95)

Employee Information Screen

After the *ENTER* key is pressed, any field in which invalid data was entered will be highlighted and a message will appear above the command line located at the bottom of the screen. Correct the error(s) and press *ENTER* again.

The messages that may display on this screen are listed below.

DC982552 STATE FILING STATUS MUST BE S, M OR H

DC982553 FEDERAL FILING STATUS MUST BE S, M OR H

DC982558 TIME BASE DENOMINATOR MUST BE SUPPLIED

DC982559 TIME BASE DENOMINATOR MUST BE NUMERIC

DC982560 TIME BASE NUMERATOR MUST BE SUPPLIED

DE982561 TIME BASE NUMERATOR MUST BE NUMERIC

DC982562 TIME BASE NUMERATOR MAY NOT BE GREATER THAN DENOMINATOR

DC982563 PAY PERIOD DAYS MUST BE WITHIN RANGE OF 1 THRU 31

DC982564 PAY FREQUENCY MUST BE M, S OR B

DC982565 SALARY PER MUST BE M OR H

DC982566 SALARY RATE MUST BE NUMERIC AND GREATER THAN ZERO

DC982572 DAYS/HOURS PAID FOR IDL 2/3 MUST BE SUPPLIED

DC982573 DATA MUST BE NUMERIC

DC982574 HOURS PAID MUST BE LESS THAN 248

DC982575 DAYS PAID MUST BE LESS THAN 31

DC982578 REG + ADDL STATE ALLOWANCES EXCEEDS 99 - MUST COMPUTE MANUALLY

DC982579 RETIREMENT EXCLUSION AMOUNT EXCEEDS MONTHLY SALARY

DC982211 INVALID RESPONSE

DC982550 INVALID TAX YEAR

DC982551 INVALID TAX MONTH

DC982581 TAX YEAR MUST BE ENTERED

DC982582 TAX MONTH MUST BE ENTERED

DC982583 APPLY EXCLUSION MUST EQUAL Y OR N FOR PAY FREQUENCY S

DC982584 INVALID PAY PERIOD MONTH

DC982585 ACCOUNT CODE MUST BE ENTERED

DC982586 ACCOUNT CODE/PAY PERIOD COMBINATION DOES NOT EXIST ON RETIREMENT TABLE

DC982587 PAY PERIOD MONTH MUST BE ENTERED

DC982588 PAY PERIOD YEAR MUST BE ENTERED

DC982589 CANNOT CALCULATE RETIREMENT, MUST CALCULATE MANUALLY

DC982590 INVALID YEAR - RANGE IS 1993 THRU 2020

DC982591 SALARY RATE CANNOT EXCEED 999.99 WHEN SALARY PER IS H

DC982592 TABLE "_____" IS EMPTY - CONTACT SCO

Calculated Information Screen

After the *ENTER* key is pressed, errors may be detected while the calculations are being performed. These error messages will appear above the command line at the bottom of the screen.

The messages that may display on this screen are listed below.

DC982211 INVALID RESPONSE

DC982576 TIME FOR PAY EXCEEDS TIME IN PAY PERIOD

DC982567 TABLE DATA DOES NOT EXIST FOR THE SPECIFIED YEAR.

Condition: The calculator is unable to compute tax withholding information because no tax data was found in the table for the tax month/year entered on the Employee Information screen.

Resolution: Verify that the tax month and year on the Employee Information screen is correct. If not, correct the field(s) in error and press *ENTER*. If the tax month and year are correct, call the SCO HOTLINE to report the error.

REPORTING CALCULATOR SYSTEMS PROBLEMS **L 012**
(Revised 03/94)

In the event an abort or abend message is received, record the message(s) and contact the SCO HOTLINE at (916) 324-6716 or CALNET 454-6716 to report the problem.

PAYROLL PROCEDURES MANUAL

SECTION M – MASTER PAYROLL CERTIFICATION (MPC) SYSTEM INSTRUCTIONS-INDEX
(Revised 03/02)

Add Agency/Reporting Unit Screen 300

Certification Status Screen 200

General Information 001
Reporting Units on MPC 002
MPC Update Restriction 003
Tracking Reporting Units 004
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Menu Screen 100

Messages 400

SUBJECT: GENERAL INFORMATION

GENERAL INFORMATION **M 001**
(New 03/97)

The Master Payroll Certification (MPC) system is a decentralized on-line system used to update the Certification Status on the Attendance Certification File. The Personnel/Payroll System uses the Attendance Certification File to identify when the attendance for a Reporting Unit has been reconciled. Whenever a Payroll Cycle is run, the Attendance Certification File is accessed to determine if the Certification Status has been updated to reflect completion of attendance reconciliation for Reporting Units. Transactions suspended pending disposition of warrants (e.g., PAR/PPT transactions keyed after Master Payroll Cutoff) will be processed in the first Payroll Cycle after the Certification Status has been updated.

If the Reporting Units are not updated on MPC, transactions keyed after Master Payroll Cutoff will remain suspended and transfer of funds, adjustments and/or regular pay will not be generated.

NOTE: All Reporting Units for the Colorado River Board and Lieutenant Governor's Office will be updated by the State Controller's Office.

REPORTING UNITS ON MPC **M 002**
(New 03/97)

Reporting Units are created on MPC the day after Monthly Payroll Cutoff and/or after each Semi-Monthly Payroll Cutoff. The Reporting Units are available on MPC for updating for two monthly pay periods and five semi-monthly pay periods.

MPC UPDATE RESTRICTION **M 003**
(New 03/97)

DO NOT update on MPC at your agency/campus Reporting Units where Master Payroll Warrants will be attached to the STD. 666. The SCO will update MPC once the warrants have been redeposited.

TRACKING REPORTING UNITS **M 004**
(Revised 03/02)

Since all Reporting Units cannot be updated on MPC at your agency/campus, it is necessary to identify units updated at your agency/campus versus those submitted to SCO for updating. The following are two examples of methods that can be used to identify and track responsibility for updating the MPC system.

EXAMPLE #1 - Indicate on the Form 672, Time & Attendance Report documents:

(A) - NO EXCEPTIONS (updated by agency/campus)
(B) - EXCEPTIONS NO WARRANTS FOR REDEPOSIT (updated by agency/campus)
(C) - EXCEPTIONS WITH WARRANTS FOR REDEPOSIT (updated by SCO)

EXAMPLE #2 - Use tracking document listing all Reporting Units and identifying the units updated on MPC at your agency/campus and those submitted to SCO for updating (available in the MPC Manual)

After identifying the Reporting Units to be updated on MPC at your agency/campus, logon to the MPC system to update the Certification Status.

LOGON PROCEDURES **M 005**
(New 03/97)

The MPC System is accessed from the SCOPROD monitor. Since SCOPROD also contains PIP, PIMS, and other applications it is easy to move from one application to another.

(1) Logon to SCOPROD
(2) After receiving message "SIGN-ON IS COMPLETE", key MPC
(3) Press ENTER (The MASTER PAYROLL CERTIFICATION SYSTEM menu will appear).

```
MPC



DFH3504I        10:11:26        SIGN-ON IS COMPLETE
```

LOGOFF PROCEDURES **M 006**
(New 03/97)

(1) Press the CLEAR key until a blank screen is received.
(2) Key: LOGO (short for Logoff)

OR

You can access another SCOPROD application by keying the desired system name (example PIMS, HIST, etc.).

(3) Press the ENTER key.

COMMANDS USED ON MPC **M 007**
(New 03/97)

The following is a list of the commands used on MPC screens:

KEY USED	FUNCTION	ADDITIONAL INFORMATION
PF3	**Exit to the MENU**	**Data keyed on the screen when the PF3 key is pressed will not be processed/updated.**
PF4	**Refresh screen**	**All data keyed on the displayed screen will be erased.**
PF7	**Page Backward**	**Will access Reporting Units with lower numbers than the screen displayed. In the update mode, data keyed on the screen when the PF7 key is pressed will be updated.**
PF8	**Page Forward**	**Will access Reporting Units with higher numbers than the screen displayed. In the update mode, data keyed on the screen when the PF8 key is pressed will be updated.**
ENTER	**Processes/updates data keyed on the displayed screen.**	
CLEAR	**Takes you off MPC system to a blank screen (data keyed on the screen when the CLEAR key is pressed will not be processed/updated).**	

MPC SCREENS **M 008**
(New 03/97)

The MPC System is used to inquire/update the status of Reporting Units on the Attendance Certification File. The following are the screens used to inquire and update information:

SCREEN NAME	DESCRIPTION	PPM SECTION NUMBER
1) MENU	**Menu screen for inquiry/update access of Reporting Units.**	**M 100**
2) CERTIFICATION	**Used to inquire or update the Certification Status of Reporting**	**M 200**

STATUS	**Units.**	
3) ADD AGENCY/ REPORTING UNIT	**Used to add Reporting Units not displayed on the Attendance Certification File.**	**M 300**

SUBJECT: MENU SCREEN

MENU SCREEN **M 100**
(New 03/97)

This screen is used to access the CERTIFICATION STATUS and ADD AGENCY/REPORTING UNIT screens.

MASTER PAYROLL CERTIFICATION SYSTEM
MENU

PAY PERIOD: MM / YY AGENCY:____ REPORTING UNIT:____

__ CERTIFICATION/STATUS

__ ADD AGENCY/REPORTING UNIT

PF4=REFRESH CLEAR=EXIT

To view or update the Certification Status of a Reporting Unit, access the CERTIFICATION STATUS screen:

1) Key the desired Pay Period in the **PAY PERIOD: MM/YY** field
2) Key an agency code in the **AGENCY** field
3) Optional - key a Reporting Unit number in the **REPORTING UNIT** field
4) Key an X in the field next to **CERTIFICATION STATUS**
5) Press ENTER. Will display the requested Agency/Reporting Unit and subsequent Reporting Units on the CERTIFICATION STATUS screen. If the REPORTING UNIT field was left blank, the CERTIFICATION STATUS screen will display the first Reporting Unit for the requested agency code.

To add a Reporting Unit access the ADD AGENCY/REPORTING UNIT screen:

1) Key the desired Pay Period in the **PAY PERIOD: MM/YY** field
2) Key an agency code in the **AGENCY** field
3) Key the Reporting Unit number in the REPORTING UNIT field
4) Key an X in the field next to **ADD AGENCY/REPORTING UNIT**
5) Press ENTER. The ADD AGENCY/REPORTING UNIT screen will be displayed.

To exit, press the CLEAR key (takes you to a blank screen).

SUBJECT: CERTIFICATION STATUS SCREEN

CERTIFICATION STATUS **M 200**
(Revised 03/02)

This screen is used to inquire/update the Certification Status of Reporting Units.

MASTER PAYROLL CERTIFICATION SYSTEM
CERTIFICATION STATUS

PAY PERIOD: 09/96 AGENCY: 051 REPORTING UNIT: 100

R/U	CERT	R/U	CERT	R/U	CERT	R/U	CERT	R/U	CERT	R/U	CERT	R/U	CERT
100	____	110	____	120	____	130	____	140	____	150	____	160	____
170	____	180	____	190	____	200	____	210	____	220	____	230	____
240	____	250	____	260	____	270	____	280	____	290	____	300	____
310	____	320	____	330	____	340	____	350	____	360	____	370	____
380	____	390	____	400	____	410	____	420	____	430	____	440	____
450	____	460	____	470	____	480	____	490	____	500	____	510	____

NEXT AGENCY:___ NEXT REPORTING UNIT:___

PF3=MENU PF4=REFRESH PF7=BACKWARD PF8=FORWARD CLEAR=EXIT

TO UPDATE THE CERTIFICATION STATUS:
1) Move the cursor to the desired R/U CERT field.
2) Key one of the following Certification Status codes:

- Semi-monthly first half* = 1
- Semi-monthly second half* = 2
- Monthly = 3

* When first half (code 1) and second half (code 2) have been updated, the system will automatically change the Certification Status to code 3.

3) Press one of the following keys to update the page of Reporting Units:

- ENTER to update the displayed page
- PF7 to update the page and move to the previous page of Reporting Units
- PF8 to update the page and move to the next page of Reporting Units

OR

- Key data in the NEXT AGENCY field and in the - NEXT REPORTING UNIT field (optional) and press ENTER.

If you do not wish to update the screen, press the PF4 key to refresh all CERT fields on the displayed page.

To exit the screen, if entries were keyed in CERT fields, press ENTER to update the fields, then press:

- PF3 to return to the MENU
- CLEAR to exit the application (takes you to a blank screen).

After you have updated the CERT field, initial and date the Form 672 or MPC Reporting Unit Tracking Sheet.

ADD AGENCY/REPORTING UNIT SCREEN **M 300**
(Revised 03/02)

This screen will add a Reporting Unit that is not on MPC. It is used to establish and update the Certification Status of a Reporting Unit.

MASTER PAYROLL CERTIFICATION SYSTEM
ADD AGENCY/REPORTING UNIT

PAY PERIOD: 05 / 96 AGENCY: 051 REPORTING UNIT: 100 CERT STATUS:__

PF3=MENU PF4=REFRESH CLEAR=EXIT

TO ADD A REPORTING UNIT

1) Key one of the following Certification Status codes:
   - Semi-monthly first half = 1
   - Semi-monthly second half = 2
   - Monthly = 3

2) Press ENTER. Reporting Unit will be added to the MPC with requested Certification Status code. Verify the Reporting Unit was added by accessing the CERTIFICATION STATUS screen.

If you do not wish to update the screen; press:

- PF3 to return to the MENU
- CLEAR to exit the application (takes you to a blank screen).

After you have updated the CERT field, initial and date the Form 672 or MPC Reporting Unit Tracking Sheet.

SUBJECT: MESSAGES

MESSAGES **M 400**
(New 03/97)

While keying on the MPC system, you may receive on-line messages. Confirmation messages will appear at the top left hand side of the screen. Informational or error messages will appear on the bottom left hand side of the screen.

Number	Message
001	**"Agency Code Not Valid For Operator"**

Condition: User is not authorized for agency code entered.

Action: 1) If agency code was keyed incorrectly, key the correct agency code, then press ENTER.

2) If agency code is correct, contact PPSD-Security at (916) 324-5879.

002 **"Pay Period Month Invalid"**
Condition: Keyed an invalid character in the Pay Period field.
Action: Key the correct Pay Period, then press ENTER.

003 **"Pay Period Must Be Entered"**
Condition: Pay Period field was left blank.
Action: Key the correct Pay Period, then press ENTER.

004 **"Agency Code Must Be Entered"**
Condition: Agency Code field was left blank.
Action: Key the correct Agency Code, then press ENTER.

005 **"Agency Code Must Be Numeric"**
Condition: Keyed an invalid character in the Agency Code field.
Action: Key the correct Agency Code, then press ENTER.

006 **"Reporting Unit Must Be Numeric"**
Condition: Keyed an invalid character in the Reporting Unit field.
Action: Key the correct Reporting Unit number, then press ENTER.

007 **"Select Only One Option"**
Condition: More than one option (CERTIFICATION/STATUS and ADD AGENCY/REPORTING UNIT) was selected.
Action: Select only one option, then press ENTER.

008 **"Select Option And Press ENTER"**
Condition: No option was selected to access CERTIFICATION/STATUS or ADD AGENCY/REPORTING UNIT screen.
Action: Make a selection, then press ENTER.

009 **"No Rept Units Found Equal To Or Greater Than The Rept Unit Entered"**
Condition: The Reporting Unit requested and Reporting Units with higher numbers were not found on the system.
Action: Verify the Reporting Unit was keyed correctly:

1) If the Reporting Unit was keyed incorrectly, key the correct Reporting Unit, then press ENTER.
2) If the Reporting Unit is correct, add the Reporting Unit to the Attendance Certification File using the ADD AGENCY/REPORTING UNIT screen.

010 **"No Records Found For Requested Agency Code And Pay Period"**
Condition: There were no Reporting Units on the system for the requested Agency Code and Pay Period.
Action: Verify the Agency Code and/or Pay Period were keyed correctly:

1) If the Agency Code and/or Pay Period was incorrect, key the correct information and press ENTER.
2) If the Agency Code and Pay Period were correct, add the Reporting Unit to the Attendance Certification File using the ADD AGENCY/REPORTING UNIT screen.

011 **"Reporting Unit Must Be Entered"**

Condition: Reporting Unit field was left blank.

Action: When requesting the ADD AGENCY/REPORTING UNIT screen, key the Reporting Unit number being added, then press ENTER.

012 **"Future Pay Period Is Not Allowed"**

Condition: Keyed a Pay Period that was beyond the current Pay Period. The Pay Period must be equal to or older than the current Pay Period.

Action: Key a valid Pay Period.

013 **"Pay Period Year Is Invalid"**

Condition: Keyed an invalid year in the Pay Period field when requesting the ADD AGENCY/REPORTING UNIT screen.

Action: Correct the year, then press ENTER.

014 **"Agency Code And Reporting Unit Already Exists"**

Condition: The requested Reporting Unit already exists on the Attendance Certification File.

Action: Verify the Agency Code, Reporting Unit and Pay Period:

1) If the Agency Code or Reporting Unit or Pay Period is keyed incorrectly, key the correct information, then press ENTER.
2) If all fields are correct, access the CERTIFICATION STATUS screen to certify the Reporting Unit.

015 **"Certification Status Code Must Equal 1, 2, 3 Or Blank"**

Condition: The Certification Status code keyed in the CERT field was not 1, 2, 3 or blank.

Action: Key the appropriate Certification Status code, then continue previously requested action (i.e., press ENTER, PF7, PF8 or request NEXT AGENCY/REPORTING UNIT).

016 **"Next Agency Code Must Be Numeric"**

Condition: Keyed an invalid character in the NEXT AGENCY field.

Action : Key the correct Agency Code, then press ENTER.

017 **"Next Reporting Unit Must Be Numeric"**

Condition: Keyed an invalid character in the NEXT REPORTING UNIT field.

Action: Key the correct Reporting Unit, then press ENTER.

018 **"Next Agency Code Must Be Entered"**

Condition: There was no data keyed in the NEXT AGENCY when the ENTER key was pressed.

Action: Key the Agency Code in the NEXT AGENCY field or initiate other action.

019 **"Requested Agency Code Not Found For Pay Period Requested"**

Condition: There were no Reporting Units on the system for the requested Agency Code and Pay Period.

Action: Verify the Agency Code and Pay Period were keyed correctly:

1) If the Agency Code or Pay Period was incorrect, key the correct information and press ENTER.
2) If the Agency Code and Pay Period were correct, add the Reporting Unit to the Attendance Certification File using the ADD AGENCY/REPORTING UNIT screen.

020 "No Rept Units Found Equal To Or Greater Than The Rept Unit Entered"

Condition: The Reporting Unit requested and Reported Units with higher numbers were not found on the system.

Action: Verify the Reporting Unit was keyed correctly:

1) If the Reporting Unit was keyed incorrectly, key the correct Reporting Unit, then press ENTER.
2) If the Reporting Unit is correct, add the Reporting Unit to the Attendance Certification File using the ADD ENCY/REPORTING UNIT screen.

021 "Certification Status Code Must Equal 1, 2, Or 3"

Condition: The Certification Status code keyed in the CERT field on the ADD AGENCY/REPORTING UNIT screen must be 1, 2, 3.

Action: Key the appropriate Certification Status code, then press ENTER.

022 "Update Successful"

Condition: Keyed Certification Status code(s) in the CERT field, then pressed ENTER on the ADD AGENCY/REPORTING UNIT screen which updated the Attendance Certification File.

023 "Previous Update Successful"

Condition: Keyed Certification Status code(s) in the CERT field, then pressed PF8 (page forward) key. Reporting Units on the previous page were updated.

024 "Previous Update Successful"

Condition: Keyed Certification Status code(s) in the CERT field, then pressed PF7 (page backward) key. Reporting Units on the previous page were updated.

025 "Previous Update Successful"

Condition: Keyed Certification Status code(s) in the CERT field and information in the NEXT AGENCY field, then pressed ENTER key. Reporting Units on the previous page were updated.

026 "Update Successful"

Condition: Keyed Certification Status code(s) in the CERT field, then pressed ENTER key which updated the Attendance Certification File.

027 **"Previous Screen Not Updated - No Data Entered"**

Condition: Data was keyed in the NEXT AGENCY field and no Certification Status code(s) were keyed in the CERT fields of the screen.

Action: If Reporting Unit(s) Certification Status codes were keyed in the CERT field on the previous screen, access the Reporting Unit(s) to verify Certification Status.

028 **"No Updates Requested - Enter Cert Status Codes, Next Agy, Or Use PF7 or PF8"**

Condition: There was no data keyed on the screen when the ENTER key was pressed.

Action: Key data, then press ENTER or select appropriate action to access desired screen.

029 **"Highlighted RPT Units Did Not Update. All Other RPT Units Updated Ok"**

Condition: Data entered in the highlighted field are in error. Data keyed in other fields have been updated.

Action: Correct the information in the highlighted fields and continue previously requested action (i.e., press ENTER PF7, PF8 or request NEXT AGENCY/REPORTING UNIT).

030 **"More Reporting Units"**

Condition: More Reporting Units exist for the Agency Code displayed.

Action: To access other Reporting Units press PF7 to display lower numbered Reporting Units or PF8 to display higher numbered Reporting Units.

031 **"Last Page"**

Condition: Have reached the highest numbered Reporting Unit for the Agency Code displayed.

Action: 1) If the wrong key was pressed, press appropriate key to access the desired screen or key required data.

2) If a Reporting Unit is missing and should be on the Attendance Certification File, add the Reporting Unit using the ADD AGENCY/REPORTING UNIT screen.

032 **"Previous Screen Not Updated - No Data Entered"**

Condition: PF7 (page backward) or PF8 (page forward) was pressed and no Certification Status code(s) were keyed in the CERT fields of the screen.

Action: If Certification Status codes were keyed in the CERT field on the previous screen, access the Reporting Unit(s) to verify Certification Status.

033 **"First Page"**

Condition: There were no Reporting Units for the Agency Code with a lower number than the first Reporting Unit displayed.

Action: 1) If the wrong key was pressed, press appropriate key to access the desired screen or key required data.

2) If a Reporting Unit is missing and should be on the Attendance Certification File, add the Reporting Unit using the ADD AGENCY/REPORTING UNIT screen.

034 **"Update Successful"**

Condition: Keyed Certification Status code(s) in the CERT field, then pressed the PF7 key to display lower numbered Reporting Unit and none exists - OR - pressed PF8 to display higher numbered Reporting Units and none exists.

034 (Cont.'d)

Action: 1) If the wrong key was pressed, press appropriate key to access the desired screen or key required data.

2) If a Reporting Unit is missing and should be on the Attendance Certification File, add the Reporting Unit using the ADD AGENCY/REPORTING UNIT screen.

035 **"No Updates Requested"**

Condition: No Certification Status code(s) were keyed in the CERT fields and the PF7 key was pressed to display lower numbered Reporting Units and none exists - OR - PF8 was pressed to display higher numbered Reporting Units and none exists.

Action: If Reporting Unit(s) Certification Status codes were keyed in the CERT field on the previous screen, access the Reporting Unit(s) to verify Certification Status.

036 **"File Disabled Or Not Available"**

Condition: The MPC system is unavailable at this time.

Action: If this message is received the day after Master Payroll Cutoff, the file is not available until the Payroll Cycle has finished processing and will not be available until the next day.
If this message is received on a day other than the day after Master Cutoff, contact the SCO Computer Hotline (916)324-6716.

037 **"Previous Screen Not Updated - Enter Key Was Not Pressed"**

Condition: This message will appear on the Menu Screen when the PF3 key was pressed. The PF3 key does not update data.

Action: If Certification Status codes were keyed on the screen prior to accessing the MENU screen, the codes were not updated. Access the Reporting Unit(s) and key the appropriate Certification Status code(s), then press ENTER, PF7 (page backward), PF8 (page forward) before pressing PF3 to access the MENU.

038 **"An Invalid Key was Pressed"**

Condition: Pressed an invalid key on MPC.

039 **"Enter Next Agy Code or Press PF7 or PF8"**

Condition: There was no data keyed in the NEXT AGENCY field when the ENTER key was pressed.

Action: Key the Agency Code in the NEXT AGENCY field or initiate other action.

PAYROLL PROCEDURES MANUAL

SECTION N

NON UNIFORM STATE PAYROLL SYSTEM AND FRINGE BENEFITS/ EMPLOYEES BUSINESS EXPENSE'S (NON USPS / FB/EBE'S)

(Revised 04/04)

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SUBJECT: NON- UNIFORM STATE PAYROLL SYSTEM

INTRODUCTION N 100

(Revised 06/00)

Federal and State tax laws require that employers report income and related tax amounts for payments other than regular wages including Salary Advances, Fringe Benefits and Employee Business Expense reimbursements.

Payments are generally issued via the claims process rather than the Uniform State Payroll System (USPS). Therefore, payments are reported via a unique reporting process called the Non-Uniform State Payroll System (Non-USPS).

Some Fringe Benefits/Employee Business Expenses should be issued via the Payroll Input System (USPS). Refer to Section G150 for instructions.

SALARY ADVANCES **N 103**
(Revised 06/00)

When payroll warrants are not issued by SCO in a timely fashion, agencies/campuses may issue salary advances from their revolving fund. Salary advances must be treated as taxable wages. The gross amount, federal tax, state tax, Social Security and Medicare must be reported timely to SCO to ensure inclusion on Form W-2.

SALARY ADVANCES PAID/OFFSET REPORT, FORM STD. 422 **N 104**
(Revised 06/03)

Salary Advances Paid/Offset Report, form STD. 422 (available from DGS Stores), is the only acceptable form for reporting salary advances. Form STD. 422 is a multi-use document since it is partially completed to report the initial advance and then (carbon or photo copy) is resubmitted with the balance of the line entry to offset the salary advance information upon receiving the SCO salary payment.

NOTE: Agencies/campuses may submit one or more forms STD. 422 to report salary advances. If more than one form is used to report salary advances, Items 20A and 21 must be completed on the **last** page only; indicating the total for **all** pages submitted. Only submit **one** check for the entire package when reporting salary advances paid. For offset reporting, Items 20B and 22 must be completed on each page.

REPORTING INSTRUCTIONS **N 105**
(Revised 06/00)

The cutoff date for submitting form STD. 422 is the 10th of each month. When salary advances are issued and the related payroll warrant has not been received within 30 calendar days from payday, the "initial" form STD. 422 must be sent to Division of Disbursements and Support; e.g., salary advance for February pay period must be reported by April 10 if related SCO warrant has not been issued.

EXCEPTION: When salary advances are issued late in the calendar year and it is known the related payroll warrant will not be issued prior to December 31, report salary advances by December 10 to ensure the accuracy of the Wage and Tax Statement, Form W-2.

Do not report salary advances for IDL payments. These are considered a staff benefit and are not included on Forms W-2. Likewise, salary advances for current pay period earnings issued prior to payday are considered loans and must not be reported.

EXCEPTION: If the related SCO warrant (this does not include IDL pay) is not received within 30 calendar days from payday, the loan becomes a salary advance and must be reported to SCO (e.g., loan issued March 23 for March pay period, no March warrant received by May 1, report the loan as a salary advance by May 10).

SCO PROCEDURE **N 106**
(Revised 12/99)

The Personnel/Payroll Services Division (PPSD) will verify the authorized signature on the form STD. 422. If an unauthorized signature is identified, and/or an incorrect amount is entered on the revolving fund check, the form STD. 422 and the revolving fund check will be returned for correction. After verification of the revolving fund check amount, the check is deposited into the Payroll Revolving Fund and the form STD. 422 is routed to Payroll Operations for processing.

Form STD. 422 "offset" reports require signature verification prior to processing. Forms STD. 422 with unauthorized signatures will be returned to the agency/campus for correction. After the signatures are verified, the forms are processed. The Division of Disbursements and Support will issue a direct disbursement warrant, payable to the agency/campus, for the amount shown in Item 22.

YEAR-END PROCESSING **N 107**
(Revised 12/99)

Forms STD. 422 must be submitted throughout the calendar year. However, to ensure the accurate and timely release of the Form W-2, agencies/campuses should make a special effort to submit by December 10th all remaining forms STD. 422 "initial" and "offset" reports. This is the final date that SCO can receive form STD. 422 for processing and ensure that correct wage totals are reflected on the Form W-2. Forms STD. 422 received after this date may require issuance of a Form W-2C (Statement of Corrected Income and Tax Amounts).

Salary advances issued for the last half or full December pay period must be dated January 1 or later or the prior year's W-2 may reflect wage earnings for 13 months.

EXCEPTION: When a separation PAR/PPT is checked "immediate pay" in Item 615, all pay is to be issued in the current tax Year.

A form STD. 422 "initial" report received after the close of the tax year will require a Form W-2C.

A form STD. 422 "offset" report received after the close of the tax year will require a Form W-2C if the related SCO warrant was issued prior to the close of the tax year.

A Social Security and Medicare refund will be required if:

- The related SCO warrant was issued in the following tax year and there was a Social Security and Medicare contribution rate increase; or

- Social Security deductions were made from related SCO warrant issued in the following tax year, and maximum Social Security contributions were made within the tax year the salary advance was reported.

OUTSTANDING SALARY ADVANCE REPORT **N 108**
(Revised 12/99)

Following each Non-USPS cycle, SCO produces a computer-generated report identifying salary advances reported on initial forms STD. 422 which have not been cleared by form STD. 422 offsets.

Before mailing these reports, Payroll Operations will line out entries for offset forms STD. 422 or cancellation forms STD. 422 received and not yet processed.

Agencies/campuses must research the uncleared items and submit a form STD. 422 offset for each entry cleared by a related SCO warrant or a cancellation form STD. 422 if no related SCO warrant is to be issued.

It is imperative that every effort is made to clear the entries from this report to ensure the accurate reporting of wages on Forms W-2.

Submit a photocopy of the original form STD. 422 with the related SCO warrant information completed or a cancellation (with original signatures) to PPSD's W-2 Unit for each erroneous entry remaining on the report.

Call Payroll Operations, W-2 Unit at (916) 322-8100 or CALNET 492-8100, if you have any questions concerning entries on this report.

“INITIAL” FORM STD. 422 COMPLETION **N 109**
(Revised 12/99)

Submit separate forms STD. 422 for each tax year (issue year).

One to three individuals can be reported on one form STD. 422 in line entries A, B, and C.

For "initial" reports of salary advance issued, items must be completed as follows:

Item

1 Tax year/name of agency/campus

2 Social Security Number

3 Employee's first/middle initial and surname

4 Position number for which the salary advance was issued

5 Pay period - type/month/year for which the salary advance was issued

Type

Ø = Monthly - place a slash mark through the numeric Ø
1 = Semimonthly first half
2 = Semimonthly second half
A-E = See Section B 007 for biweekly employees

6 Payment type - see Section B 002. NOTE: Do not report payment type 6, K, N or P.

7 Enter appropriate adjustment code as follows:

Type

0 = Original not adjustment
1 = Adjustment of time worked
2 = Adjustment of salary rate
3 = Adjustment of both time worked and salary rate
4 = Adjustment of time base fraction
5 = Adjustment of both time base fraction and salary rate
6 = Adjustment to gross

8 Enter TAXABLE gross of salary advance. See Section H 102. This taxable gross amount includes Flexible benefit cash option, less Deferred Compensation, Tax Sheltered Annuity, pre-tax/flex deductions, Retirement/Employer Paid Member Contribution (EPMC) amounts and payroll deduction account receivable gross amounts.

For example:

Employee's gross pay		$4500.00
Flex Cash (CSU) Flex Cash Option (CS)		+128.00
Adjusted Gross pay		4628.00
Payroll deduction account receivable	$35.00	
Retirement/EPMC	195.00	
Flex Dependent Care reimbursement Account	415.00	
Flex Dental	21.18	
Flex Medical reimbursement account	50.00	
Deferred Comp	350.00	-1066.18
TAXABLE GROSS		$ 3561.82

9 Federal tax withheld - see Section H 100

10 State code – enter appropriate state code as follows:

CA = California
NY = New York
IL = Illinois
Blank = Other

11 State tax withheld - see Section H 100

12 Enter Social Security subject gross amount of salary advance which includes Flexible benefit cash option, less pre-tax/flex deductions for employees who are subject to Social Security and the maximum contributions have not been withheld. See Section H 250.

NOTE: Do not confuse this with taxable gross (do not reduce by Deferred Compensation, Tax Sheltered Annuity, Retirement/Employer Paid Member Contribution (EPMC), and payroll deduction account receivable gross amounts).

For example:

Employee's gross pay		$4500.00
Flex Cash (CSU) Flex Cash Option (CS)		+128.00
Adjusted Gross pay		4628.00
Flex Dependent Care reimbursement account	$415.00	
Flex Dental	21.18	
Flex Medical reimbursement account	50.00	-486.18
SOCIAL SECURITY GROSS		$4141.82

13 Social Security Withheld - See Section H 250 for employees subject to Social Security and the maximum Social Security contributions have not been withheld. This item must be completed if Item 12 is completed.

14 State share of Social Security - See Section H 250 for Social Security. This item must be completed if Items 12 and 13 are completed.

15 Enter Medicare subject gross amount of salary advance which includes Flexible benefit cash option, less pre-tax/flex deductions for employees who are subject to Medicare. See Section H 270.

NOTE: Do not confuse this with taxable gross (do not reduce by Deferred Compensation, Tax Sheltered Annuity, Retirement/Employer Paid Member Contribution (EPMC), and payroll deduction account receivable gross amounts).

For example:

Employee's gross pay	$4500.00		
Flex Cash (CSU) Flex Cash Option (CS)	+128.00		
Adjusted Gross pay	$4628.00		
Flex Dependent Care reimbursement account		$415.00	
Flex Dental		21.18	
Flex Medical reimbursement account		50.00	- 486.18
MEDICARE GROSS			$4141.82

16 Medicare withheld - see Section H 270 for employees subject to Medicare. This item must be completed if Item 15 is completed.

17 State share of Medicare - see Section H 270 for Medicare. This item must be completed if Items 15 and 16 are completed.

18 Issue date - month, day and year salary advance was issued. Do not combine different issue years for line entries on the same form STD. 422.

19 Leave blank for "Initial" reporting.

20A Initial/Paid Totals - for single page reporting, total items 8, 9, 11, 12, 13, 14, 15, 16 and 17. For multiple page reporting, total the same items and display only on the last page being reported.

20B Leave blank for "Initial" reporting.

21 Total Amount Payable to State Controller's Office - for single page reporting, total items 9, 11, 13, 14, 16 and 17. For multiple page reporting, total same items and display in Item 21 only on last page. Submit one check for single or multiple page reporting. Complete only for "Initial" salary advances.

22 Leave blank for "Initial" reporting.

23 Authorized signature/date/telephone number - name must be printed then signed with original signature; date must be current. If the offset is a carbon or photocopy with the signature and date previously completed, countersign and re-date the copy.

"OFFSET" FORM STD. 422 COMPLETION **N 110**
(Revised 12/99)

Upon receipt of the related SCO warrant, complete form STD. 422 and send it to PPSD's W-2 Unit. For offset reports, a legible carbon or photocopy of the initial report must be completed and submitted with an ORIGINAL SIGNATURE AND DATE. Completely line out the entries where the related SCO warrant was not issued, and adjust Item 20B, Offset Totals line, accordingly.

Form STD. 422 must be completed as follows:

Item

1-17 See Section N 109

19 Clearance report information - enter the related SCO warrant number and month, day, and year of issuance. The warrant shown must be for the pay period of the salary advance. If more than one warrant clears an advance, complete all warrant numbers.

20B Offset Totals line - totals must reflect only the totals from the entries being cleared. Total Items 8, 9, 11, 12, 13, 14, 15, 16 and 17 on each page.

22 Reimbursement amount - total Items 9, 11, 13, 14, 16 and 17 for each page from Item 20B. Enter the amount that SCO will remit to reimburse the agency/campus revolving fund. Complete only for salary advance offsets.

23 Authorized signature/date/telephone number - name must be printed then signed with original signature; date must be current. If the offset is a carbon or photocopy with the signature and date previously completed, countersign and re-date the copy.

CANCELLATION N 111

(Revised 12/99)

For salary advances reported on initial form STD. 422 and no related SCO warrant is to be issued, a cancellation form STD. 422 must be sent to PPSD's W-2 Unit. A carbon or photocopy of the initial report may be completed and submitted with an ORIGINAL SIGNATURE AND DATE.

Due to unusual circumstances, form STD. 422 may require cancellation after the offset form STD. 422 was submitted. Both the initial and offset forms must be canceled.

Form STD. 422 must be completed as follows:

Item

1-18 See Section N 109

19 Enter cancel for initial form STD. 422.

NOTE: For cancellation of OFFSET form STD. 422, enter "cancellation" in red above Tax year.

20B See Section N 110

22 Complete for cancellation of initial form STD. 422. For OFFSET form STD. 422, leave blank.

23 See Section N 109

FRINGE BENEFITS/EMPLOYEE BUSINESS EXPENSES N 120

(Revised 08/02)

Fringe Benefits (FB) and Employee Business Expenses (EBE) generally represent taxable and reportable income. Unless FB/EBEs are fully or partially excluded by the Internal Revenue Code (IRC) or by law defined as tax deferred (employer contributions to employee retirement plans), they are taxable upon constructive receipt by the employee. Although the rules and regulations affecting the taxability/reportability of FB/EBEs are complex, the employer authorizing/providing FB/EBEs is responsible for insuring that all requirements, including timely, accurate and comprehensive reporting are followed.

FBs

Definition

FBs or perks are defined as "something additional to regular pay, which an employee receives from an employer".

Types

Cash, cash equivalents, goods, property and services. FBs provide immediate economic and financial benefit to employees.

Taxability

Unless a FB is specifically fully or partially exempted under the tax code or defined as tax deferred by regulation, the FB payment/value is taxable, reportable income.

Taxes:

Taxable FBs are subject to: Federal Income Tax (FIT) and Social Security/Medicare (SS/MED) taxes; and are usually subject to State Income Tax (SIT) as most State tax laws mirror Federal law.

Tax Payment/Reporting:

Taxes are due, payable and income reportable when an employee **constructively receives** the FB. For example, if you paid an employee $20 for commute mileage (personal vs. Business expense) incurred on a weekend that the employee worked overtime, taxes must be withheld and reported. See IRS Publication 15-B, Employer's Guide to Fringe Benefits.

All taxable payments issued employees in a calendar year must be reflected on that year's Form W-2. For taxable benefits wherein a value was received by the employee (e.g., employer provided cars), the value is generally reflected in the same tax year that the value was received. However, some values may be reported in an uniquely defined tax year if the employer adopts a Special Accounting Period (SAP). Unlike payments issued in a tax year, values may not be fully known until a tax year closes. **A SAP enables specific benefit values to be reported via an employer defined tax year. The State Controller's Office, as the State's withholding and reporting agent, adopted a December through November SAP (vs. January through December) for SAP available benefits.**

NOTE: Taxable FBs for employees are only reported on Form W-2; they are never reported on Form 1099. Taxable FBs for Independent Contractors of $600 or more paid in a calendar year must be reported on Form 1099.

EBEs

Definition:

EBEs represent costs for conducting business and when paid by the employee vs. the employer, can be claimed as a legitimate business deduction when the employee files a tax return.

Types:

Cash, goods, property, training and services.

Taxability:

Employer provided advances or reimbursements of EBEs (direct payment by the employer on behalf of an employee to a vendor) may/may not represent taxable, reportable income.

To be considered an "accountable plan", the employer must adopt an expense reimbursement arrangement that must satisfy three IRS conditions:

- **Business Connection** - Payments made under the plan must be for work related expenses for which the employee would be entitled to claim a tax deduction if not reimbursed by the employer; and

- **Substantiation** - Employees must substantiate, within specific time frames (as determined by the systemwide employer and consistent with IRS rules), the amount (receipts), time, place and business purpose of the allowance or expense payment. In lieu of substantiation for selected expenses, an employer can use IRS approved "deemed substantiation" methods. Deemed substantiation methods apply to only IRS selected (not all) EBEs; and

- **Return of excess payments** - Employees are required to return any excess amounts (exceeding substantiated expenses) to the employer within 120 days after the expense is paid or incurred. Employees failing to return excess amounts timely, or at all, invoke an immediate tax liability for those amounts. Employers must report these taxable amounts to SCO no later than the first pay period following the 120 day requirement. Failure to report these taxable excess amounts can result in fines, penalties, etc. including IRS prohibiting the employer from providing this EBE to employees. **[IRS Reg 1.62-2 (g)(2)(I-ii)]**. If an employee substantiates and returns excess advances *after* employer has treated amounts as wages, the employer is not required to return any withholding or treat amounts as non-taxable. **[IRS Reg 1.62-2 (h)(2)]**

- The IRS also requires, as an administrative requirement, that EBE reimbursements or allowances be paid separately from regular wages, or if combined with regular wage payments, separately identified as a reimbursement for expenses. The EBE must satisfy all regulatory criteria tied to that expense. Many expenses, such as uniforms, have unique criteria that determine if all/or a portion of the uniform qualifies as a legitimate business expense. Other expenses, such as relocation, specifically detail what costs are/are not taxable. **When an employer applies accountable plan provisions, if all regulatory criteria are not satisfied, the reimbursement represents taxable income.**

Taxes:

Taxable EBE reimbursements are subject to: FIT, SS/MED and SIT. Note: most State tax laws mirror Federal law.

Tax Payment/Reporting:

Taxes are due, payable and income reportable when an employee **constructively receives** the benefit. For example, an employer pays all of an employee's relocation expenses incurred in early July on July 20th. Taxes are due and reportable for those relocation expenses not exempt by law at that time. The employer must report taxable amounts under this example to SCO no later than August 10th.

Taxable EBE reimbursements received by an employee in a calendar year must be reflected on that year's Form W-2. There is no SAP for EBE payments.

NOTE: **Taxable EBE reimbursements for employees are only reported on Forms W-2 or W-2c;** they are never reported on Form 1099. **Taxable EBE reimbursements received by Independent Contractors in a calendar year must be reported on Form 1099;** they are never reported on a Form W-2.

Summary

Rules and regulations affecting the tax treatment of FB and EBEs are complex. The taxability of any benefit may have multiple rules depending upon how the benefit/expense is provided. To illustrate, the taxability and regulations for mileage are different when the travel is for business, personal commute or a relocation expense. Employers must know what FBs and EBEs are provided/paid and apply the respective tax and reporting rules.

The State, via its systemwide and local employers, offers many FB/EBEs to employees. The following table lists benefits identified to this office by employers determined to be reportable/taxable income and the PPM section providing reporting instructions. **You are also encouraged to access SCO Payroll Letters via the Internet @www.sco.ca.gov/ppsd/scoltrs.** These letters provide interim procedures that may not yet be reflected in the PPM. Also, please refer to the **IRS web site @www.irs.gov** to review/order FB/EBE publications and related requirements. IRS publications may also be ordered by calling 1-800-829-3676.

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AIRCRAFT **N 125**
(Revised 09/01)

AIRCRAFT

PERSONAL USE OF STATE AIRCRAFT **N 125.1**
(Revised 09/01)

Personal use of an employer-provided aircraft is a taxable benefit. The value of all personal use (flights) is determined via two methods; general and/or special valuation for noncommercial flights. Refer to IRS Reg. 1.61-21 (g), Temp Regs 1.61-2T(g) and Rev. Rul. 88-71 for additional information

AIRCRAFT REIMBURSEMENTS/BUSINESS USE OF EMPLOYEE-OWNED **N 125.2**
(Revised 09/01)

The total employer paid reimbursement amount for business use of an employee-owned aircraft is reportable/taxable income.

REFERENCES
(Revised 09/01)

IR Code Section 62
IRS Regulations Section 1.62-2

APPLICABLE TAXES **N 125.2.1**
(Revised 09/02)

Federal Income Tax	SS/Medicare Tax	State Income Tax
YES	YES	YES

GENERAL INFORMATION **N 125.2.2**
(Revised 09/01)

Employer reimbursements for business use of an employee-owned aircraft typically are EBEs governed by IRS Accountable/Non-accountable Plan Rules. However, since the IRS has not established aircraft reimbursement substantiation criteria, reimbursements for this EBE are issued under Non-accountable Plan Rules. The reimbursements are reportable/taxable income under both Federal and State law.

REPORTING INSTRUCTIONS **N 125.2.3**
(Revised 01/02)

Agencies/campuses should use form STD. 671, Miscellaneous Payroll/Leave Action, or Form 672, Time and Attendance, to report aircraft reimbursement payments via the PIP System. Refer to PPM Section G 150 for completion instructions.

Aircraft reimbursements may also be reported to SCO via form STD. 676P per PPM Section N 172.2. When using form STD. 676P, identify aircraft reimbursements as: ITEM CODE **AR** AND ITEM DESCRIPTION **AIRCRAFT-REIMBURSEMENT PLANS.**

For agencies using the California Automated Travel Expense Reimbursement System (CalATERS), employees may request Aircraft Reimbursements/Business Use of Employee-Owned (Mileage) via the CalATERS. For taxable reimbursements paid through the CalATERS, no action is required by agencies as the CalATERS directly interfaces reportable/taxable income with the Non-USPS. For more information regarding the CalATERS, please visit www.CalATERS.ca.gov.

FORM W-2 REPORTING **N 125.2.4**
(Revised 08/02)

Aircraft Reimbursements are included in the Form W-2 boxes: (Refer to PPM Section Z - Attachment I -12, Chart I)

AWARDS/BONUSES/INCENTIVES **N 127**
(Revised 09/01)

Cash, cash equivalent and non-cash gifts/prizes/discounts provided as Awards/Bonuses/Incentives are reportable/taxable income.

REFERENCES
(Revised 09/01)

IRC 61, 74(a)(c), IRS Regulations 1.274-2(c)(4),31.3401(a)-1(a)2,31.3402(j)-1
DPA Merit Award Program Regulations 599.664(i)
Revenue & Taxation Code Section 17149, 102(c),1.274.3(d)
IRS Publications #525 and 535

APPLICABLE TAXES **N 127.1**
(Revised 01/04)

Federal Income Tax	SS/Medicare Tax	State Income Tax
YES	YES	YES**

** EXCEPTION: Incentives provided under Rideshare arrangements which are intended to reduce single occupant commute vehicles are excluded from California Income Tax withholding January, 1, 1999 and thereafter. Rideshare incentives **include CSU's Rideshare Program** incentives, all **reimbursement** for miscellaneous **bicycle storage** fees, bicycle parking, commute rider shower/locker charges.

GENERAL INFORMATION **N 127.1**
(Revised 09/02)

Cash (including expenses reimbursed under the Continuing Medical Education Program) and cash equivalents are always taxable. Cash equivalents represent items that are readily convertible to cash such as Savings Bonds, gift certificates, stocks, etc. Non cash gifts/prizes/discounts other than those having nominal value are taxable at the **Fair Market Value.** Neither Federal nor State regulations set a defined dollar amount for "nominal value". The regulations indicate that when an employer distributes food or other merchandise such as a turkey or ham at the holidays to promote employee goodwill, this food can be considered nominal. Other items such as inexpensive coffee mugs, tee shirts, etc. may qualify.

Employee Achievement Awards may qualify as nontaxable when all Internal Revenue Code criteria are met. **The tax exemption is limited to specific Length of Service and Safety Awards.** Both awards must meet the General Rules as well as Special requirements assigned each type of award.

GENERAL RULES FOR EMPLOYEE ACHIEVEMENT AWARDS:

- Award must recognize length of service or safety achievement.
- Award cannot be disguised as a wage.
- Award must be presented in a meaningful presentation.
- Award must be an item of tangible personal property. It cannot be cash, cash equivalent, vacations, meals, lodging, theater or sports tickets.

SPECIAL REQUIREMENTS -- LENGTH OF SERVICE AWARD (IR Reg. 1.274-8(c)(1-2)

- Award cannot be given to an employee within first five years of employment; or
- Award cannot be given to the same employee more often than every five years (exception permitted is a traditional retirement gift).

SPECIAL REQUIREMENTS-SAFETY AWARD

(IR Reg. 1.274-8(c, d, j)(3, 5):

- Award cannot be given to a manager, administrator, clerical employee or other professional employee; or
- Award cannot be given tax-free to more than 10% of the "eligible employees" excluding managers, administrators, clerical or other professional employees.

VALUE LIMITATIONS FOR LENGTH OF SERVICE AND SAFETY AWARDS:

There are annual dollar limits to the amount an employer can award tax-free. If awards exceed limits, the fair market value or cost to the employer, whichever is greater, becomes a taxable wage. The dollar limitation depends on whether the award is made under a non-qualified or qualified plan.

A **qualified employee achievement award plan** requires: an established written plan or program; the plan cannot discriminate in favor of highly paid employees either in the plan or in operation; and the average cost of all employee achievement awards given by the employer annually cannot exceed $400 value. Tax-free awards made under this plan are limited to $1600 value per employee annually.

EXAMPLE: An agency/campus gives six qualified employee achievement awards with a cost of $1800. The average cost of the award is $300. Since the average cost of all awards does not exceed $400, the awards qualify under the tax-free $1600 limit to each employee.

A **non-qualified employee achievement award plan** is any plan failing to meet the three qualified plan requirements. Tax-free awards made under this plan are limited to $400 value per employee annually.

NOTE: For combined Qualified and No-qualified Award plans, the tax-free limit cannot exceed $1600 value per employee annually.

EXAMPLE: An employee receives three employee achievement awards during the year.

Watch under non qualified plan		**$ 250.00**
TV under qualified plan		**$1000.00**
Stereo under qualified plan		**$ 500.00**
	TOTAL	**$1750.00**
Less Annual Limitation		**$1600.00**
Taxable value of awards		**$ 150.00**

QUALIFIED EMPLOYEE DISCOUNTS

Employer-provided discounts to employees are reportable/taxable incentives **unless** they are **"qualified employee discounts".** Qualified employee discounts are any employee discount on the selling price of property or services when provided on a nondiscriminatory basis to each member of a group of employees. The discount is the difference between the price the property or services are provided to employees and that offered non-employees by the employer.

A tax-free discount **cannot exceed** the gross profit percentage on property or 20% on services per IRC 132 (c); amounts exceeding the discount exemption are reportable/taxable. The tax exemption for qualifying employee discounts **is limited** to only properties and services sold in the ordinary course of business in the employer's line of business wherein the employee works. Properties and services may not include real or personal property held for investment.

REPORTING INSTRUCTIONS **N 127.2**
(Revised 01/04)

Agencies/campuses should use form STD. 671, Miscellaneous Payroll/Leave Action, or Form 672, Time and Attendance, to report **Award/Bonus/Incentive payments** via the PIP System. Refer to PPM Section G 150 for completion instructions.

These payments may also be reported to SCO via form STD. 676P per PPM Section N 172.2. When using form STD. 676P. identify the specific payment as:

ITEM CODE	ITEM DESCRIPTION
AE	**Awards/Bonuses/Incentives - Employee Recognition and Morale Award** (CS and CSU employees)
AH	**Awards/Bonuses/Incentives - Health and Safety Incentive Award** (CS and CSU employees)
AS	**Awards/Bonuses/Incentives-Safety Incentive Award Program** (CS Bargaining Units 11, 12 and excluded employees)
IM	**Awards/Bonuses/Incentives-Miscellaneous Incentive Program** (CS and CSU employees receiving sales bonuses, marketing incentives, continuing Medical Education reimbursements, etc.).

Non-cash goods, property, merchandise, etc. (**values vs. actual payments**) awards/ bonuses/incentives are reported to SCO via form STD. 676V per PPM Section N 172.2. When using form STD. 676V, identify these values as:

ITEM CODE	ITEM DESCRIPTION
AI	**Awards/Bonuses/Incentives - Rideshare Incentive Award Program** (CS and CSU employees receiving goods, property, merchandise reimbursement for bicycle storage fees, bicycle parking, commute rider shower/locker charges etc.
AL	**Awards/Bonuses/Incentives - Lottery Sales Recognition Program** (CS Bargaining Unit 1 and 4 employees receiving goods, property, merchandise, etc.)
AM	**Awards/Bonuses/Incentives - Merit Award Program** (CS and CSU employees receiving goods, property, merchandise, etc.)
II	**Awards/Bonuses/Incentives - Miscellaneous Incentive Program** (CS and CSU for recognition, morale, sales bonuses and other non monetary awards)

FORM W-2 REPORTING **N 127.3**
(Revised 08/02)

Award/Bonus/Incentive amounts are included in the Form W-2 boxes: (Refer to PPM Section Z - Attachment I -12, Chart I)

INCENTIVES PROVIDED BY THIRD PARTIES **N 127.4**
(Revised 09/01)

Cash, cash equivalent and non-cash gifts/prizes/discounts incentives provided by a third party are reportable/taxable income.

REFERENCES
(Revised 09/01)

IRC 61, 74 (a)(c);
Regs 1.274-2 (c)(4), 31.3401 (a) - 1 (a)2,31-3402 (j)-1
IRS Announcement 94-112
IRS Publication # 535 Business Expenses

APPLICABLE TAXES **N 127.5**
(Revised 09/02)

Federal Income Tax	SS/Medicare Tax	State Income Tax
YES	YES	YES

GENERAL INFORMATION **N 127.6**
(Revised 01/02)

Cash, cash equivalents (items readily convertible to cash such as Savings Bonds, gift certificates, stocks, etc.), non-cash gifts/prizes/non qualified discounts and incentives meeting IRS Announcement 94-112 provisions are reportable/taxable income.

IRS ANNOUNCEMENT 94-112

IRS states that the value of a benefit provided to an employee in connection with the performance of services for an educational institution under **either** of the following circumstances is reportable/taxable income:

1) the benefit was contemplated during the employment process, OR

2) the benefit was provided by a third party through an arrangement with the employer (educational institution/university/campus)

If either of these conditions is met, the employer (employing campus) must report the value of the incentive.

QUALIFIED EMPLOYEE DISCOUNTS

Employer-provided discounts to employees are reportable/taxable incentives unless they are "**qualified employee discounts**". Qualified employee discounts are any employee discount on the selling price of property or services when provided on a nondiscriminatory basis to each member of a group of employees. The discount is the difference between the price of the property or services provided to employees and those offered non-employees by the employer.

A tax-free discount **cannot exceed** the gross profit percentage on property or 20% on services per IRC 132 (c); amounts exceeding the discount exemption are reportable/taxable. The tax exemption for qualifying employee discounts is **limited** to only properties and services sold in the ordinary course of business in the employer's line of business wherein the employee works. Properties and services may not include real and personal property held for investment.

EXAMPLE (TAXABLE): A campus provides employees an award. These employees receive a certificate redeemable for a 40% discount at the campus-owned bookstore. One employee buys a jacket priced at $100; however, utilizing the certificate, the employee only pays $60.00. THE AMOUNT OF THE ACTUAL DISCOUNT IS REPORTABLE/TAXABLE INCOME - $40.00 is reportable/taxable income.

EXAMPLE (NON-TAXABLE): A campus provides all employees with a discount card to the campus-owned bookstore. The card provides employees with a percentage discount on all purchases at the bookstore. Because the discount is provided to all employees, the discount does not represent reportable/taxable income IF THE AMOUNT OF THE DISCOUNT DOES NOT EXCEED AN AMOUNT EQUAL TO THE BOOKSTORE'S GROSS PROFIT PERCENTAGE.

EXAMPLE (TAXABLE): An employee earns a performance or sales bonus. The bonus is a $50.00 gift certificate or cash provided by a vendor. The $50.00 VALUE OF THE CERTIFICATE OR MERCHANDISE IS REPORTABLE/TAXABLE INCOME.

EXAMPLE (TAXABLE): A campus Athletic Department or correctional institution buys sports merchandise from Company X. As the result of this purchase, Company X provides free sportswear to employees. THE VALUE OF THE MERCHANDISE PROVIDED EMPLOYEES IS REPORTABLE/TAXABLE INCOME.

REPORTING INSTRUCTIONS **N 127.7**
(Revised 05/02)

Third party **incentive payments** are reported to SCO via form STD. 676P, per PPM Section N 172.2. When using form **STD. 676P,** identify these payments as: **ITEM CODE IT and ITEM DESCRIPTION INCENTIVES PROVIDED BY A THIRD PARTY.**

Third party incentive values for gifts, goods, services, merchandise, etc., are reported to SCO via form **STD. 676V** per PPM Section N 172.2. When using form STD. 676V, identify these values as **ITEM CODE IE AND ITEM DESCRIPTION INCENTIVES PROVIDED BY A THIRD PARTY.**

FORM W-2 REPORTING **N 127.8**
(Revised 08/02)

Incentives provided to employees by third parties are included in the Form W-2 boxes: (Refer to PPM Section Z - Attachment I -12, Chart I)

BICYCLE MILEAGE **N 128**
(Revised 02/04)

All employer paid reimbursements for business mileage via an employee owned bicycle are reportable/taxable income. For other reimbursements for bicycle storage, parking, etc., please refer to **Awards/Bonuses/Incentives N 127.1 – Al.**

REFERENCES
(Revised 01/02)

IR Code Section 62

APPLICABLE TAXES **N 128.1**
(Revised 09/02)

Federal Income Tax	SS/Medicare Tax	State Income Tax
YES	YES	YES

GENERAL INFORMATION **N 128.1.1**
(Revised 04/04)

Employer reimbursements for business use of an employee owned bicycle are EBEs governed by IRS Accountable/Non-accountable Plan Rules. Since the IRS has not established bicycle reimbursement substantiation criteria, reimbursements for this EBE are issued under Non-accountable Plan Rules. These reimbursements are reportable/ taxable under both Federal and State law.

REPORTING INSTRUCTIONS **N 128.1.2**
(Revised 04/04)

Agencies/campuses should use form STD. 671, Miscellaneous Payroll/Leave Action, or Form 672, Time and Attendance, to report bicycle reimbursement payments via the PIP System. Refer to PPM Section G 150 for completion instructions.

Bicycle reimbursements may also be reported to SCO via forms STD. 676P per PPM Section N 172.2. When using form STD. 676P, identify bicycle reimbursements as; ITEM CODE **BM** and ITEM DESCRIPTION **BICYCLE MILEAGE.**

For agencies using the California Automated Travel Expense Reimbursement System (CalATERS), employees may request reimbursement of Bicycle Mileage/Miscellaneous Bicycle Fees via the CalATERS. For taxable reimbursements paid through the CalATERS, no action is required by agencies as the CalATERS directly interfaces reportable/taxable income with the Non-USPS. For more information regarding the CalATERS, please visit (www.CalATERS.ca.gov).

FORM W-2 REPORTING **N 128.1.3**
(Revised 08/02)

Bicycle Mileage/Miscellaneous Bicycle Fees reimbursements are included in the Form W-2 boxes: (Refer to PPM Section Z - Attachment I -12, Chart I)

CARS **N 129**
(Revised 01/02)

PERSONAL USE OF A STATE VEHICLE **N 129.1**
(Revised 01/02)

The value of personal use of State-owned or leased vehicles (PUSV) including personal commutes between home and office/office to home is reportable taxable income

REFERENCES
(Revised 01/02)

IRS Regulations Sections 1.132-6(e)(2), 1.1.32.5 and 1.274-5(k)(2)
IRS Publications #463, 525, 535, 587, 15-B
IRS Revenue Procedures 97-58

APPLICABLE TAXES **N 129.1**
(Revised 09/02)

Federal Income Tax	SS/Medicare Tax	State Income Tax
YES	YES	YES

GENERAL INFORMATION **N 129.1.2**
(Revised 01/04)

The value of all PUSV (unless noted in PPM Section N 129.1.3) is taxable income and must be reported to the SCO using Special Valuation Rules. Personal use includes miscellaneous non-business trips, daily work commutes, etc. Commutes include trips from home to headquarters/regular office and headquarters/regular office to home. If an employee routinely works at the same multiple sites, the commute to each of those sites and back home again is also a personal commute. Employers must apply facts and circumstances on a case-by-case basis to determine taxable "personal use".

Agencies/campuses may choose any of three Special Valuation Rules. Additionally, the General Valuation Principle may be chosen by an **employee** in lieu of a Special Valuation Rule. Each option is outlined below.

Agency/campus options:

Auto Lease Valuation Rule(Reg. 1.61-21(d). The reportable/taxable amount is based on the annual lease value of the automobile. Tables for determining the Annual Lease Value are in IRS Publication #463, Travel, Entertainment, Gift, and Car Expenses and 15-B, Employer's Tax Guide to Fringe Benefits. The annual lease values in the table are based on a 4-year lease term. These values will generally stay the same for the period that begins with the first date you use this special rule for the automobile and ends on December 31 of the 4th full calendar year following that date.
Vehicle Cents Per Mile Rule (Reg. 1.61-21(e) and Rev. Proc. 2001-12. This rule cannot be used if the vehicle is:

- not used regularly (50% by mileage) in the employer's business, or

- driven less than 10,000 miles per year, or

- has a Fair Market Value (FMV) greater than the annually established level for Vehicle Cents-Per Mile Rule.

The following FMV were established:

2004	**$14,800**
2003	**$15,200**

2002 $15,300

2001 $15,400

2000 $15,400

Under this rule, the Federal Standard Mileage Rate (FSMR) is multiplied by the number of miles driven for personal purposes. The result equals the reportable/taxable value. Value may be reduced by $0.055/mile when fuel is provided by the employee.

The following FSMR were established:

2004 $0.375/mile

2003 $0.360/mile

2002 $0.365/mile

2001 $0.345/mile

2000 $0.3251/mile

Commuting Valuation Rule. The reportable/taxable amount is $1.50 per one-way commute or $3.00 per round trip per Reg. 1.61-21(f).

Personal Use for commuting can be valued $1.50 each one-way commute if:

- Vehicle is owned or leased by employer
- Vehicle is provided to employee for business use
- Employer requires employee to commute in vehicle for valid non-compensatory business reasons*
- Employer has written policy prohibiting personal use other than commuting
- Employee does not use vehicle for personal use

*** Key Concepts: The employer must require the employee to use the vehicle for a business purpose; it cannot be voluntary on the employee's part.**

This rule cannot be used if the employee is a Control Employee. A Public Sector Control Employee is:

- an elected official, or
- an employee whose compensation equals or exceeds a federal employee compensated at Executive Level 5.

The following compensation Executive 5 levels were established

2004 $127,300

2003 $125,400

2002 $121,600

2001 $117,600

2000 $114,500

Employee option:

General Valuation Rule. The reportable/taxable amount is the amount an unrelated third party would charge a person to lease the same or comparable vehicle on the same or comparable terms. **This option typically results in a higher reportable/taxable value.**

NOTE: The options listed above are discussed in IRS Publications #525, Taxable and Nontaxable Income and 15-B, Employer's Tax Guide to Fringe Benefits. These publications are available from local IRS offices, requested by calling toll free 1-800-829-3676 or via IRS' web site: (www.irs.gov).

EXCEPTIONS TO REPORTING **N 129.1.3**
(Revised 08/03)

There are exceptions to PUSV being taxable:

- De Minimis Fringe Benefit and

- Qualified Non Personal Use Vehicle and

- Working Condition Fringe Benefit

De Minimis Fringe Benefit. If an employee commutes in a State-owned or leased vehicle **no more than once a month**, the value is exempt from gross income, per IRS Regulation 1.132-6(d)(3). This rule is available to cover infrequent, irregular situations. The regulation does not automatically provide for 12 free commutes in a calendar year. **A commute is defined as a round-trip from home to office or office to home and return and/or any two one way trips from home to office or office to home.**

Qualified Non Personal Use Vehicle. The value of a "qualified non-personal use vehicle" is excluded from gross income, per IRS Regulation 1.274-5T(k)(2). To qualify, the following conditions must be satisfied and documented by actual "facts and circumstances".

A qualified non-personal use vehicle is any vehicle that is not likely to be used more than minimally for personal purposes because of the way it is designed. A complete listing is found in IRS Regulation 1.274-5T(k)(2). Included are:

- Clearly marked police and fire vehicles* (as defined and to the extent provided in paragraph (k)(3) of the IRS Regulation),

- Ambulances used as such or hearses used as such,

- Any vehicle designed to carry cargo with a loaded gross vehicle weight over 14,000 pounds,

- Bucket trucks ("cherry pickers"),

- Cement mixers,

- Combines,

- Cranes and derricks,

- Delivery trucks with seating only for the driver, or only for the driver plus a folding jump seat (as defined in paragraph (k)(7) of the IRS Regulation),

- Dump trucks (including garbage trucks),

- Flatbed trucks,

* ***Clearly marked police or fire vehicles***. A police or fire vehicle is a vehicle, owned or leased by a governmental unit or any agency or instrumentality thereof, that **is required to be used for commuting by a police officer of fire fighter who, when not on a regular shift, is on call at all times, provided that any personal use** (other than commuting) **of the vehicle outside the limit of the police officer's arrest powers or the fire fighter's obligation to respond to an emergency is prohibited** by such governmental unit. A police or fire vehicle is clearly marked if, through painted insignia or words, it is readily apparent that the vehicle is a police or fire vehicle. **A marking on a license plate is not a clear marking**.

- Forklifts,

- Passenger buses used as such with a capacity of at least 20 passengers,

- Qualified moving vans (as defined in paragraph (k)(4) of the IRS Regulation),

- Qualified specialized utility repair trucks (as defined in paragraph (k)(5) of the IRS Regulation -- see below),

- Refrigerated trucks,

- School buses (as defined in paragraph 422(d)(7)(C) of the IRS Regulation),

- Tractors and other special purpose farm vehicles,

- Unmarked vehicles** used by law enforcement officers*** (as defined in paragraph (k)(6) of the IRS Regulation) if the use is officially authorized and

- Such other vehicles as the Commissioner may designate.

** ***Unmarked law enforcement vehicle***. The substantiation requirements of Section 274(d) do not apply to officially **authorized uses of an unmarked vehicle by a "law enforcement officer". To qualify, any personal use must be authorized by State agency or department that owns or leases the vehicle and employs the officer, and must be incident to law-enforcement functions, such as reporting directly from home to a stakeout or surveillance site, or to an emergency situation**.

******Law enforcement officer*.** The term "law enforcement officer" means an individual employed **on a full-time basis by a governmental unit that is responsible for the prevention or investigation of crime involving injury to persons or property** (including apprehension or detention of persons for such crimes), **who is authorized by law to carry firearms, execute search warrants, and make arrests (other than merely a citizen's arrest), and who regularly carries firearms** (except when not possible due to requirements of undercover work). The term "law enforcement officer" may include an arson investigator if the investigation otherwise meets these requirements. Designation of "peace officer" does not by itself, satisfy IRS requirements -- all conditions noted above must be satisfied.

NOTE: Clearly marked campus police cars used to commute from home to work (off campus to campus) do not qualify under 1.274-5T(k)(2). However, campus police cars used to commute from home (on campus) to work (on campus) may qualify if the other conditions noted above are satisfied.

***Qualified Specialized Utility Repair Truck*.** Truck (not a van or pickup truck) is specifically designed/used to carry heavy tools, testing equipment or parts and shelves, racks or permanent interior construction were installed to carry/store such items and as a result, it is unlikely the vehicle would be used for personal commutes. The employer requires the employee to drive the truck home to respond to emergency situations for purposes of restoring or maintaining electricity, gas, telephone, water sewer of steam utility services.

***Specially Modified Trucks and Vans*.** Truck or van must be specifically modified wherein the result precludes personal use except on a de minimus basis. A pickup truck with a loaded gross vehicle weight under 14,000 pounds is a qualified non-personal use vehicle if it fall into **one** of the following categories:

- The vehicle is clearly marked with permanently affixed decals or special painting or other advertising associated with the employer's trade, business or function and is equipped with at least **one** of the following: a hydraulic lift gate, permanently installed tanks or drums, permanently installed side boards or panels materially raising the level of the sides of the bed of the pickup truck or other heavy equipment, such as an electric generator, welder, boom or crane used to tow automobiles and other vehicles.

- The vehicle is clearly marked with permanently affixed decals or special painting or other advertising associated with the employer's trade, business or function, is actually used primarily for transporting a particular type of load other than over the public highway in connection with a construction, manufacturing, processing, farming, mining, drilling, timbering or other similar operations, **and** was specially designed or modified to a significant degree for such use.

A van with a loaded gross vehicle weight under 14,000 pounds is a qualified non-personal use vehicle **if**:

- It is clearly marked with permanently affixed decals or special painting or other advertising associated with the employer's trade, business, or function, it has a seat only for the driver or the driver and one other person, and either permanent shelving was installed that fills most of the cargo area.

Or

- The cargo area is open and the van constantly (during both working and non-working hours) carries merchandise, material, or equipment used in the employer's trade, business or function.

***Facts and Circumstances*.** IRS considers the nature of the vehicle, nature of the employer's need to use qualified non-personal use vehicles and other requirements as those noted above. **These combined factors represent "facts and circumstances" that must be applied on a case-by-case basis to determine whether or not vehicle use is/is not tax-free.**

Working Condition Fringe Benefit (Employee's Home/Headquarters):

For the value of the personal use of a State-owned or leased vehicle to be excluded from income for an employee whose home is designated as his/her headquarters, **the following criteria must be met by the department and employee:**

1. The employer must designate the employee's home as his/her headquarters (please refer to DPA rules 599.616 and 599.616.1

2. The employee's home/headquarters must meet the conditions of IRC Section 280A(c) as the employee's "principal place of business." The term **"principal place of business" is defined as a place of business of the employee if there is no other fixed location of such business where the employee conducts substantial administrative activities of such business. To qualify, the employee must perform his/her primary administrative activities at home, as opposed to at home and another location.**

Administrative activities are defined as those activities that are not performed in the field but are conducted in an office setting. Such activities include, but are not limited to, preparing reports; completing time sheets/travel expense claims; returning phone calls; preparing correspondence (either hard copy or e-mail); evaluating and making recommendations regarding departmental regulations; reviewing research material; providing consultation to agency staff, other State agencies, and/or members of the public; and developing and maintaining a library of technical and informational documents pertaining to the agency's mission and/or employee's assigned responsibilities.

3. The designation of the home/headquarters as the "principal place of business" must be for the convenience of the employer versus the convenience of the employee. **The convenience of the employer means that the employer has a substantial non-compensatory business reason that requires this designation.**

4. **The employee must demonstrate that the home/headquarters assignment qualifies as a legitimate tax deduction.** Refer to IRS Publications including #587.

5. The employer and employee must document, as defined **ALL VEHICLE USE**. The information required includes: mileage (total business, commuting, use of other personal mileage), percentage of business use, dates placed in service, use of other vehicles, after work use, and maintain evidence to support the business use claimed. The IRS requires that the information must include all use, not just the first and last trip of the day.

6. The work locations that an employee routinely travels to daily cannot be a single work location. If the employee reports to different locations at the beginning of each workday versus the same locations routinely, this condition is met. For example, if the employee leaves his/her home/headquarters and routinely goes to the same work location each day, the IRS states this use is a taxable commute.

If all the conditions listed above (items 1 through 6) are not met, the personal use of a State owned or leased vehicle is considered a "fringe benefit" and constitutes taxable income.

REPORTING INSTRUCTIONS **N 129.1.4**
(Revised 01/02)

Taxable PUSV values are reported to SCO via form **STD. 676V** per PPM Section N 172.2. When using form STD. 676V, identify PUSV values as: **ITEM CODE CP** and **ITEM DESCRIPTION CARS - PERSONAL USE OF STATE VEHICLE.**

FORM W-2 REPORTING **N 129.1.5**
(Revised 08/02)

The value of all PUSV is included in the Form W-2 boxes: (Refer to PPM Section Z - Attachment I -12, Chart I)

VEHICLES PROVIDED BY THIRD PARTIES **N 129.2**
(Revised 01/02)

The value of the personal use of vehicles provided to employees by third parties, including CSU Foundations, Booster Clubs and automobile dealerships is reportable/taxable income.

REFERENCES
(Revised 01/02)

IRS Announcement 94-112
IRS Regulations Sections 1.32-5T(h), 1.61-21 and
IRS Publications #463, #535, 15-B

APPLICABLE TAXES **N 129.2.1**
(Revised 09/02)

Federal Income Tax	SS/Medicare Tax	State Income Tax
YES	YES	YES

GENERAL INFORMATION **N 129.2.2**
(Revised 01/04)

The value of vehicle use provided employees by a third party is reportable/taxable income under Internal Revenue (IRS) Announcement 94-112. IRS states if a vehicle is provided to an employee in connection with the performances, of services for the university under either of the following circumstances, the value of the personal use of the vehicle is reportable/taxable income when:

1) the benefit (vehicle) was contemplated during the employment process, OR

2) the benefit (vehicle) was provided by a third party through an arrangement with the employer (campus).

If either condition is met, the value of the personal use of the vehicle must be reported monthly by the employer to the State Controller's Office. California law defines gross income the same as Federal law.

EXAMPLE (TAXABLE): As part of negotiating an employee's employment and/or compensation package, a campus enlists a foundation or dealership to provide a vehicle to the employee. THE VALUE OF THE PERSONAL USE OF THE VEHICLE IS REPORTABLE/TAXABLE INCOME.

EXAMPLE (TAXABLE): An automobile dealership provides a vehicle to a campus athletic department employee. There is an agreement between the dealership, foundation and/or campus to give the dealership advertising in exchange for the vehicle. THE VALUE OF THE PERSONAL USE OF THE VEHICLE IS REPORTABLE/TAXABLE INCOME.

EXAMPLE (NON-TAXABLE): A coach independently negotiates a vehicle as compensation from a dealership for various promotions for that dealership. There was **no involvement** in the compensation arrangement by the campus or foundation. The vehicle was unilaterally provided to the coach by the dealership to promote its own business interest. Although the coach has income tax consequences for the vehicle, the campus has no responsibility for reporting this income.

DETERMINING VALUE

The value of a vehicle provided by a third party must be determined by one of three methods. The campus must select from the following methods:

1) General Valuation Rule

2) Annual Lease Valuation Rule, or

3) Vehicle Cents Per Mile Rule.

GENERAL VALUATION RULE

The Fair Market Value (FMV) must be used unless one of the two valuation rules discussed below is used. FMV is the amount an employee would pay a non-involved party for use of the vehicle. FMV is not necessarily the amount the employee or dealership considers the value of the vehicle.

ANNUAL LEASE VALUATION RULE

The reportable/taxable amount is the adjusted annual lease value of the vehicle. Tables for determining the Annual Lease Value are in IRS Publication #463, Travel, Entertainment, Gift, and Car Expenses, and 15-B, Employer's Tax Guide To Fringe Benefits **4-year lease term.** The annual lease values in the table are based on a 4-year lease term. These values will generally stay the same for the period that begins with the first date you use this special rule for the automobile and ends on December 31 of the 4th full calendar year following that date.

Annual lease value is adjusted by an employee's percentage of personal use and excludes the value of employer provided gasoline used for personal purposes. An additional $0.055/mile is reported for each mile of personal use if the fuel was provided to the employee.

VEHICLE CENTS PER MILE RULE

This rule cannot be used if the vehicle is:

- not used regularly (50% by mileage) in the employer's business, or
- driven less than 10,000 miles per year, or
- has a FMV greater than the annual established level for Vehicle Cents Per Mile Rule.

The following FMV were established:

2004 $14,800

2003 $15,200

2002 $15,300

2001 $15,400

2000 $15,400

Under this rule, the Federal Standard Mileage Rate (FSMR) is multiplied by the number of miles the vehicle was used for personal purposes. The result is the reportable/taxable value. Value may be reduced by $0.055/mile when fuel is provided by the employee.

The following FSMR were established:

2004 $0.375/mile

2003 $0.360/mile

2002 $0.365/mile

2001 $0.345/mile

2000 $0.325/mile

REPORTING INSTRUCTIONS **N 129.2.3**
(Revised 01/02)

Taxable vehicle values, provided by a third party, are reported to SCO via form **STD. 676V** per PPM Section N 172.2. When using form STD. 676V, identity these values as: **ITEM CODE CV** and **ITEM DESCRIPTION CARS-VEHICLES PROVIDED BY A THIRD PARTY.**

FORM W-2 REPORTING **N 129.2.4**
(Revised 08/02)

The value of the personal use of a vehicle is included in the Form W-2 boxes: (Refer to PPM Section Z – Attachment I -12, Chart I)

CAR MILEAGE **N 130**
(Revised 01/02)

Employer paid reimbursements for "non-business travel" (personal) car mileage expenses are reportable/taxable income.

REFERENCES
(Revised 01/02)

IRS Revenue Ruling 94-47, Regulation 1.61.21
IRS Publications #463 and #535

APPLICABLE TAXES **N 130.1**
(Revised 09/02)

Federal Income Tax	SS/Medicare Tax	State Income Tax
YES	YES	YES

GENERAL INFORMATION **N 130.1.2**
(Revised 01/02)

Mileage reimbursements paid employees for "non-business travel" are always reportable/taxable income even if paid at or below the Federal mileage rate. Non-business travel includes: personal commutes between home and office and vice versa, commutes to and from remote headquarters and any other personal commutes involving mileage not associated with business travel. Taxable mileage reimbursements include:

CALL BACK/OVERTIME MILEAGE - Personal mileage incurred due to being called back to the office after a normal work shifts ends, overtime, coming to work on a normal day off. It also includes reimbursement for court appearances.

REMOTE HEADQUARTERS MILEAGE - Personal mileage incurred when commuting to headquarters is 15 or more road miles (one way) from the nearest residential area.

COMMUTER MILEAGE-Personal mileage incurred for all other non-business travel.

REPORTING INSTRUCTIONS **N 130.1.3**
(Revised 01/02)

Agencies/campuses should use form STD. 671, Miscellaneous Payroll/Leave Action, or Form 672, Time and Attendance, to report Call Back/Overtime, Remote Headquarters and Commuter Mileage payments via the PIP System. Refer to PPM Section G 150 for completion instructions.

Mileage reimbursements may also be reported to SCO via form STD. 676P per PPM Section N 172.2. When using form STD. 676P, identify car reimbursements as:

ITEM CODE	ITEM DESCRIPTION
CB	Cars – Call Back/Overtime Mileage
CC	Cars – Commuter Mileage
CR	Cars – Remote Headquarters Mileage

For agencies using the California Automated Travel Expense Reimbursement System (CalATERS), employees may request reimbursement of Call Back/Overtime and Remote Headquarters Mileage via the CalATERS. For taxable reimbursements paid through the CalATERS, no action is required by agencies as the CalATERS directly interfaces reportable/taxable income with the Non-USPS. For more information regarding the CalATERS, please visit (www.CalATERS.ca.gov **)**.

FORM W-2 REPORTING **N 130.1.4**
(Revised 08/02)

Mileage reimbursements amounts are included in the Form W-2 boxes: (Refer to PPM Section Z - Attachment I -12, Chart I)

STANDARD BUSINESS MILEAGE REIMBURSEMENT **N 130.2**
(Revised 01/02)

Standard Business Mileage reimbursements exceeding an employer's "reimbursement rate", or FSMR (whichever is lower) are reportable/taxable income.

REFERENCES
(Revised 01/02)

IR Code Sections 62 and 274-5T
IRS Revenue Procedures 97-38
IRS Publications 463 and 535

APPLICABLE TAXES **N 130.2.1**
(Revised 09/02)

Federal Income Tax	SS/Medicare Tax	State Income Tax
YES	**YES**	**YES**

GENERAL INFORMATION **N 130.2.2**
(Revised 11/03)

The State maintains various business mileage reimbursement plans for Civil Service, CSU, Legislative and Judicial Council and Military Department (SAD) employees. When an employer's business mileage reimbursement plan provides for a range of rates, **the lowest rate in the range becomes the employer's "reimbursement rate" when applying the deemed substantiation rule**. Except for CSU and specialized vehicle mileage rates, business mileage paid under these plans is non-taxable income as each plan pays a per mile rate lower than the FSMR.

Some State plans provide business mileage reimbursement for **specialized vehicle use** wherein the employer plan provides a range of rates. Reimbursements paid by the employer are nontaxable when the lowest rate in the range is paid and that rate is **equal to or less than the FSMR**. Any payment exceeding the "reimbursement rate" or when the employer's rate paid exceeds the FSMR is taxable and reportable income.

Federal Standard Mileage Rates (FSMR):

2004	**$0.375/mile**

2003	**$0.360/mile**
2002	**$0.365/mile**
2001	**$0.345/mile**
2000	**$0.325/mile**

Standard State business mileage rates:

Civil Service	- $0.34/mile
CSU	- $0.345/mile to $0.36/mile
Legislature	
• Senate	- $0.30/mile
• Assembly	- $0.31/mile
Judicial Council	- $0.34/mile
Military Department (SAD)	- $0.34/mile

Standard State specialized vehicle business mileage rates:

Civil Service	- $0.34/mile to $0.37/mile
CSU	- $ .345/mile to $0.44/mile
Legislature	
• Senate	- N/A
• Assembly	- N/A
Judicial Council	- N/A
Military Department (SAD)	- $0.34/mile to $0.37/mile

REPORTING INSTRUCTIONS **N 130.2.3**
(Revised 05/02)

Standard Business mileage reimbursements are reported to SCO via STD.676P per PPM Section N 172.2. When using form STD. 676P, identify Standard Business Mileage reimbursements as: **ITEM CODE CS** and **ITEM DESCRIPTION Cars – Standard Business Mileage.**

An example of Standard Business Mileage Reimbursement reporting follows:

A Civil Service employee (excluded), using a specialized vehicle to accommodate a physical disability, attends a July business meeting. Travel to and from the meeting totals 100 miles. The employee certifies according to the employer's plan and claims $0.36 per mile. The mileage reimbursement must be reported as two separate rates. The nontaxable mileage reimbursement amount is $34.00 (100 miles @ $0.34); the taxable mileage is $2.00 (100 miles @ $0.02). The $2.00 taxable income results from employer reimbursing at an amount greater than the FSMR and/or the Civil Service "deemed substantiated" rate. Report mileage reimbursements via form STD 676P reflecting $2.00 in the Gross Amount Subject to Withholding (field 6) and $31.00 in Gross Amount Not Subject to Withholding (field 7).

For agencies using the California Automated Travel Expense Reimbursement System (CalATERS), employees may request reimbursement of Standard State Business Mileage via the CalATERS. For taxable reimbursements paid through the CalATERS, no action is required by agencies as the CalATERS directly interfaces reportable/taxable income with the Non-USPS. For more information regarding the CalATERS, please visit www.CalATERS.ca.gov.

FORM W-2 REPORTING **N 130.2.4**
(Revised 08/02)

Standard Business Mileage Reimbursement amounts (including specialized vehicle mileage) 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:

Box	Title	Reported
12b	See Instructions for box 12	YES, Labeled "L"

EDUCATIONAL ASSISTANCE **N 131**
(Revised 01/02)

Employer paid/reimbursed Educational Assistance (EA) is reportable/taxable income unless the EA meets specific requirements.

REFERENCES
(Revised 04/02)

IRS Code Sections 61, 62, 127 and 132(d)
IRS Regulations Section 1.162-5
EGTRRA 2001

APPLICABLE TAXES **N 131.1**
(Revised 09/02)

Note: The following apply only to taxable EA reimbursements (amounts exceeding the annual exclusion amount).

Federal Income Tax	SS/Medicare Tax	State Income Tax
YES	YES	YES

GENERAL INFORMATION **N 131.1.1**
(Revised 09/02)

IRC regulations identify and distinguish various types of educational and training programs. An educational or training course may be exempt from tax under one or more IRC sections; or, fully taxable as no exemption exists. The three primary exemption based programs entail: **IRC 127 - Educational Assistance, IRC 132(d) – Working Condition Fringe Benefit,** and **IRC 117 - Scholarships/Tuition Waiver Programs.** IRC 127 and 132(d) provisions are discussed below; please refer to PPM Section N151 for IRC 117 provisions.

IRC 127: Prior to January 1, 2002, employer paid/reimbursed EA (under a qualified education program as defined by IRS) for upward mobility, career related and undergraduate courses whose combined expense does not exceed $5250 per calendar year, are non-reportable, non-taxable Federal and State income. Effective January 1, 2002, IRC applies to graduate level courses. **CS ONLY:** Reimbursed expenses under the Continuing Medical Education Program, established by DPA and BU 16 representatives, do not meet IRS 127 requirements nor accountable plan provisions. All reimbursements made under this program represent taxable, reportable income and must be reported as IM – Awards/Bonuses/Incentives. Refer to PPM Section N 127 for Reporting information.

The IRC 127 exemption extends to current and terminated employees and employees retired on disability. This benefit, however, is not available for an employee's dependents or spouse. A course start date is considered to begin the first regular day of class for the course. The first regular day of class at an educational institution is the first day regular classes begin in a term.

Graduate level course reimbursements **for classes taken prior to January 1, 2002, are taxable at the Federal level; only graduate level course reimbursements exceeding $5250 per year prior to January 1, 2002, are taxable at the State level.**

Effective for graduate classes started January 1, 2002, and thereafter, IRC 127 benefits (graduate and undergraduate) exceeding the annual $5250 limit per calendar year are reportable/taxable Federal and State income. **Graduate level courses are defined as any course taken by an individual who has received a bachelor's degree, or received credit toward a more advanced degree and any course normally taken under a program leading to law, business, medical or other advanced academic or professional degree (MD, MBA, etc.).**

IRC 127 expenses may cover: tuition, books, supplies and equipment necessary for class. Expenses not covered and always taxable: tools or supplies which the employee keeps after course completion, education involving sports, games, hobbies unless job related, meals, lodging or transportation.

IRC 132(d): Educational reimbursements must be for job required training to **qualify** as a Working Condition Fringe Benefit. **Training must: maintain or improve job skills, meet an employer's express requirements or requirements of applicable law or regulation imposed as a condition to the retention by the individual as established employment relationship, status or rate of compensation and, qualify (had the employee paid for the training) the expense as an employee business expense (IRC 162) on Form 1040.** Education that directly relates to an employee's current, job which reinforces job knowledge and skills (e.g., refresher and update courses) qualifies as tax-free. If the employee receives a cash reimbursement, the payment must be made under Accountable plan rules.

IRC 132(d) educational reimbursements **not qualifying are any courses needed to meet minimum educational requirements of a current job AND/OR any course taken to qualify an employee for a promotion or for a new trade or business.** If the employee receives a cash reimbursement and it is not issued under an Accountable plan, it is also taxable.

IRC 132 (d) educational benefits are available to current employees for qualifying courses including undergraduate and graduate education. Reimbursements for tuition, books, supplies and equipment necessary for class are covered expenses.

REPORTING INSTRUCTIONS **N 131.1.2**
(Revised 01/02)

Agencies/campuses should use form STD. 671, Miscellaneous Payroll/Leave Action, or Form 672, Time and Attendance, to report EA payments via the PIP system. Refer to PPM Section G 150 for completion instructions.

Taxable payments/values (reimbursements paid directly to third party) may also be reported to SCO via forms STD. 676P (for payments) and 676V (values) per PPM Section N 172.2. When using forms STD. 676P or 676V, identify payment/values as: **ITEM CODE EA and ITEM DESCRIPTION EDUCATIONAL ASSISTANCE.**

An example of EA reporting follows:

In November 2001, an employee's annual accumulated EA benefit surpasses the $5,250 threshold. The total employer provided benefit is $5,500. The amount exceeding $5,250 ($250) is reportable/taxable income. Report the $250 reimbursement via forms STD. 676P (if payments were issued to the employee) or STD. 676V (if payments were paid to the educational institution)

FORM W-2 REPORTING **N 131.1.3**
(Revised 08/02)

Taxable EA reimbursement amounts are included in the Form W-2 boxes: (Refer to PPM Section Z - Attachment I -12, Chart I)

ELECTRONIC DEVICES **N 132**
(Revised 01/02)

The value of personal use of employer-provided electronic devices and/or employer payment for personal use of an employee's device away from an employee's assigned work site are taxable/reportable income.

REFERENCES
(Revised 01/02)

IRS Code Sections 132(d), 162 and 167
IRS Regulations 1.32-5(a), 1.274-5T(c)

APPLICABLE TAXES **N 132.1**
(Revised 09/02)

Federal Income Tax	SS/Medicare Tax	State Income Tax
YES	YES	YES

Employee use of employer-provided electronic devices away from an employee's assigned work site are taxable/reportable income when IRS exclusion criteria are not met. Electronic devices include but are not limited to employer-provided: pagers, cellular phones, personal computers, employer-paid Internet access for employees at home, service billings or monthly fees, etc.

When electronic devices are provided to employees, **the IRS requirements listed below must be met to exclude business use from income. All personal use generally represents taxable/reportable income**. When the employer pays for an employee's electronic device or fees and the device/fees include personal use, the payment represents taxable income provided under a non-accountable plan.

The IRS characterizes these employer-provided assets that may be used away from the work site as "listed property". **"Listed property" is susceptible to personal/non business use and therefore increases the likelihood that employees receive taxable income**. Further, employer-provided "listed property" subjects the employer and employees to the strict IRS substantiation rules.

Taxable income generally includes all income, from whatever source derived. Any benefit provided an employee in connection with performance of services is considered income, unless a specific exclusion applies, per Internal Revenue (IR) Code Section 61(a). Exclusions are allowed for Working Condition Fringe Benefits (WCFB).

WORKING CONDITION FRINGE BENEFITS

Per IRS Regulation 1.132-5, a WCFB is any property or service provided to an employee to the extent that, if the employee paid for such property or service, such payment could be claimed as a business deduction under IRC Section 162 or 167. To qualify as a WCFB, three requirements must be satisfied:

1) the employee's use of the property or service relates to the trade or business of his employer, as validated by the employer (employer maintains a policy precluding personal use);

2) the employee would have been entitled to a business expense deduction if he/she purchased the property or service provided by the employer; and

3) the employee maintains any records required with respect to the business use of the property or service provided by the employer and the employer routinely validates these records to insure only business use occurs.

The IRS requires that adequate records must be maintained to determine that only business use occurs. Adequate records, per IR Temporary Regulation 1.274-5T(c), include the following:

1) account books;

2) diaries;

3) logs;

4) documentary evidences (e.g. receipts);

5) expense reports; and

6) written records.

To the extent that the IRS substantiation rules are satisfied, the exclusion for a WCFB shields the employee from taxable income, but only from the ***business use*** portion of employer-provided "listed property". **The employee's personal use of employer provided "listed property" falls outside of the WCFB exclusion and represents taxable income** (unless de minimus). The employee's taxable income equals the Fair Market Value (FMV) of the "listed property" attributable to personal use. The allocable **FMV is the amount that an individual would pay for the device, not necessarily what the employer paid for the device**.

ACCOUNTABLE PLAN REQUIREMENTS

Please refer to PPM Section N 120 - Fringe Benefits/Employee Business Expenses which details Accountable Plan criteria.

EXAMPLE (NON-TAXABLE): An agency (employer) provides an employee a cellular phone for business purposes. The agency's cellular phone policy prohibits personal use of the phone. The agency routinely audits the employee's phone billings to confirm that personal calls were not made. No personal calls were actually made by the employee. All IRS criteria are met; use of the phone is non-reportable, non-taxable.

EXAMPLE (TAXABLE): An agency provides an employee a cellular phone for business purposes. The agency's cellular phone policy prohibits personal use of the phone. However, the agency does not audit the employee's phone billings to confirm only business use. The Fair Market Value (FMV) of the phone (one time value) plus the monthly phone service charge (on going) are taxable, reportable income. The FMV equals the amount employees would pay for the phone and phone service, not necessarily the cost that the agency paid for phone service.

EXAMPLE (NON-TAXABLE): An agency provides a personal computer, modem and Internet access to selected employees at home for business purposes -- to work at home. The agency's electronic device policy prohibits personal use of these devices. The agency routinely audits the employee's records to confirm there is no personal use or personal modem calls were made by the employee. All IRS criteria are met; use of the electronic devices is non-reportable, non-taxable.

EXAMPLE (TAXABLE): An agency gives an employee an electronic pager plus pays each employee's monthly pager service charge for all its employees. The agency does not maintain a policy prohibiting personal use nor audit pager billing records. The Fair Market Value (FMV) of the pager (one time value) plus the monthly pager service charge (on going) are taxable, reportable income. The FMV equals the amount employees would pay for the pager and pager service, not necessarily the cost that the agency paid for pagers/pager service.

EXAMPLE (TAXABLE): An employee uses her **own** cellular phone for business and personal use. Each month, the employee submits her cellular phone bill to the agency for reimbursement. The submitted bill, including personal calls, is paid in full. The total reimbursement is reportable, taxable income.

REPORTING INSTRUCTIONS **N 132.3**
(Revised 01/02)

Agencies/campuses should use form STD. 671, Miscellaneous Payroll/Leave Action or Form 672, Time and Attendance to report taxable electronic device reimbursements/payments via the PIP System. Refer to PPM Section G 150 for completion instructions.

Electronic device **reimbursements/payments** may also be reported to SCO via form STD. **676P** per PPM Section N 172.2. When using form STD. 676P, identify these reimbursements/payments as: **ITEM CODE EL** and **DESCRIPTION CODE ELECTRONIC DEVICES.**

Electronic device **values (value of employee's personal use of employer provided devices)** must be reported to SCO via form STD. **676V** per PPM Section N 172.2. When using form STD. 676V, identify these reimbursements/payments as: **ITEM CODE EL** and **DESCRIPTION CODE ELECTRONIC DEVICES.**

FORM W-2 REPORTING **N 132.4**
(Revised 08/02)

The value of taxable Electronic Devices provided to employees is included in the Form W-2 boxes: (Refer to PPM Section Z - Attachment I -12, Chart I)

ENTERTAINMENT EXPENSES (CSU ONLY) **N 133**
(Revised 01/02)

Entertainment Expense reimbursements/payments to employees are reportable/taxable income.

REFERENCES
(Revised 01/02)

CSU	HR Letter 98-07
IRS Code Section	274(d)
IRS Regulations	1.62-2
IRS Publication 463 -	Travel, Entertainment, Gift and Car Expenses

APPLICABLE TAXES **N 133.1**
(Revised 09/02)

Federal Income Tax	SS/Medicare Tax	State Income Tax
YES	**YES**	**YES**

GENERAL INFORMATION **N 133.2**
(Revised 01/02)

The monthly entertainment allowance provided CSU executives is governed by IRS Accountable Plan rules. The allowance is taxable unless all of following criteria are met:

1. **Business Connection**: Entertainment allowance expenses must be for tax deductible, ordinary and necessary business expenses directly related to or associated with the active university's business. Other expenses are also covered wherein the executive need not show that expenses are directly related to or associated with the university's business. These exceptions are addressed in IRS Publication 463.

2. **Substantiation**: Executives must submit documentary evidence monthly to the designated business officer to substantiate the amount, time, place and business purpose of the entertainment expenses. Documentary evidence includes receipts, canceled checks, bills, etc., for all entertainment expense allowance amounts received.

3. **Returning Amounts in Excess of Expenses**: Executives shall return to the designated business officer any monthly amounts received in excess of those substantiated each month. The excess amount must be returned no later than 120 calendar days after the allowance was paid.

NOTE: Failure to meet **any** of the three criteria listed above results in taxable and reportable compensation. For example, an entertainment expense allowance is provided under the above accountable plan. However, if an executive does not return excess amounts within the 120 day schedule, the excess amount is treated by federal and state tax authorities as taxable/reportable compensation. The campus must report this amount to the State Controller's Office as taxable income. If an employee substantiates and returns excess advances *after* employer has treated amounts as wages, the employer is not required to return any withholdings or treat amounts as non-taxable.
[IRS Reg 1.62-2 (h)(2)]

REPORTING INSTRUCTIONS **N 133.3**
(Revised 01/02)

Agencies/campuses should use form STD. 671, Miscellaneous Payroll/Leave Action or Form 672, Time and Attendance to report taxable entertainment allowance payments via the PIP System. Refer to PPM Section G 150 for completion instructions.

Entertainment allowances may also be reported to SCO via form STD. 676P per PPM Section N 172.2. When using form STD. 676P, identify entertainment allowances as: **ITEM CODE EE and ITEM DESCRIPTION ENTERTAINMENT ALLOWANCE.**

FORM W-2 REPORTING **N 133.4**
(Revised 08/02)

Taxable Entertainment Expenses provided to employees 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**

HOUSING **N 135**
(Revised 01/02)

Employer provided housing benefits are generally reportable/taxable income. Housing benefits may be excluded from gross income if the housing is a Working Condition Fringe Benefit or when reimbursed as Employee Business Expense per the following exclusion requirements:

HOUSING AS A WORKING CONDITION FRINGE BENEFIT - IRS Regulations, Section 119-1(b)

The value of employer-provided Housing is excluded from taxation as a working condition fringe benefit when the Housing is provided:

1. On the business premises of the employer;
2. For the convenience of the employer, **and**
3. As a condition of employment.

1. On the business premises of the employer

The business premises of the employer mean the place where the employee performs a significant portion of his/her duties. To meet this requirement, the Housing must be on **the premises**, not near the premises.

2. For the convenience of the employer

The convenience of the employer means that the **employer has a substantial non-compensatory business reason to provide the Housing to the employee. This determination is made on a case-by-case basis.** For example, Housing furnished to an employee so that the employee is routinely available for night emergency duty may qualify Housing as furnished for substantial, non-compensatory business reasons.

3. As a condition of employment

A condition of employment means that the employee is required to accept the Housing to properly perform the duties of the job. It is not sufficient that an employee is compelled by the employer to live on the premises. He/she must be required to do so because **the on-site housing is indispensable to the proper discharge of assigned duties**.

An employer cannot simply declare that housing is furnished as a condition of employment. An employer must demonstrate and document the need for an employee to live on the business premises to satisfy the condition of employment test.

The value of Housing not meeting all three (3) criteria is regulated by IRS Code Section 61 that states: "Gross income means all income from whatever source derived including...fringe benefits". IRS Regulation Section 1.61-21(b) requires the Fair Market Value, less any amount paid by the recipient, be included in the employee's gross income. California law defines gross income the same as the Federal law.

HOUSING AS A REIMBURSED EMPLOYEE BUSINESS EXPENSE -- IRS Temporary Regulation, Section 62

Employer-provided Housing reimbursements are excluded as a reimbursed Employee Business Expense from the employee's gross income under an Accountable Plan. To qualify as an Accountable Plan, an employer's plan must meet all three requirements:

1. Business connection;
2. Substantiation; and
3. Return of amounts in excess of expenses.

EXECUTIVE HOUSING EXPENSE (CSU) **N 135.1**
(Revised 01/02)

The value of CSU's Executive Housing not meeting all Working Condition Fringe Benefit criteria and all Executive Housing Expense reimbursements, are reportable/taxable income

REFERENCES
(Revised 01/02)

CSU Technical Memorandum	HR2000 - 3
IR Code	Sections 61, 62 and 119
IRS Regulations	Section 1.61-21(b) and 1.119-1(b)

APPLICABLE TAXES **N 135.1.1**
(Revised 01/02)

Federal Income Tax	SS/Medicare Tax	State Income Tax
YES	YES	YES

GENERAL INFORMATION **N 135.1.2**
(Revised 01/02)

CSU maintains housing on several campuses for presidents. This housing is typically provided as a Working Condition Fringe Benefit. CSU also provides Executive Housing Expense reimbursement for other presidents and executives. These reimbursements, effective January 1, 2000, are paid under a non-accountable plan and represent taxable, reportable income. The value of Executive Housing not meeting IRS criteria and all Executive Housing Expense reimbursements are reportable/taxable income.

REPORTING INSTRUCTIONS **N 135.1.3**
(Revised 01/02)

Taxable Executive Housing values are reported to SCO via form **STD. 676V** per PPM Section N 172.2. When using form STD. 676V, identify Executive Housing values as: **ITEM CODE HE** and **ITEM DESCRIPTION HOUSING-EXECUTIVE HOUSING EXPENSE**.

Executive Housing Expense reimbursements are reported to SCO via form **STD. 676P** per PPM Section N 172.2. When using form STD. 676P, identify reimbursements as: **ITEM CODE HE** and **ITEM DESCRIPTION HOUSING-EXECUTIVE HOUSING EXPENSE**.

FORM W-2 REPORTING **N 135.1.4**
(Revised 08/02)

Executive Housing and EHE reimbursements are included in the Form W-2 boxes:
(Refer to PPM Section Z - Attachment I -12, Chart I)

HOUSING REIMBURSEMENTS **N 135.2**
(Revised 01/02)

Housing Reimbursements are reportable/taxable income. Exception: Housing provided by employers as a Working Condition Fringe Benefit or reimbursed as an Employee Business Expense per IRS regulations (refer to PPM Section N 135) is nontaxable.

REFERENCES
(Revised 01/02)

IRS Codes	Sections 61, 62 and 119
IRS Regulations	Sections 1.61-21(b) and 1.119-(b)

APPLICABLE TAXES **N 135.2.1**
(Revised 09/02)

Federal Income Tax	SS/Medicare Tax	State Income Tax
YES	**YES**	**YES**

GENERAL INFORMATION **N 135.2.2**
(Revised 01/02

The following employer Housing reimbursements are reportable/taxable income: reimbursements to employees for housing allowances, payments to locate housing; rent or lease payments to third parties (paying rents); paying rental taxes (County Possessory Interest Tax); providing temporary housing off-site of the business premises while on-site housing is repaired; etc.

EXAMPLE (TAXABLE): A CSU employee was provided on campus housing as a working condition fringe benefit. However, this housing is being refurbished. While the housing is refurbished, the employee paid rent for an apartment several miles from the campus. The campus reimburses the rent. The reimbursement is reportable/taxable income.

EXAMPLE (TAXABLE): A Civil Service employee was provided housing on the business premises as a working condition fringe benefit. However, this housing is being refurbished. While the housing is refurbished, the **employer** paid for an apartment off-site of the business premises. The rent payment was made directly to the apartment (third party). The payment value is reportable/taxable income.

REPORTING INSTRUCTIONS **N 135.2.3**
(Revised 01/ 02)

Housing values **(employer paid rents to third parties)** are reported to SCO via **form STD. 676V** per PPM Section N 172.2. When using form STD. 676V, identify these values as: **ITEM CODE HR** and ITEM **DESCRIPTION HOUSING REIMBURSEMENTS.**

Housing **reimbursements** are reported to SCO via form **STD. 676P** per PPM Section N 172.2. When using form STD. 676P, identify these reimbursements as: **ITEM CODE HR** and **DESCRIPTION CODE HOUSING REIMBURSEMENT.**

FORM W- 2 REPORTING **N 135.2.4**
(Revised 08/02)

Housing Reimbursements are included in the W-2 boxes: (Refer to PPM Section Z - Attachment I -12, Chart I)

EMPLOYER-PROVIDED HOUSING **N 135.3**
(Revised 01/02)

The difference between the Fair Market Value (FMV) of employer-provided Housing and employee paid rent for that housing (rent lower than FMV) is reportable taxable income.

REFERENCES
(Revised 01/02)

IRS Code	Sections 61, 62 and 119
IRS Regulations	Sections 1.61-21(b) and 1.119-1(b)
California Code of Regulations	Title 2, Article 3, Sections 599.642 and 599.646.

APPLICABLE TAXES **N 135.3.1**
(Revised 09/02)

Federal Income Tax	SS/Medicare Tax	State Income Tax
YES	**YES**	**YES**

GENERAL INFORMATION **N 135.3.2**
(Revised 01/02)

The difference between the Fair Market Value (FMV) of employer housing and employee paid rent (when lower than FMV) is reportable/taxable income. **Employer owned housing units include: houses, apartments, dormitories, mobile homes, trailers, mobile home pads, trailer spaces, etc. Housing also includes utilities (when applicable).**

Exception: IRC 119(c) provides a special Working Condition Fringe Benefit rule for educational institutions. Qualified campus housing furnished to employees is **not taxable** when **all** the following criteria are met: Housing is located on or near the campus (per IRS, "near the campus" means geographically proximate-immediately adjacent to); the employee pays rent of at least 5% of appraised FMV; and/or the rent charged the employee is comparable to rent charged by the institution to students or non-employees.

This housing is taxable if the employee pays no rent or pays rent that is less than 5% or comparable rent. When no rent is paid, the lesser amount of 5% of the appraised value or comparable rent is reportable/taxable income. When the employee pays less than the 5% or comparable rent, the difference between what is paid and the 5% or comparable rent is reportable/taxable income.

IRS Regulation 1.61-21(b) requires the FMV, less the amount paid by recipient, be included in an employee's gross income. **The FMV is the amount that an individual would pay for the benefit in an arm's length transaction. FMV equals the amount for which the property would rent in an "open" market between a willing lessor and lessee.**

FMV determinations are delegated to each department/campus who may use the services of a local appraiser or real estate service. **FMV determination must consider California Code of Regulation, Title 2, Article 3, Sections 599.62 and 599.646 criteria and FMV definition per IRS Regulation Section 1.61-21(b). FMV must be determined annually. Although a new appraisal is not required annually, the employer must review housing appraisals each year to insure that the FMVs are valid.**

NON-TAXABLE EXAMPLE: An employee is hired by a campus. As a condition of employment, the employee is required to reside in a campus-owned house. The house is on the business premises and is provided for the convenience of the employer, (substantial, noncompensatory business reasons) not the employee. All three conditions of IRS Regulation 1.119-1(b) are met. The value of the Housing is a non-reportable, non-taxable fringe benefit.

TAXABLE EXAMPLE: An employee working for a campus is provided a house located several miles from the campus. The employee has the option of living in the house. The conditions of IRS Regulation Section 1.119-1(b) are not met. The FMV for the house, $400/month, is reportable, taxable income.

TAXABLE EXAMPLE: An employee working for an agency is renting a house owned by and on the premises of the agency. Housing provided is for the employee's convenience. The employee pays $225/month rent. FMV for the house is $400/month. The FMV ($400), less amount paid by the employee ($225), is reportable, taxable income ($175).

TAXABLE EXAMPLE: An employee working for an agency rents a house owned by the same agency. FMV for the house is $500.00/month. The employee's Bargaining Unit contract allows the employee a 10% rent reduction. As a result, the employee pays $450.00/per month. The FMV ($500), less amount paid by the employee ($450), is reportable taxable income ($50).

TAXABLE EXAMPLE: An employee working for an agency rents a house owned by that agency. FMV for the house is $500.00/month. The employee's Bargaining Unit contract allows the employee to credit accrued CTO hours up to a net amount equivalent to the housing rental. The employee does not pay any money for the monthly rent. The FMV ($500), less amount paid by employee ($0), is reportable, taxable income ($500).

REPORTING INSTRUCTIONS **N 135.3.3**
(Revised 01/02)

Housing values are reported to SCO via form **STD. 676V** per **PPM** Section N 172.2. When using form STD. 676V, identify Housing values as: **ITEM CODE HV and ITEM DESCRIPTION HOUSING - VALUE OF STATE HOUSING.**

FORM W-2 REPORTING **I 135.3.4**
(Revised 08/02)

Reportable Housing amounts are included in the W-2 boxes: (Refer to PPM Section Z - Attachment I -12, Chart I)

LIFE INSURANCE **N 137**
(Revised 01/02)

GROUP TERM LIFE INSURANCE (LEGISLATORS) **N 137.1**
(Revised 01/02)

Employer-paid Group Term Life Insurance amounts for benefits exceeding $50,000 are reportable/taxable income

REFERENCES

IR Code	Section 79
IRS Regulations	1.79-1, 1.79-3
Public Law	100-303

Technical and Miscellaneous Revenue Act of 1988

APPLICABLE TAXES **N 137.1.1**
(Revised 09/02)

Federal Income Tax	SS/Medicare Tax	State Income Tax
NO	**YES**	**NO**

GENERAL INFORMATION **N 137.1.2**
(Revised 01/02)

The imputed value of Group Term Life Insurance provided to members of the Legislature exceeding $50,000 is reportable as Federal, Social Security/Medicare and State wages. Social Security/Medicare taxes must be withheld. Group-Term Life Insurance, however, is not subject to Federal and State Income Tax withholding. Values for reporting Group Term Life Insurance are outlined in IRS Regulation 1.79-3.

The taxable value of Group Term Life Insurance is reported to SCO via form STD. 676V per PPM Section N 172.2. The following Item Code and Item Description must be entered on form STD. 676V:

Insurance values are reported to SCO via form **STD. 676V** per PPM Section N 172.2. When using form STD. 676V, identify values as: **ITEM CODE LL and ITEM DESCRIPTION LIFE INSURANCE - GROUP TERM LIFE INSURANCE (Legislators).**

FORM W-2 REPORTING **N 137.1.4**
(Revised 08/02)

Group -Term Life/CSU Paid Life Insurance amounts are included in the following Form W-2 boxes:

Box	Title	Reported
1	Wages, tips, other compensation	YES
2	Federal income tax withheld	NO
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	NO

Special Reporting:

Box	Title	Reported
12c	See Instructions for box 12	YES, Labeled "C"

GROUP TERM LIFE INSURANCE (CSU) **N 137.2**
(Revised 01/02)

CSU-Paid Life Insurance amounts for benefits exceeding $50,000 are reportable/taxable income.

REFERENCES
(Revised 01/02)

IR Code Section 79
IRS Regulations 1.79-1, 1.79-3
Public Law 100-303
Technical and Miscellaneous Revenue Act of 1988
CSU Technical Letters 96-18 and 96-20

APPLICABLE TAXES **N 137.2.1**
(Revised 01/02)

Federal Income Tax	SS/Medicare Tax	State Income Tax
NO	YES	NO

GENERAL INFORMATION **N 137.2.2**
(Revised 01/02)

The imputed value of CSU-Paid Life Insurance provided to CSU MPP and Executive employees (M80 and M98) exceeding $50,000 is reportable as Federal, Social Security/Medicare and State wages. Social Security/Medicare taxes must be withheld. CSU-Paid Life Insurance, however, is not subject to Federal and State Income Tax withholding. Values for reporting Group Term Life Insurance are outlined in IRS Regulation 1.79-3.

The taxable value of CSU-Paid Life Insurance is identified by SCO via an automated process which creates one-time Social Security (code 097) and/or Medicare (code 092) adjustment transactions against Master Payroll in the pay period following the month the CSU-Paid Life Insurance deduction was withheld for active employees. An Agency Collection Accounts Receivable is generated for employees who have since separated or are on leave of absence.

FORM W-2 REPORTING **N 137.2.3**
(Revised 08/02)

CSU-Paid Life Insurance amounts are included in the following Form W-2 boxes:

Box	Title	Reported
1	Wages, tips, other compensation	YES
2	Federal income tax withheld	NO
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	NO

Special Reporting:

Box	Title	Reported
12c	See Instructions for box 12	YES, Labeled "C"

LOAN PROGRAMS **N 139**
(Revised 01/02)

Forgiven employer-paid loan and interest forgiven for loans greater than $10,000 are reportable/taxable income.

CSU FORGIVABLE LOAN PROGRAMS **N 139.1**
(Revised 01/02)

CSU offers two loan programs that discharge indebtedness (i.e., forgive the loan) in exchange for specific lengths of employment. These loan benefits are the Forgivable Loan and Doctoral Incentive programs.

REFERENCES
(Revised 01/02)

IR Code	Section 61(a)(12)
AB 364	(Chapter 228, Stats 1997)
IRS PUB	15-A

APPLICABLE TAXES **N 139.1.1**
(Revised 09/02)

Federal Income Tax	SS/Medicare Tax	State Income Tax
YES	YES	YES/NO**

** EXCEPTION: CSU's Forgivable Loan and doctoral Incentive programs was excluded from California Income Tax Withholding January 01, 1997, and thereafter.

GENERAL INFORMATION **N 139.1.2**
(Revised 01/02)

IR Code Section 61(a)(12) provides that gross income includes income from the discharge of indebtedness. Effective January 1, 1997, California law (AB 364) excluded CSU's Forgivable Loan Program amounts from income.

TAXABILITY **N 139.1.3**
(Revised 01/02)

Payments discharged or forgiven loan amounts constitute reportable/taxable income. Interest forgiven for loans greater than $10,000 is taxable income. If an employer lends an employee more than $10,000 at an interest rate less than the current applicable Federal rate (AFR), the difference between the interest paid and the interest that would be paid under the AFR is considered additional compensation to the employee.

This applies whether the employer makes direct payment to the employee, an education institution, a financial institution or credits an employee's loan account. Discharged loan amounts in any of these instances must be reported to SCO. NOTE: Interest forgiven for loans less than $10,000 is not taxable income.

REPORTING INSTRUCTIONS **N 139.1.4**
(Revised 01/02)

Discharged values are reported to SCO via form **STD. 676V** per PPM Section N 172.2. When using form STD. 676V, identify discharged values as: **ITEM CODE LF and ITEM DESCRIPTION LOAN PROGRAM - FORGIVEABLE/DOCTORAL INCENTIVE PROGRAM. NOTE:** DISCHARGED VALUES MUST BE REPORTED EACH TIME AN EMPLOYEE IS PAID AND/OR THE LOAN ACCOUNT CREDITED.

Example: John Doe participates in CSU's Forgivable Loan/Doctoral Incentive Program. John received a loan of $5,000 for educational purposes in 2000. This amount was not reported to IRS in 2000. In July 2001, the employing campus credited $500 towards John's loan. $500 is taxable and reportable income in 2001 and must be reported to SCO.

To exclude from California State Wage reporting, leave the "State Code", Column 8 on the form STD. 676V blank.

FORM W-2 REPORTING **N 139.1.5**
(Revised 03/03)

Employer-paid loan amounts discharged or forgiven are included in the following boxes on an employee's Form W-2:

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.**	**NO**
17	**State income tax**	**NO**

Special Reporting:

Box	Title	Reported
14	**Benefits included in box 1**	**YES**

SPECIAL INSTRUCTIONS **N 139.1.6**
(Revised 01/02)

Form W-2, Wage and Tax Statement for 1997 and thereafter, reports CSU's FLP as Federal and Social Security/Medicare Wages, but not as State Wages. **The Franchise Tax Board requires that employees reconcile differences between Federal and State wages via their Income Tax Return.**

CS FORGIVABLE LOAN PROGRAMS **N 139.2**
(Revised 01/02)

The Department of Personnel Administration offers two loan programs that discharge indebtedness (i.e., forgive the loan) in exchange for specific lengths of employment. These loan benefits are the Loan Forgiveness and Loan Assumption programs.

REFERENCES
(Revised 01/02)

IR Code Section 61(a)(12)
IRS BOU 15-A

APPLICABLE TAXES **N 139.2.1**
(Revised 09/02)

Federal Income Tax	SS/Medicare Tax	State Income Tax
YES	**YES**	**YES**

GENERAL INFORMATION **N 139.2.2**
(Revised 01/02)

IR Code Section 61(a)(12) provides that gross income includes income from the discharge of indebtedness. California law defines gross income the same as the Federal law.

TAXABILITY **N 139.2.3**
(Revised 01/02)

Payments discharged or forgiven loan amounts are reportable/taxable income. Interest forgiven for loans greater than $10,000 is taxable income. If an employer lends an employee more than $10,000 at an interest rate less than the current applicable Federal rate (AFR), the difference between the interest paid and the interest that would be paid under the AFR is considered additional compensation to the employee.

This applies whether the employer makes direct payment to the employee, an educational institution, a financial institution or credits an employee's loan account. Discharged loan amounts in any of these instances must be reported to SCO. NOTE: Interest forgiven for loans less than $10,000 is not taxable income.

REPORTING INSTRUCTIONS **N 139.2.4**
(Revised 01/02)

Discharged values are reported to SCO via form **STD. 676V** per PPM Section N 172.2. When using form STD. 676V, identify discharged values as: **ITEM CODE LA DESCRIPTION CODE LOAN PROGRAM - LOAN ASSUMPTION PROGRAM** and for forgiven values **ITEM CODE LP DESCRIPTION CODE LOAN PROGRAM - LOAN FORGIVENESS PROGRAM. NOTE**. THESE VALUES MUST BE REPORTED EACH TIME AN EMPLOYEE IS PAID AND/OR THE LOAN ACCOUNT CREDITED.

Example: AB Employee participates in CS's Loan Program. AB received a loan of $5,000 for educational purposes in 2000. This amount was not reported to IRS in 2000. In July 2001, the employing agency credited $500 towards AB's loan. $500 is taxable and reportable income in 2001 and must be reported to SCO via form STD. 676V.

FORM W-2 REPORTING **N 139.2.5**
(Revised 08/02)

Employer-paid loan amounts discharged or forgiven are included in the Form W-2 boxes: (Refer to PPM Section Z - Attachment I -12, Chart I)

LONG TERM TRAVEL **N 141**
(Revised 01/02)

Long Term Travel-Indefinite reimbursements are reportable/taxable income.

Long Term Travel-Temporary reimbursements are non-reportable, non-taxable income.

REFERENCES
(Revised 01/02)

IR Code	Section 162(a)(2)
IRS Revenue Ruling	#93-86
IRS Revenue Notice	93-29

APPLICABLE TAXES **N 141.1**
(Revised 09/02)

Federal Income Tax	SS/Medicare Tax	State Income Tax
YES	YES	YES

GENERAL INFORMATION **N 141.1.2**
(Revised 03/03)

When an employee travels away from home on business for extended periods of time, an employer must determine whether the travel is temporary or indefinite. **This decision must be made when the travel is planned and not when it is completed. Indefinite assignments are defined as "employment away in a single location wherein the employment assignment is realistically expected to last or in fact, lasts more than one year.** Travel reimbursements and/or direct payment to third parties by the employer for meals, lodging, mileage, etc. are taxable income to the employee. Please note that the assignment does not have to last one year, rather, if at the time of the assignment it is expected is to last a year, the benefits are taxable for that assignment regardless of the length of the assignment.

Temporary assignments are defined as "employment away from home in a single location wherein the employment is realistically expected and in fact, lasts one year or less. Absent any facts or circumstances indicating otherwise, IRS considers Temporary assignment travel reimbursements for meals, lodging, mileage, etc. issued under an employer's Accountable Plan as non-reportable, non-taxable income. Please note that if an employer initially assigns an employee to a Temporary assignment and later determines that the assignment is now expected to last or will last more than one year, reimbursements are immediately impacted. The previous tax free nature of the benefits under the initial Temporary assignment become immediately taxable thereafter with the employer's new determination.

NOTE: IRS has defined a "single location" as including a major metropolitan area; cities in juxtaposition to one another and locations which straddle county or state lines. These physical situations do not represent "different" locations. Short breaks in assignments do not automatically create a new assignment. IRS and the U.S. Supreme Court have ruled that breaks between assignments up to four-six weeks within a 12 month period do not necessarily terminate a Long Term Travel-Indefinite assignment for tax purpose. Employers are encouraged to provide employees a written disclosure of the taxability both Temporary and Indefinite Travel Assignments prior to employee's actual assignment.

REPORTING INSTRUCTIONS **N 141.1.3**
(Revised 05/02)

Agencies/campuses should use form STD. 671, Miscellaneous Payroll/Leave Action, or Form 672, Time and Attendance, to report Long Term Travel-Indefinite reimbursements payments via the PIP System. Refer to PPM Section G 150 for completion instructions.

Reimbursements may be also reported to SCO via form **STD. 676P** per PPM Section N 172.2. When using form STD. 676P, identify these reimbursements as: **ITEM CODE ML** and **ITEM DESCRIPTION MEALS AND LODGING - LONG TERM TRAVEL.**

Long Term Travel values (i.e. employer paid rents to third parties) are reported to SCO via form STD. 676V per PPM Section N 172.2. When using form STD. 676V, identify these values as: **ITEM CODE ML** and **ITEM DESCRIPTION MEALS AND LODGING – LONG TERM TRAVEL.**

For agencies using the California Automated Travel Expense Reimbursement System (CalATERS), employees may request reimbursement of Long Term Travel via the CalATERS. For taxable reimbursements paid through the CalATERS, no action is required by agencies as the CalATERS directly interfaces reportable/taxable income with the Non-USPS. For more information regarding the CalATERS, please visit (www.CalATERS.ca.gov **)**.

FORM W-2 REPORTING **N 141.1.4**
(Revised 08/02)

Taxable Long Term Travel reimbursements are included in the Form W-2 boxes:
(Refer to PPM Section Z - Attachment I -12, Chart I)

MEALS - NON-TRAVEL **N 143**
(Revised 01/02)

Meal compensation constitutes reportable/taxable income. Compensation includes: meal allowance payments, value of employer provided meal tickets redeemable at the work site, and value of employer provided meals. When employees have the option of accepting meal payments or in-kind meals and select in-kind meals, these meals are always taxable.

Exception: Meals defined by IRS as "provided in-kind during the work hours for the employer's convenience, provided for substantial noncompensatory business reasons and provided on the employer's premises" are generally non-reportable/non-taxable.

REFERENCES
(Revised 01/02)

IRS Regulations Section 1.132-6(d)(2)(i)

MEDICAL OFFICE OF THE DAY MEAL **N 143.1**
(Revised 01/02)

The Department of Personnel Administration authorizes employees assigned Medical Officer of Day (MOD) duty: $8.00 meal allowance, a $6.00 meal ticket, or in the Department of Mental Health (DMH) and Development Services (DDS) a facility prepared meal. DMH employees working at the California Medical Facility are authorized a $8.00 meal allowance. **All MOD meal compensation is taxable income EXCEPT for DMH and DDS employees who may only receive a facility-prepared meal. These in kind meals, provided during work hours for the employer's convenience and for substantial noncompensatory business reasons while on the employer's business premises are non-taxable.**

REFERENCES
(Revised 01/02)

IRC Section 119,
IRS Regulations 1.119-1(A-C)

APPLICABLE TAXES **N 143.2**
(Revised 09/02)

Federal Income Tax	**SS/Medicare Tax**	**State Income Tax**

YES	**YES**	**YES**

REPORTING INSTRUCTIONS **N 143.2.1**
(Revised 01/02)

MOD meal payments are reported to SCO via **form STD. 676P and values of MOD meal tickets and meals** are reported via form **STD. 676V** per PPM Section N 172.2. When using forms STD. 676P and 676V, identify MOD payments/values: **ITEM CODE MP** and **ITEM DESCRIPTION MEALS AND LODGING PER DIEM.**

FORM W-2 REPORTING **N 143.2.2**
(Revised 08/02)
(Refer to PPM Section Z - Attachment I -12, Chart I)

OVERTIME MEAL COMPENSATION **N 143.3**
(Revised 01/02)

The value of all Overtime Meal Compensation (including Arduous Meals) is reportable/taxable income.

REFERENCES
(Revised 01/02)

IRS Regulations Section 1.132-6(d)(2)(i)

APPLICABLE TAXES **N 143.3.1**
(Revised 09/02)

Federal Income Tax	SS/Medicare Tax	State Income Tax
YES	**YES**	**YES**

GENERAL INFORMATION **N 143.3.2**
(Revised 01/02)

Overtime Meal Compensation (OMC) includes: **Overtime Meal Allowance payments; value of Overtime Meal Allowance Tickets and value of overtime meals provided by employer.**

The value of overtime meal tickets varies at institutions having both snack bars and dining rooms. Employees receive meal tickets for use at either an institution's snack bar or dining room **AND** the ticket value is different when redeemed at the snack bar versus the dining room. For tax purposes, the higher ticket value must be reported.

IRS states that the employer paid (provided) and the employee constructively received the higher face value upon the employee's receipt of the meal ticket. The taxable benefit amount is the maximum ticket value the employer provided the employee versus the benefit value the employee received by choosing to eat at the snack bar or dining room.

EXAMPLE: An institution has a snack bar and dining room. The value of an overtime meal ticket used at the snack bar is $7 and $6 for the dining room. Upon receipt of the meal ticket, the employee received $7 taxable benefit regardless if the employee subsequently eats at the snack bar or dining room. IRS states that the employer provided a $7 meal ticket -- $7 is the taxable benefit amount constructively received by the employee.

PAYMENT METHOD **N 143.3.3**
(Revised 01/02)

OMC payments should be issued via the USPS via PIP rather than paid via claim schedule/reported through the Non-USPS. **Do not report OMC payments paid via the USPS on form STD. 676P.**

REPORTING INSTRUCTIONS **N 143.3.4**
(Revised 08/02)

Agencies/campuses should use form STD. 671, Miscellaneous Payroll/Leave Action, or Form 672, Time and Attendance, to report overtime meal compensation payments via the PIP System. Refer to PPM Section G 150 for completion instructions.

Overtime meal compensation payments may also be reported to SCO via form **STD. 676P** per PPM Section N 172.2. When using form STD. 676P, identify overtime meal payments; overtime meal values are reported via form STD. 676V. **ITEM CODE OM** and **ITEM DESCRIPTION OVERTIME MEAL COMPENSATION.**

For agencies using the California Automated Travel Expense Reimbursement System (CalATERS), employees may request reimbursement of Overtime Meal Allowance payments via the CalATERS. For taxable reimbursements paid through the CalATERS, no action is required by agencies as the CalATERS directly interfaces reportable/taxable income with the Non-USPS. For more information regarding the CalATERS, please visit (www.CalATERS.ca.gov **)**.

FORM W-2 REPORTING **N 143.3.5**
(Revised 08/02)

OMC amounts are included in the following Form W-2 boxes: (Refer to PPM Section Z - Attachment I-12, Chart I)

MEALS AND LODGING – TRAVEL **N 145**
(Revised 10/03)

Meals and lodging reimbursements for travel are reportable/taxable income when provided under an employer's non-accountable plan and when specific benefits are mandated as taxable income (i.e., Long Term Travel - Indefinite per diem reimbursements.) See PPM Section N 141.

NOTE: For example, some Civil Service contracts provide for “exceptions” to the portion of the State’s per diem Accountable plan regarding the distance from home and headquarters requirement. Reimbursement for “exceptions” of less than 50 miles were determined by IRS to be primarily “personal expenses” and not “business expenses” as defined by regulation. Accordingly, with very few exceptions, reimbursement for per diem within a 50 mile radius is taxable, reportable income.

Exception: Meals and lodging for travel are non-reportable, non-taxable income when provided under an employer's accountable plan and when specific benefits are excluded from taxation by law (Long Term Travel - Temporary). See PPM Section N 141.

(Revised 01/02)

IRS Code	Sections 62(c), 162(a) and 274
IRS Regulations	1.61-21 and 1.74-f(k)(2)
IRS Publication	463 -Travel, Entertainment, Gift and Car Expenses
IRS Announcement	90 -127

APPLICABLE TAXES **N 145.1**
(Revised 09/02)

NOTE: The following apply to: meals for travel less than 24 hours without overnight lodging; paid non-receipted lodging; and all per diem reimbursements issued under non-accountable employer plans.

Federal Income Tax	SS/Medicare Tax	State Income Tax
YES	**YES**	**YES**

MEALS LESS THAN 24 HRS W/O LODGING **N 145.1.2**
(Revised 01/02)

Per IRC 162(a), "daily" meal reimbursements by an employer to an employee traveling away from home for 24 hours or less wherein neither an overnight stay nor the "substantial sleep and rest rule" provisions were met, are reportable/taxable income. Daily meal reimbursements (even when paid under an Accountable plan) do not qualify as "business expenses". **These reimbursements are for "personal expenses" which fail to meet the business connection criteria of an Accountable plan. Day trips do not meet IRS' travel definition of "away from home" and thus, employer reimbursement of personal meal expenses is taxable.**

Exception: Meal reimbursements for travel for less than 24 hours are nontaxable when **paid under Accountable plan provisions and travel requires an overnight stay (lodging)**

OR

Travel satisfies ALL three Sleep/Rest Rule provisions required by IRS Announcement 90-127: the trip lasts substantially longer than an ordinary day's work

AND

The employee cannot reasonably be expected to make the trip without being released from duty for sufficient time to obtain substantial sleep/rest. NOTE: the IRS has ruled that brief rest periods, few hours or less, do not satisfy the definition of substantial sleep/rest.

AND

The Sleep/Rest Rule generally applies to employment occupations, by the nature of the work performed (truck drivers, airline pilots and other transportation jobs entailing the safe operation of equipment), which require limited work shifts, followed by a substantial sleep/rest period, before an employee is allowed to begin a new work shift or continue a trip.

EXAMPLE (TAXABLE): An employee drives from Sacramento to San Francisco leaving at 5:00 a.m. and returning at 6:00 p.m. The employee is entitled, under the employer's (accountable or non-accountable) reimbursement plan, to reimbursement for breakfast. Since the employee did not require an overnight stay nor were the Sleep/Rest Rule provisions satisfied, the reimbursement is taxable and reportable income.

EXAMPLE (TAXABLE): An employee flies from Los Angeles to San Francisco, leaving at noon and returning at 10:00 p.m. The employee is entitled, under the employer's (accountable or non-accountable) reimbursement plan, to reimbursement for dinner. Since the employee did not require an overnight stay nor were the Sleep/Rest Rule provisions satisfied, the reimbursement is taxable and reportable income.

EXAMPLE (NON-TAXABLE): An employee flies from San Diego to Sacramento leaving at 4:00 p.m., spending the night at a hotel and returning to San Diego the next day at 10:30 a.m. The employee is entitled, under the employer's accountable reimbursement plan, to reimbursement for dinner and breakfast. Although the trip was less than 24 hours, because an overnight stay was required, the dinner and breakfast reimbursements are non-taxable, non-reportable income.

EXAMPLE (NON-TAXABLE): An employee, a truck driver, is scheduled for a round trip run between Los Angeles and Sacramento. The employee leaves Los Angeles at 4:00 a.m. and returns to Los Angeles at 11:00 p.m. The employer requires the employee to secure four hours of rest in Sacramento before beginning the return portion of the trip. The employee is entitled, under the employer's accountable reimbursement plan, to reimbursement for breakfast and dinner. Because the Sleep/Rest Rule provisions were satisfied, the breakfast and dinner reimbursements are non-taxable, non-reportable income.

NON-RECEIPTED LODGING **N 145.1.3**
(Revised 01/02)

Employer paid reimbursement for non-receipted lodging is reportable/taxable income per IRS Regulation 1.274-5T(c)(2)(iii).

PER DIEMS **N 145.1.4**
(Revised 01/03)

Employer per diem reimbursements are reportable/taxable income when issued under Non-accountable plans and also when reimbursements issued under an Accountable plan requirement fail to satisfy the Accountable plan requirements (i.e., return of excess advanced amounts).

NOTE: For example, some Civil Service contracts provide for "exceptions" to the State per diem Accountable plan requirements regarding travel 50 miles or more from home and headquarters. Reimbursements for these "exceptions" were determined by the IRS to be primarily "personal expenses" and not "business expenses" as defined by regulation. Accordingly, with very few exceptions,

reimbursements for travel within a 50 mile radius are taxable, reportable income.

Employer per diem reimbursements are non-reportable, non-taxable income when issued under Accountable plans. The State maintains separate Accountable per diem plans for Civil Service, CSU, Military Department, etc. Regular travel reimbursements issued under and meeting the Accountable plan requirements are non-reportable, non-taxable income. Please refer to Long Term Travel in PPM Section N 141 regarding per diem reimbursements issued for extended travel.

REPORTING INSTRUCTIONS **N 145.1.5**
(Revised 01/02)

Taxable meal reimbursements for less than 24 hour travel, non-receipted lodging payments and per diem reimbursements not meeting Accountable plan requirements must be reported to SCO via form **STD.676P** per PPM Section N 172.2. When using the STD.676P, identify this compensation as: **ITEM CODE MP and DESCRIPTION CODE MEALS AND LODGING-PER DIEM.**

For agencies using the California Automated Travel Expense Reimbursement System (CalATERS), employees may request reimbursement of Meals Less Than 24 Hours w/o Lodging and Non-Receipted Lodging via the CalATERS. For taxable reimbursements paid through the CalATERS, no action is required by agencies as the CalATERS directly interfaces reportable/taxable income with the Non-USPS. For more information regarding the CalATERS, please visit (www.CalATERS.ca.gov **)**.

FORM W-2 REPORTING **N 145.1.6**
(Revised 08/02)

Taxable MP reimbursements provided to employees are included in the 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**

MOVING EXPENSES **N 147**
(Revised 01/02)

MOVING/RELOCATION EXPENSES **N 147.1**
(Revised 09/02)

Voluntary relocation and non-qualified moving expenses (as defined by the IRS) are taxable, reportable income. Only Qualified moving expenses denoted by IRS which are paid under an Accountable plan **AND** which meet the "Time" and "Distance" tests are non-taxable. **All moving relocation expense reimbursements paid directly to employees are reportable on Form W-2.**

NOTE: DPA's Hardship Transfer program permits moves/relocations based on

"personal and voluntary" versus "business required" reasons. All reimbursements to employees under this program are taxable, reportable income.

REFERENCES
(Revised 01/02)

IRC Section 217 and 82
IRS Pub 521, 15

APPLICABLE TAXES **N 147.1.1**
(Revised 09/02)

Federal Income Tax	SS/Medicare Tax	State Income Tax
YES	YES	YES

GENERAL INFORMATION **N 147.1.2**
(Revised 09/02)

Moving Expense benefits are divided into two tax categories for determining taxability: non-qualified and qualified, **The following non-qualified Moving Expenses are always considered reportable/taxable income--:**

- storage more than 30 consecutive days after moving out of residence;
- all meals connected with the move;
- pre-move house hunting trips;
- temporary living expenses;
- sale or purchase of a residence, and
- leases, unexpired or new.

The following qualified Moving Expenses are always considered non-taxable income when Federal Time and Distance tests are met **AND** if the employer's Moving Expense plan meets the requirements of an Accountable Plan. NOTE: DPA's Hardship Transfer Program **DOES NOT** meet Accountable Plan Requirements.

- reasonable costs of moving the employee's household goods and personal effects from the employee's former residence to the new residence and

- the reasonable costs of travel and lodging expenses incurred from the former residence to the new one by the shortest/most direct route..

NOTE: Failure to satisfy either the Time or Distance Tests results in all employee reimbursements for a work related move to be taxable income to the employee.

Time Test

The employee's full-time employment status must be for 39 weeks during the 12 months immediately following the move. **The time test can be waived by the employer due to death, disability or involuntary separation (other than willful misconduct) or if the employee is transferred for the employer's benefit.**

Distance Test

Moving Expense satisfies the distance test if the employee's move to a new headquarters is at least 50 miles farther from the employee's former residence than the employee's former residence was from the old headquarters.

Example, the employee's normal commute from the old headquarters to former residence was 15 miles. The employee's normal commute from the new headquarters to the employee's old residence must be a minimum of 65 miles to satisfy the distance test.

Qualified Moving Expense payments paid to an employee, while not taxable income, are reportable on Form W-2 in box 12d, labeled P. Effective January 1, 1998, qualified Moving Expense payments paid directly to a third party on behalf of the employee (e.g., to a moving company) are no longer reportable.

Accountable Plans

Qualified Moving Expense is subject to Accountable Plan rules governing Employee Business Expenses. See PPM Section N 120 for discussion of Accountable Plan. **All State Moving Expense Plans** - DPA authorized Civil Service (except Hardship Transfers), California State University, Military Department and Judicial Council - meet the Accountable Plan provisions.

REPORTING INSTRUCTIONS **N 147.1.3**
(Revised 01/02)

Moving Expense amounts are reported to SCO via either form STD. 675 or STD. 676P per PPM Section N 172.1 and 172.2.

FORM STD. 675 **N 147.1.4**
(Revised 06/03)

Report via form STD. 675 if you are withholding Federal and State Income Tax amounts from amounts reimbursed to the employee. **Agencies/campuses may withhold only Federal/State income tax amounts from Moving Expense reimbursements. Applicable Social Security and Medicare withholding (both the employer and employee shares) must be withheld by SCO from a subsequent regular warrant.**

STD 675 EXAMPLE: In July 2003, an employee accepts a position with another State agency requiring that the employee relocate to a new residence. The move meets the time and distance tests; the agency issues a reimbursement warrant of $2,500.00 to the employee. The reimbursement includes non-qualified (reportable/taxable) Moving Expense in the amount of $1,000.00 and qualified (reportable/nontaxable) Moving Expense in the amount of $1,500.00. The agency withholds $250.00 Federal ($1,000.00 @ 25%) and $60.00 California Personal ($1,000.00 @ 6%) Income Taxes from the reimbursement.

Report the reimbursement via form STD. 675. Enter 1000.00 in column 6, Taxable Gross; 250.00 in column 7, Federal Income Tax; 60.00 in State Income Tax; 1500.00 in column 11, Non-taxable Gross.

FORM STD. 676 **N 147.1.5**
(Revised 06/03)

Report moving expenses to SCO via form **STD. 676** per PPM Section N 172.2 **wherein all tax withhold will be processed by SCO from the employee's subsequent, regular warrant.** When using form STD. 676P, identify moving expenses as: **ITEM CODE MR and ITEM DESCRIPTION MOVING EXPENSE – RELOCATION EXPENSE.**

STD 676P EXAMPLE: In July 2003, an employee accepts a position with another State agency requiring that the employee relocate to a new residence. The move meets the time and distance tests; the agency issues a $1,500 warrant for qualified (reportable/nontaxable) Moving Expense to a third party on behalf of the employee (e.g., moving company). The agency also issues a $1,500.00 warrant to the employee for other qualified Moving Expense. There are no nonqualified (reportable/taxable) moving expenses issued. The agency does not withhold Federal or California Personal Income Taxes from the employee's reimbursement. Report only the payment to the employee via form STD. 676P. Enter 1500.00 in column 7, Gross Amount Not Subject to Withholding.

FORM W-2 REPORTING **N 147.1.6**
(Revised 08/02)

Taxable Moving Expense amounts 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 for non-taxable Moving Expense amounts:

Box	Title	Reported
12d	See Instructions for box 12	YES, Labeled "P"

MOVING/RELOCATION MILEAGE **N 147.2**
(Revised 01/02)

Moving Expense Mileage reimbursements exceeding the Federal Standard Mileage Rate (FSMR) for qualified moves/relocations are reportable/taxable income. See PPM Section N 147.1.2 for definition of qualified moves/relocations.

REFERENCES
(Revised 01/02)

IRS Revenue Procedure 96-63

APPLICABLE TAXES **N 147.2.1**
(Revised 09/02)

Federal Income Tax	SS/Medicare Tax	State Income Tax

YES	**YES**	**YES**

GENERAL INFORMATION **N 147.2.2**
(Revised 11/03)

Moving Expense Mileage **reimbursements exceeding the FSMR for qualified moves/relocations are reportable/taxable income. Moving Expense Mileage reimbursements less than or equal to the FSMR for qualified moves/relocations are not reportable or taxable.**

The FSMR for qualified moves/relocations follow:

2004	**$0.14/mile**
2003	**$0.12/mile**
2002	**$0.13/mile**
2001	**$0.12/mile**
2000	**$0.10/mile**

When Moving Expense Mileage reimbursements exceed the FSMR rate:

- Amounts up to and including the above rates are reportable in Box 12d on form W-2. No tax withholding is required.

- Amounts exceeding the above rates are taxable income, subject to Federal and State Income Taxes and Social Security/Medicare withholding, if applicable.

REPORTING INSTRUCTIONS **N 147.2.3**
(Revised 08/02)

Moving Expense Mileage reimbursements are reported to SCO via form STD. 676P per PPM Section N 172.2. When using form STD. 676P, identify moving expense mileage reimbursements as: **ITEM CODE MM** and **ITEM DESCRIPTION MOVING EXPENSE - MILEAGE REIMBURSEMENT.**

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: Nontaxable ME Mileage Reimbursements.

Box	Title	Reported
12b	**See Instructions for box 12**	**YES, Labeled "L"**

OUT-PLACEMENT (CSU ONLY) N 149

(Revised 01/02)

The value of employer paid Out-Placement Services is reportable/taxable income when: an employer receives no additional benefit from providing services, services are not provided for employee need and/or if the employee receives out-placement services in exchange for reduced severance pay.

REFERENCES

(Revised 01/02)

Payroll Letter	#90-01 (CSU Only)
IRS	Private Letter Ruling – 8913008

APPLICABLE TAXES N 149.1

(Revised 09/02)

Federal Income Tax	SS/Medicare Tax	State Income Tax
YES	YES	YES

GENERAL INFORMATION N 149.1.1

(Revised 01/02)

Out-Placement Services are offered by the CSU to certain Management Pay Plan employees. These services are a re-employment benefit offered to employees to assist individuals in securing new employment with other employers. Services include: career counseling, resume writing assistance and skills assessment. As outlined above, the value of these services when provided under specific conditions is taxable income. For example, when an employee receives out-placement services in exchange for reduced severance pay or other compensation, the amount of the severance pay reduction is taxable income.

These services are non-reportable, non-taxable when: the employer derives a substantial business benefit (such as improved employee morale or business image) separate from the benefit an employee receives from the payment of additional compensation, **AND** the employee could deduct the cost of the services as a business deduction (when filing tax returns) had the employee paid for the services.

REPORTING INSTRUCTIONS N 149.1.2

(Revised 01/02)

Out-Placement service values are reported to SCO via form **STD. 676V** per PPM Section N 172.2. When using form STD. 676V, identify values as: **ITEM CODE OP** and **ITEM DESCRIPTION OUT-PLACEMENT.**

FORM W-2 REPORTING N 149.1.3

(Revised 08/02)

Out-Placement amounts are included in the boxes on an employee's Form W-2:
(Refer to PPM Section Z - Attachment I -12, Chart I)

PROFESSIONAL/NON-PROFESSIONAL DUES/MEMBERSHIPS/ LICENSES N 150

(Revised 01/02)

Employer paid dues or memberships/reimbursements to employees for entertainment and recreational organizations/clubs/associations are reportable/taxable income. Employer paid professional license renewals/reimbursements to employees for licenses failing to qualify as working condition fringe benefits and/or issued under a non-accountable plan are reportable/taxable income.

REFERENCES

(Revised 01/02)

Title 5, Subchapter 5, Article 1, Sections 41600-41601
IRS Code Sections 132(d), 162 and 274
IRS Regulations 1.274, IRS Pub. 535 - Business Expenses

APPLICABLE TAXES N 150.1

(Revised 09/02)

Federal Income Tax	SS/Medicare Tax	State Income Tax
YES	YES	YES

GENERAL INFORMATION N 150.2

(Revised 01/02)

DUES AND MEMBERSHIPS

IRS states that employer payment/reimbursement to employees for dues or memberships for entertainment and recreational organizations are reportable/taxable income. **Organizations include but are not limited to: country clubs, golf and athletic clubs, airline, dining, yacht, hotel and clubs organized for pleasure, recreation or any other social purpose including having a principal purpose to conduct entertainment for members, their guests or provide members/their guests with access to entertainment facilities** do not qualify as a working condition fringe benefit. **IRS states "the purpose and activities of a club, not its name, determine if membership qualifies as a working condition fringe benefit".**

Exception: Employer paid dues or memberships/reimbursement to employees for business and professional organizations when directly related to the employer's business and whether memberships is required for completion of the employee's duties are non-reportable, non-taxable.

Clubs organized exclusively for business purposes only are not considered entertainment or recreational organizations. Clubs include: business leagues, professional organizations and trade associations (State Bar Associations, Association of Certified Public Accountants, etc.). When employee participation in an organization qualifies as a working condition fringe benefit (business connection, allowable to the employee as a business deduction under IRC 162 had the employee paid AND is reimbursed under Accountable plan rules), the benefit is non-taxable.

EXAMPLE (TAXABLE): An employer pays for an employee's dues and membership to a local country club or athletic facility. These payments do not meet IRS exclusion criteria and are taxable, reportable income.

EXAMPLE (NON-TAXABLE): An employer pays for an accountant's dues or membership in a certified public accountant society. Because participation in the society is directly related to the employee's job classification and job performance, the payment is non-taxable.

LICENSES

Employer payment for and/or reimbursements to employees to maintain professional licenses, notary bonding, etc. are considered ordinary and necessary business expenses when required to maintain a license or status for the employee's job performance **AND** when paid as a working condition fringe benefit (IRC 162) under an Accountable plan. NOTE: Any payment or reimbursement failing IRC 162 provisions and/or paid under a Non-accountable plan is taxable income.

Exception: Employer paid professional license renewals/reimbursements to employees qualifying as working condition fringe benefits and issued under Accountable plan rules are non-reportable, non-taxable income. NOTE: To qualify as tax-free dues/memberships/license renewals must have a logical connection between the benefit and the employee's job.

REPORTING INSTRUCTIONS **N 150.3**
(Revised 01/02)

Taxable dues/membership/license payments **made directly to employees** are reported to SCO via form **STD.676P**; payments **made to third parties on behalf of employees are** reported via form **STD.676V** per PPM Section N 172.2. When using forms STD. 676P and 676V, identify payments/values as: **ITEM CODE DM** and **ITEM DESCRIPTION DUES/MEMBERSHIPS.**

FORM W-2 REPORTING **N 150.4**
(Revised 08/02)

The value of taxable Dues/Memberships provided to employees is included in the boxes on an employee's Form W-2 (Refer to PPM Section Z – Attachment I -12, Chart I)

SCHOLARSHIPS **N 151**
(Revised 08/02)

The value of employer provided scholarships and tuition reductions is reportable/taxable unless IRC 117 provisions are satisfied.

REFERENCES
(Revised 01/02)

Internal Revenue Code Sections 117,127,132 and 162

APPLICABLE TAXES **N 151.1**
(Revised 09/02)

Federal Income Tax	SS/Medicare Tax	State Income Tax
YES	YES	YES

GENERAL INFORMATION **N 151.2**
(Revised 12/02)

SCHOLARSHIPS: For scholarships to be tax-free, they must be "qualified scholarships". The recipient must be a candidate as defined by IRS at an educational organization and amounts provided are used for qualified tuition and expenses including fees, books, supplies and equipment required for the class(es). Taxable scholarships encompass any "non qualified" scholarship wherein: amounts provide study or research services for the benefit of the grantor, amounts are compensation for past, present or future services performed by the recipient; and amounts are for "non qualifying payments" including room and board, incidental expenses, travel, etc.

CS ONLY: BU 17 -- The 1999 State Registered Nurse Scholarship Program, as now defined, provides expenditures that meet IRC 117 "qualified scholarship" provisions. NOTE: Under previous BU 17 MOU contract reimbursed expenditures were taxable per this program as the program exceeded IRC 117 provisions.

BU 20 -- The 2002 Qualified Scholarship Program, as defined, provides expenditures that meet IRC 117 “qualified scholarship” provisions.

QUALIFIED TUITION REDUCTION PROGRAMS: IRC 117 states that gross income shall not include any qualified tuition reduction offered by an educational institution to its employees (including spouses and dependents as defined). Qualified tuition reduction means the fee amount reduced by the institution for undergraduate level education and graduate level education **ONLY** for research and teaching assistants.

CSU ONLY: The Fee Waiver Program allows eligible employees to participate in job related/career development/upward mobility education at CSU campus facilities. Spouses, domestic partners and dependents of eligible employees (Faculty, Physicians, CSEA, Academic Support, Skilled Trades, Public Safety [except domestic partners] and Non-represented) may participate if enrolled in courses toward completion of a degree. The Fee Waiver Program permits education at undergraduate and graduate level.

CSU waives various fees normally charged for course enrollment, in full or in part, for approved program participants. The fee amount waived for any enrollment is determined by the appropriate campus administrator consistent with applicable bargaining agreements or CSU policy. All Fee Waiver amounts at the graduate level (except for teaching and research assistants) are reportable/taxable income under IRC 117.

REPORTING INSTRUCTIONS **N 151.3**
(Revised 09/01)

Taxable Fee Waiver amounts are reported to SCO via form **STD.676V** per PPM Section N 172.2. When using form STD.676V, identify values as: **ITEM CODE SC** and **ITEM DESCRIPTION SCHOLARSHIPS – CSU FEE WAIVER PROGRAM.**

FORM W-2 REPORTING **N 151.4**
(Revised 08/02)

Taxable CSU Fee Waiver amounts are included in the Form W-2 boxes: (Refer to PPM Section Z - Attachment I -12, Chart I)

TICKETS **N 153**
(Revised 09/01)

Tickets provided to employees for athletic, social, entertainment-based events, etc. are reportable/taxable income.

Exceptions: The value of some employer provided tickets are excluded from taxation. These exclusions include: De Minimus Fringe Benefit, No Additional Cost Benefits and Working Condition Fringe Benefits.

REFERENCES
(Revised 09/01

IRS Code	Sections 132(b), 132(d) and 132(e)
IRS Regulations	1.132-2(a), 1.132-5 and 1.132-6(e)

APPLICABLE TAXES **N 153.1**
(Revised 09/02)

Federal Income Tax	SS/Medicare Tax	State Income Tax
YES	**YES**	**YES**

GENERAL INFORMATION **N 153.2**
(Revised 10/02)

State employers provide a variety of tickets to employees including athletic, social, entertainment based and related event tickets. The Fair Market Value (FMV) or face value shown on the ticket is reportable/taxable income unless the ticket is provided under and fully satisfies one of the following tax exclusions.

De Minimis Fringe Benefit - IR Code Section 132(e), Regulations 1.132-6(e)

A de minimis fringe benefit is any property or service that an employer provides to an employee, if the value of such property or service is so minimal that accounting for it would be unreasonable or administratively impractical. The IRS lists an **occasional** theater or sporting event tickets as examples of a de minimis fringe benefit. **Tickets provided to CSU employees, wherein the value is minimal and the tickets are not accounted for, may qualify under this exclusion.** NOTE: IRC regulations specifically state that **"season tickets to sporting or theatrical events" do not qualify under this exclusion.**

No Additional Cost Service - IR Code Section 132(b), Regulations 1.132-2(a)

No additional cost service refers to certain services provided by an employer in its "line of business" to employees performing in that line of business. For example and per the IRS, most campus employees, (if not all) are in the same line of business (educational services) and are eligible for no additional cost service should a campus offer this benefit.

The service may be offered free or at a reduced charge. **To qualify, the services must be offered on a non-discriminatory basis (i.e., the services are a available on substantially the same terms to all employees). The employer must also determine that it does not incur a substantial additional cost (including loss of revenue) in providing services to its employees.** If these two criteria are satisfied, the tickets are nontaxable income.

Working Condition Fringe Benefit - IR Code Section 132(d), Regulations 1.132-5

A working condition fringe benefit includes any property or service provided to an employee to the extent that, if the employee paid for such property or service, this payment would be allowable as a deduction by the employee. To qualify, the employer must ensure that the employee maintains records to substantiate the exclusion under the IRC. Business substantiation records must provide a detailed accounting, including: time and date, participants, business purpose and place of use.

EXAMPLE (NON-TAXABLE): A department/campus occasionally offers employees free tickets, whose value is nominal, to an event. The tickets are not numbered nor is there a record to account for any of the event tickets. Under this example, the free tickets satisfy the de minimis fringe benefit exclusion.

EXAMPLE (TAXABLE): Employees of a campus are given theater tickets to four plays a year. The university maintains a log so it can determine who uses the tickets. Under this example, the free tickets do not meet the de minimis fringe benefit exclusion. The Fair Market Value (or face value, if shown) of the tickets is reportable/taxable income.

EXAMPLE (NON-TAXABLE): An employer sells tickets for a speaker at the campus. The numbered tickets cost $10.00 each. On the day of the speech, the employer realizes that there are 1,000 unsold tickets that are unlikely to be purchased. The campus offers free tickets to all its employees. Under this example, the free tickets meet the no additional cost service exclusion.

EXAMPLE (NON-TAXABLE): A campus sponsors a concert and is concerned about security. As a deterrent to inappropriate behavior and to provide a security presence, tickets are distributed to staff. Business records are maintained substantiating who attended and the reason for attending (security). Under this example, the free tickets meet the working condition fringe benefit exclusion.

EXAMPLE (NON-TAXABLE): A coach is responsible for distributing tickets to promote the university's sports program. The campus establishes a process where the tickets are not given to the coach but left at Will Call. The campus maintains a log substantiating that the individuals receiving tickets have a legitimate business connection with the campus. Under this circumstance, the free tickets meet the working condition fringe benefit exclusion and are not taxable/reportable for the coach who distributes the tickets.

EXAMPLE (TAXABLE): A coach's compensation contract with a university gives the coach control over a block of tickets. Even if a ticket log is maintained, the tickets do not meet the working condition fringe benefit. The Fair Market Value (or face value, if shown) is taxable/reportable income.

REPORTING INSTRUCTIONS **N 153.3**
(Revised 01/02)

Taxable ticket FMV or ticket face value is reported to SCO via form **STD. 676V** per PPM Section N 172.2. When using forms STD.676V, identify values as: **ITEM CODE TK** and **ITEM DESCRIPTION TICKETS.**

FORM W-2 REPORTING **N 153.4**
(Revised 08/02)

The value of taxable tickets provided to employees is included in the Form W-2 boxes: (Refer to PPM Section Z – Attachment I -12, Chart I)

TIPS/GRATUITIES **N 157**
(Revised 01/02)

Tips and Gratuities are reportable/taxable income

REFERENCES
(Revised 01/02)

IRS CIRCULAR E - EMPLOYER'S TAX GUIDE
IRS FORM W-2 INSTRUCTIONS

APPLICABLE TAXES **N 157.1**
(Revised 09/02)

Federal Income Tax	SS/Medicare Tax	State Income Tax
YES	**YES**	**YES**

GENERAL INFORMATION **N 157.2**
(Revised 01/02)

All tips and gratuities constitute taxable income. Tips are a voluntary payment to an employee from a customer who determines the tip amount. A gratuity is a mandatory service charge applied by an employer to a customer's bill, banquet charge, etc. wherein the employer distributes that service charge amount to an employee. Tips and gratuities are reportable/taxable income under both Federal and State law.

REPORTING INSTRUCTIONS **N 157.3**
(Revised 01/02)

Agencies/campuses should use form STD. 671, Miscellaneous Payroll/Leave Action, or Form 672, Time and Attendance, to report gratuity payments via the PIP System. Refer to PPM Section G 150 for completion instructions.

Tips and gratuities may also be reported to SCO via form STD. 676P per PPM Section N 172.2. When using form STD. 676P, identify gratuity tips as: ITEM CODE **TI** and ITEM DESCRIPTION **TIPS**; identify gratuities as: ITEM CODE **TG** AND ITEM DESCRIPTION **GRATUITIES**.

FORM W-2 REPORTING **N 157.4**
(Revised 08/02)

Tips/Gratuities are reported **uniquely** on an employee's Form W-2.

Tips are included in the following Form W-2 boxes: (Refer to PPM Section Z – Attachment 1 – 12, Chart 1

Gratuities 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**

TOOL ALLOWANCES **N 159**
(Revised 09/01)

All Tool Allowances issued under a non-accountable plan are reportable/taxable income.

REFERENCES
(Revised 09/01)

IRS Code Sections 62(c) and 274

APPLICABLE TAXES **N 159.1**
(Revised 09/02)

Federal Income Tax	SS/Medicare Tax	State Income Tax
YES	**YES**	**YES**

GENERAL INFORMATION **N 159.1.1**
(Revised 09/01)

Tool Allowances are Employee Business Expenses. Reimbursements are non-taxable if an employer's Tool Allowance plan satisfies IRS requirements for an accountable plan. (See PPM Section N 120.)

Reimbursements are also non-taxable when the benefit provided meets the requirements for a working condition fringe benefit. Property/tools/equipment provided to employees by the State are considered a working condition fringe benefit when the following criteria are met:

- are not specifically assigned (or issued) to the employee;
- are available for general use by all employees; and

- would be allowable to the employee as a business expense deduction under IRS Code Section 162 or 167 had the employee purchased such property.

STATE PLANS **N 159.1.2**
(Revised 09/01)

The State maintains separate non-accountable (taxable) Tool Allowance plans for Civil Service employees, by Bargaining Unit (e.g., BU 12 Craft and Maintenance Tool Allowance).

REPORTING INSTRUCTIONS **N 159.1.3**
(Revised 009/01)

Tool Allowance payments are reported to SCO via form **STD. 676P** per PPM Section N 172.2. When using form STD. 676P, identify tool allowance payments as: **ITEM CODE TA** and **ITEM DESCRIPTION TOOL ALLOWANCES**.

FORM W-2 REPORTING **N 159.1.4**
(Revised 08/01)

Tool Allowance amounts 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**

TRANSPORTATION SUBSIDIES **N 161**
(Revised 01/02)

INTRODUCTION
(Revised 01/04)

IRC 132 (f) allows employers to exclude employer provided Qualified Transportation Fringe Benefits (QTFB) values from employees' gross income. **QTFBs include employer-provided mass transit passes, transportation in a commuter highway vehicle and parking on or near employer's premises or at a "park and ride" facility.** Each QTFB has unique requirements and a monthly benefit exclusion amount that must be followed to secure tax-free benefits. Failure to apply the requirements negates the tax-free basis; any amount exceeding the monthly exclusion amount (by benefit) is reportable/taxable income.

Monthly exclusion rate for **all** QTFBs cannot exceed the combined rate for transit passes and parking (e.g., for 2004, cannot exceed $295/month -- $100 + $195). See PPM Section N 161.1.

The following CS and CSU benefits **qualify** as QTFB Programs when the specific benefit rules and criteria are followed: **Discount Travel/Transit Pass, Van Pool Driver (CS**

only), Commuter Highway Vehicle (CSU only), Vanpool Riders in Commuter Highway Vehicle (CS) and Employer Provided Parking Programs.

CSU's Car/Vanpool Program as currently defined **does not satisfy QTFB requirements regarding van size, occupancy and certification of actual use. This benefit is fully reportable/taxable income.**

REFERENCES
(Revised 01/02)

IR Code Section 132(f)
Revenue Procedure 97-57
Transportation Equity Act for 21st Century (1998)

FEDERAL EXCLUSION RATES **N 161.1**
(Revised 01/04)

EXCLUSION AMOUNT

Year	Transit Passes	Commuter Highway Vehicle	Parking
2004	$100/mo	$100/mo	$195/Mo
2003	$100/mo	$100/mo	$190/Mo
2002	$100/mo	$100/mo	$185/mo
2001	$65/mo	$65/mo	$180/mo

DISCOUNT TRAVEL/TRANSIT PASSES **N 161.2**
(Revised 10/03)

Employer paid/reimbursed Discount Travel/Transit Passes up to the monthly, federal exclusion amount are non-reportable, non-taxable income **WHEN** paid under an employer's bona fide reimbursement arrangement.

Exception: Discount Travel/Transit Passes values exceeding the exclusion amount and/or not paid under a bona fide reimbursement plan are reportable taxable income.

Transit pass is any pass, token, farecard, voucher or similar item that entitles a person to transportation. The transportation must be on mass transit facilities (public or privately owned) or provided by any person in the business of transporting persons for compensation or hire in a highway vehicle with a seating capacity of at least six adults (excluding the driver). Benefit values up to the monthly exclusion amount (see PPM Section N 161.1) are non-reportable, non-taxable; **values exceeding the exclusion amount are reportable/taxable income.**

An employer's bona fide reimbursement plan must ensure that an employee incurred transit pass expense equals the employer's reimbursement for that transit pass. An employer's plan may permit an employee to:

1) Present a used transit pass to the employer at month end and certify that the employee purchased and used that pass, or

2) Present/purchase a transit pass to/from the employer at the beginning of the month and certify that the employee purchased it and will use it during the month.

REFERENCES
(Revised 10/03)

Payroll Letter #96-001
IRS Code Section 132(f)
California Revenue and Taxation Code 17149
Comprehensive National Energy Act of 1992
IRS Revenue Procedure 97-57, IRS Regulations 11372-99
Transportation Equity Act for the 21st Century
IRS Pub 15-B, Employer's Tax Guide to Fringe Benefits
NYS – 50 Employer's Guide to Unemployment Insurance, Wage Reporting and Withholding Tax

APPLICABLE TAXES **N 161.2.1**
(Revised 10/03)

Federal Income Tax	SS/Medicare Tax	State Income Tax
YES	**YES**	**NO/YES**

(California/New York law exempts transit passes from California/New York Income Tax Withholding)

REPORTING INSTRUCTIONS **N 161.2.2**
(Revised 12/03)

Taxable Discount Travel/Transit Pass amounts are reported to SCO via forms **STD. 676P and 676V** per PPM Section N 172.2. When using forms STD 676P and 676V, identify transit pass payments and values as: **ITEM CODE TD** and **ITEM DESCRIPTION TRANSPORTATION SUBSIDIES-DISCOUNT TRAVEL/TRANSIT PASSES.**

Transit Pass amounts are exempt from California/New York State Income tax withholding. To exclude from California/New York State wage reporting, leave the "State Code", Column 8 on forms STD. 676P or 676V blank.

FORM W-2 REPORTING **N 161.2.3**
(Revised 08/02)

Taxable Discount Travel/Transit Pass amounts will be included in the Form W-2 boxes: (Refer to PPM Section Z - Attachment I -12, Chart II)

SPECIAL INSTRUCTIONS **I 161.2.4**
(Revised 10/03)

Form W-2, Wage and Tax Statement, includes Discount Travel/Transit Pass benefits as Federal and SS/Medicare Wages but not as CA/NY State Wages. **The Franchise Tax Board requires that employees reconcile differences between Federal and State Wages via their Income Tax Return.**

VANPOOL DRIVER IN A COMMUTER HIGHWAY VEHICLE (CS ONLY) N 161.3

(Revised 10/03)

CS Vanpool Driver Program reimbursements paid up to the monthly, Federal exclusion amounts are non-reportable non-taxable income for Federal tax purposes when two conditions are met. The reimbursements must be paid under an Employer's Bona Fide Reimbursement Plan AND employees must certify via the Vanpool Driver Payment Form/Certification that the vanpool meets all federal QTFB requirements.

Reimbursements are neither reportable nor taxable income for State purposes under California/New York provisions.

When CS Vanpool Driver has no reimbursable expenses (i.e. a driver only scenario where the van driven is fully maintained by the van provider), then the Vanpool Driver payment is reportable and taxable for Federal purposes. When CS Vanpool Driver Program reimbursements exceed the Federal Exclusion amount, these amounts are reportable, taxable for Federal purposes.

REFERENCES

(Revised 10/03)

California Revenue and Taxation Code 17149
Comprehensive National Energy Act of 1992
Transportation Equity Act for the 21st Century of 1998
NYS – 50 Employer's Guide to Unemployment Insurance, Wage Reporting and Withholding Tax

APPLICABLE TAXES N 161.3.1

(Revised 10/03)

Federal Income Tax	SS/Medicare Tax	State Income Tax
YES	YES	NO/YES

(California/New York law exempts Vanpool Driver payments from California/New York Income Tax Withholding)

GENERAL INFORMATION N 161.3.2

(Revised 04/02)

A QTFB commuter highway vehicle is a highway vehicle with a seating capacity of at least six adults (excluding the driver). At least 80% of the vehicle's mileage must reasonably be expected to be transporting employees for travel between residences and work site and on trips during which the number of employees transported for commuting is at least 50% of the adult seating (excluding the driver).

An employer's bona fide reimbursement plan must ensure that a Vanpool Driver's incurred expenses equal the employer's reimbursement. Under this program, receipts are required up to the Federal exclusion amount (see PPM Section N 161.1). Payments, not issued under a bona fide reimbursement plan, issued to vanpool drivers failing to certify meeting the federal requirements, and payments exceeding the exclusion amount are fully reportable/taxable income.

EXAMPLE (NON-TAXABLE): An employee is compensated $100.00/month for being a Vanpool Driver. A bona fide reimbursement arrangement is in place, and the employee certified that the vanpool meets the Federal requirements. Under this example, the Vanpool Driver payment does not exceed the Federal exclusion amount. No reporting is required.

EXAMPLE (TAXABLE): An employee is compensated $100.00/month for being a Vanpool Driver. Although a bona fide reimbursement arrangement exists, the employee's vanpool does not meet the federal criteria. Under this example, the value of the Vanpool Drive payment ($100.00) is reportable/taxable income.

EXAMPLE (TAXABLE): An employee is compensated $150.00/month for being a Vanpool Driver. A bona fide reimbursement arrangement is in place, and the employee certified that the vanpool meets the Federal requirements. Under this example, the Vanpool Driver payment exceeding the Federal exclusion amount is reportable/taxable income ($150 - $100 = $50.00).

REPORTING INSTRUCTIONS **N 161.3.3**
(Revised 01/02)

Taxable Vanpool Driver reimbursements are reported to SCO via form **STD. 676P** per PPM Section N 172.2. When using form STD. 676P, identify reimbursements as: **ITEM CODE TV** and **ITEM DESCRIPTION VANPOOL DRIVER.**

Taxable Vanpool Driver Payments are exempt from California State Personal Income Tax Withholding. To exclude from California State Wage reporting, leave the "State Code", Column 8 on form STD. 676P blank.

FORM W-2 REPORTING **N 161.3.4**
(Revised 08/02)

Taxable Vanpool Driver Payments are included in the Form W-2 boxes: (Refer to PPM Section Z - Attachment I -12, Chart II)

SPECIAL INSTRUCTIONS **N 161.3.5**
(Revised 01/02)

Form W-2, Wage and Tax Statement, will report Vanpool Driver Payments as Federal and Social Security/Medicare Wages, but not as State Wages. **The Franchise Tax Board requires that employees reconcile differences between Federal and State wages via their Income Tax Return.**

CAR/VANPOOL (CSU ONLY) **N 161.4**
(Revised 01/02)

CSU's Car/Vanpool Program benefits are reportable/taxable income.

REFERENCES
(Revised 01/02)

IRS Code Section 61
IRS Regulation Section 1.61-21 (c)(2)(iii)(b)
California Revenue and Taxation Code 17149
Transportation Equity Act for 21st Century (1998)

APPLICABLE TAXES **N 161.4.1**
(Revised 09/02)

Federal Income Tax	SS/Medicare Tax	State Income Tax
YES	YES	NO

(California law exempts Car/Vanpool program benefits from California Income Tax Withholding)

GENERAL INFORMATION **N 161.4.2**
(Revised 01/02)

The Car/Vanpool Program falls under IRC 132(f) wherein the value of an employer-operated vanpool is a QTFB provided the van qualifies as a commuter highway vehicle (refer to IRC 132(f)(5)(B) or PPM Section N 161.3). A vanpool is operated by or for an employer if the employer purchases or leases vans to enable employees to commute together or the employer contracts with and pays a third party to provide vans and some or all of the related costs (maintenance, liability insurance and other operating expenses).

CSU's program as currently administered does not satisfy various criteria of commuter highway vehicle requirements (van size, occupancy and use). IRC 1.61 requires that the value of employer-provided benefits be included in an employee's wages. However, for programs wherein **costs are fully recovered** from participating employees, there is no taxable employer provided benefit. IRS Regulation 1.61-21 requires that the **unreimbursed value** of employer-provided benefits such as Car/Vanpool must be included in participating employee's federal income (including the driver). These values must be reported as taxable wages.

VALUATION OF CAR/VANPOOL **N 161.4.3**
(Revised 01/02)

A Special Commuting Valuation Rule was adopted by the Chancellor's Office to determine Car/Van Pool values. The Commuting Valuation Rule establishes the value at $1.50 per one-way commute or $3.00 per round trip per employee. Employee reimbursements are subtracted from the $1.50/$3.00 amount. The difference represents the taxable benefit amount.

For example, if an employee reimburses the campus $1.00 for a round trip commute, the $1.00 is subtracted from the $3.00 round trip valuation. The $2.00 is reportable/taxable income.

REPORTING INSTRUCTIONS **N 161.4.4**
(Revised 01/02)

Taxable Car/Vanpool values are reported to SCO via form **STD.676V** per PPM Section N 172.2. When using form STD. 676V, identify values as: **ITEM CODE TC** and **ITEM DESCRIPTION CAR/VANPOOL.**

Taxable Car/Van Pool amounts are exempt from California State (Personal) Income Tax Withholding. To exclude from California State wage reporting, leave the "State Code", Column 8 on form STD. 676V blank.

FORM W-2 REPORTING **N 161.4.5**
(Revised 08/02)

Car/Van Pool benefit amounts are included in the Form W-2 boxes: (Refer to PPM Section Z - Attachment I -12, Chart II)

SPECIAL INSTRUCTIONS **N 161.4.6**
(Revised 10/03)

Form W-2, Wage and Tax Statement issued to employees receiving Car/Van Pool benefits payments, includes Car/Van Pool amounts in Federal and SS/Med Wages, but not in California/New York State Wages. **The Franchise Tax Board requires that employees reconcile differences between Federal and CA State Wages via their Income Tax Return.**

TRANSPORTATION IN COMMUTER HIGHWAY VEHICLE **N 161.5**
(Revised 10/03)

CSU Commuter Highway Vehicle Program benefit values up to the monthly, federal exclusion amount, are non-reportable, non-taxable **WHEN** QTFB requirements are satisfied.

Exception: Values exceeding the exclusion amount and values received wherein QTFB federal requirements not satisfied are reportable/taxable income.

REFERENCES
(Revised 10/03)

IRS Code Section 132(f)
IRS Notice 94-3
California Revenue and Taxation Code 17149
Transportation Equity Act for the 21st Century (1998)
NYS – 50 Employer's Guide to Unemployment Insurance, Wage Reporting, and Withholding Tax

APPLICABLE TAXES **N 161.5.1**
(Revised 10/03)

Federal Income Tax	SS/Medicare Tax	State Income Tax
YES	**YES**	**NO/YES**

(California/New York law exempts commuter highway vehicle values from California/New York Income Tax Withholding)

GENERAL INFORMATION **N 161.5.2**
(Revised 01/02)

The Commuter Highway Vehicle Program falls under IRC 132(f) wherein the value of an employee operated vanpool is a QTFB provided the van qualifies as a commuter highway vehicle (refer to IRC 132(f)(5)(B) or PPM Section N 163.2). A vanpool is operated by or for an employer if the employer purchases or leases vans to enable employees to commute together or the employer contracts with and pays a third party to provide vans and some or all of the related costs (maintenance, liability insurance and other operating expenses).

CSU's program, as currently administered, satisfies the IRC Commuter Highway Vehicle requirements. Benefit values up to the monthly exclusion amount (see PPM Section N 161.1) are non-reportable, non-taxable; values exceeding the monthly exclusion amount are reportable/taxable income.

REPORTING INSTRUCTIONS **N 161.5.3**
(Revised 01/02)

Taxable Commuter Highway Vehicle values are reported to SCO via form **STD. 676V** per PPM Section N 172.2. When using form STD. 676V, identify values as: **ITEM CODE TH** and **ITEM DESCRIPTION COMMUTER HIGHWAY VEHICLE.**

FORM W-2 REPORTING **N 161.5.4**
(Revised 08/02)

QTFB amounts exceeding the IRS exclusion are included in the Form W-2 boxes:
(Refer to PPM Section Z - Attachment I -12, Chart II)

SPECIAL INSTRUCTIONS **N 161.5.5**
(Revised 10/03)

Form W-2, Wage and Tax Statement, includes transportation in a Commuter Highway Vehicle amounts as Federal and SS/Med Wages, but not as California/New York State Wages. **The Franchise Tax Board requires that employees reconcile differences between Federal and CA State Wages via their Income Tax Return.**

VAN POOL RIDERS IN COMMUTER HIGHWAY VEHICLE (CS) **N 161.5.6**
(New 10/03)

CS Vanpool Rider reimbursements up to the monthly, federal exclusion amount, are non-reportable, non-taxable **WHEN** QTFB requirements are satisfied.

Exception: Reimbursements exceeding the exclusion amount and reimbursements received wherein QTFB federal requirements not satisfied are reportable/taxable income.

REFERENCES
(New 10/03)

IRS Code Section 132(f)
IRS Notice 94-3
California Revenue and Taxation Code 17149
Transportation Equity Act for the 21st Century (1998)
NYS – 50 Employer's Guide to Unemployment Insurance, Wage Reporting and Withholding Tax

APPLICABLE TAXES **N 161.5.7**
(Revised 10/03)

Federal Income Tax	SS/Medicare Tax	State Income Tax
YES	**YES**	**NO/YES**

(California/New York law exempts Vanpool Riders in commuter highway vehicle

payments from California/New York Income Tax Withholding)

GENERAL INFORMATION **N 161.5.8**

(New 05/02)

The Vanpool Rider Program falls under IRC 132(f) wherein the value of an employer operated vanpool is a QTFB provided the van qualifies as a commuter highway vehicle (refer to IRC 132(f)(5)(B) or PPM Section N 163.2). A vanpool is operated by or for an employer if the employer purchases or leases vans to enable employees to commute together or the employer contracts with and pays a third party to provide vans and some or all of the related costs (maintenance, liability insurance and other operating expenses).

CS's Van Pool Rider Program, as currently administered, satisfies the IRC Commuter Highway Vehicle requirements. Benefit requirements up to the monthly exclusion amount (see PPM Section N 161.1) are non-reportable, non-taxable; reimbursements exceeding the monthly exclusion amount are reportable/taxable income.

REPORTING INSTRUCTIONS **N 161.5.9**
(New 05/02)

Taxable Vanpool Rider Program reimbursements are reported to SCO via form **STD. 676P** per PPM Section N 172.2. When using form STD. 676P, identify values as: **ITEM CODE TH** and **ITEM DESCRIPTION COMMUTER HIGHWAY VEHICLE.**

FORM W-2 REPORTING **N 161.5.10**
(New 08/02)

QTFB amounts exceeding the IRS exclusion are included in the Form W-2 boxes:
(Refer to PPM Section Z - Attachment I -12, Chart II)

SPECIAL INSTRUCTIONS **N 161.5.11**
(New 05/02)

Form W-2, Wage and Tax Statement, includes taxable Vanpool Rider amounts as Federal and SS/Med Wages, but not as State Wages. **The Franchise Tax Board requires that employees reconcile differences between Federal and State Wages via their Income Tax Return.**

EMPLOYER-PROVIDED PARKING **N 161.6**
(Revised 01/02)

The value of employer-provided "qualified parking" up to the monthly, federal exclusion value is non-reportable, non-taxable income.

Exception: Parking values exceeding the federal exclusion amount are reportable, taxable income.

REFERENCES
(Revised 01/02)

IRS Code Section 132(f)
Comprehensive National Energy Act of 1992

Tax Payer Relief Act (1997)
Transportation Equity Act for the 21st Century (1998)

APPLICABLE TAXES **N 161.6.1**
(Revised 09/02)

Federal Income Tax	SS/Medicare Tax	State Income Tax
YES	YES	YES

GENERAL INFORMATION **N 161.6.2**
(Revised 01/04)

Employer provided parking falls under IRC 132(f) wherein the value of "qualified parking when parking is provided by the employer" is a QTFB. Qualified parking is parking provided to employees on or near the employer's premises or at a location from which the employee commutes to work by carpool, commuter highway vehicle, mass transit or by transportation provided by a person in the business of transportation for compensation. **Parking on or near the employer's business premises used by the employee for residential purposes is not qualified parking.**

"Parking is provided by the employer" if the employer: pays for parking; reimburses employee for parking expenses; or provides parking on property that the employer owns or leases. Parking values up to the monthly, federal exclusion amount (see PPM Section N 161.1) are non-reportable, non-taxable; values exceeding the exclusion amount are reportable/taxable income.

EXAMPLE (NON-TAXABLE): An employee is provided free parking valued at $120.00/month. Under this example, the value of the employer-provided parking does not exceed the Federal exclusion amount. No reporting is required.

EXAMPLE (TAXABLE): An employee is provided free parking valued at $210.00/month. Under this example, the value of the employer-provided parking exceeds the Federal exclusion amount. The amount over the exclusion amount is reportable/taxable income ($210 - $195 = $15.00).

REPORTING INSTRUCTIONS **N 161.6.3**
(Revised 01/02)

Taxable parking values are reported to SCO via form STD 676V per PPM Section N 172.2. When using form STD. 676V, identify parking values as: **ITEM CODE TE and ITEM DESCRIPTION EMPLOYER-PROVIDED PARKING.**

FORM W-2 REPORTING **N 161.6.4**
(Revised 08/02)

The value of taxable employer-provided parking is included in the following boxes on an employee's Form W-2: Refer to PPM Section Z - Attachment 1-12, Chart II)

PARKING CASH-OUT **N 161.7**
(Revised 01/02)

Employer-provided cash allowance received by an employee under a Parking Cash-Out program is a taxable fringe benefit. Per the system-wide employers, no Parking Cash-Out Programs exist.

DO NOT REPORT PARKING CASH-OUT TO THE SCO.

UNIFORM ALLOWANCES **N 163**
(Revised 01/02)

Uniforms/Uniform Allowances are reportable/taxable income.

Exceptions: Uniforms/Uniform Allowances issued under Accounting Plan rules **AND** which satisfy specific IRS uniform requirements or are issued as a working condition fringe benefit are non-reportable, non-taxable.

REFERENCES
(Revised 01/02)

IRS Code	Sections 62(c) and 274
IRS Regulations	1.6.2-2(b)(2)

APPLICABLE TAXES **N 163.1**
(Revised 09/02)

Federal Income Tax	SS/Medicare Tax	State Income Tax
YES	**YES**	**YES**

GENERAL INFORMATION **N 163.1.1**

Various uniform, protective clothing and work clothing based programs exist wherein the taxability of these benefits is determined by whether the programs satisfy specific requirements and how the benefits are paid and/or provided. Tax-free benefits must represent legitimate business expenses, satisfy all IRS definitions and payments/reimbursements be issued via Accountable Plan provisions.

UNIFORM DEFINITION: An employer's Uniform Plan must satisfy the IRS definition of a uniform. The following three criteria must be met:

1) uniform must be specifically required to be worn/worn as a condition of employment; and
2) uniform cannot be adaptable to general wear as defined by an objective standard versus a subjective impression based on an individual test or preference; and

3) uniform must not be worn as general or public wear.

PROTECTIVE CLOTHING (SAFETY CLOTHING): IRS defines protective clothing as "**clothing that must be worn to protect the body from possible injury** - protective clothing does not generally include ordinary clothing purchased or worn to protect regular clothing from wear or tear or which replaces regular clothing". A welder's steel-toed shoes and specialized leather welding gloves represent protective clothing. Standard work pants and shirts that readily adapt for public or general wear are not protective clothing items.

WORKING CONDITION FRINGE BENEFIT: Work clothing and uniforms provided by an employer may also qualify for tax free status when issued as a working condition fringe benefit. To qualify, the following three conditions must be met:

1) uniform/clothing is not specifically assigned/issued to an employee; and

2) uniform/clothing is available for general use by all affected employees; and

3) uniform expense would be allowable to the employee as a business expense deduction under IRC 162 167 had the employee purchased property, uniform/clothing is worn as a condition of employment and the uniform/clothing do not take the place of regular clothing suitable for everyday wear.

NOTE: Collective Bargaining agreements use a variety of terms involving uniforms and clothing based benefits. Regardless of the terms used, the above criteria must be met for uniform/clothing based benefits to be tax-free.

STATE PLANS **N 163.1.2**
(Revised 08/03)

The State maintains separate Uniform Allowance plans for Civil Service and CSU employees. Those satisfying all IRS criteria are non-taxable/non-reportable.

Non-taxable plans:

- CS Represented employees in BUs 1, 3, 4, 9, 10, 11,12, 13 (except work clothing provided under contract by Building and Property Management Branch), 15, 17 and 21, BU 21 Protective Clothing Plan- portion for clothing protecting an employee's body from injury.

- CSU employees BUs 2, 3 (CMA Faculty only), 5, 7, 9, 10, Management Personnel Plan (CMA only).

Taxable plans:

- CS Represented employees in BUs 5, 6, 7, 8, 13 (Building and Property Management Branch supplied work clothing), 14, 20, and BU 21 protective clothing (portion for clothing protecting employee’s clothing versus body from injury), and CS excluded employees.

- CS Boot/Shoe Allowances and Reimbursements : BUs 5, 6, 7 (Marine Terminal/Safety Inspectors/Specialists), 8, 9 (Safety Footwear), 10 and 12 (CalTrans and DWR), 15, BU 17 (Registered Nurse), BU 20 (Medical and Social Services).

- CSU employees in BU 6 (Safety Shoe Allowance), BU 8 and Management Personnel Plan Public Safety.

- Military Department (SAD employees)

PAYMENT METHOD **N 163.1.3**
(Revised 01/02)

Taxable Uniform Allowance payments should issue via the USPS (PIP), rather than be paid via claim schedule and reported through the Non-USPS.

REPORTING INSTRUCTIONS **N 163.1.4**
(Revised 01/02)

Agencies/campuses should use form **STD. 671,** Miscellaneous Payroll/Leave Action, or **Form 672,** Time and Attendance, to report **taxable uniform payments via the PIP System**.

Taxable uniform reimbursements may also be reported to SCO via forms **STD. 676P;** uniform values are reported via form **STD. 676V** per PPM Section N 172.2. When using forms STD. 676P and 676V, identify payments/values as: **ITEM CODE UA** and **ITEM DESCRIPTION UNIFORM ALLOWANCES**.

FORM W-2 REPORTING **N 163.1.5**
(Revised 08/02)

Uniform/Uniform Allowance reimbursement/values 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**

REPORTING REQUIREMENTS FOR FRINGE BENEFITS/EMPLOYEE BUSINESS EXPENSES **N 170**
(Revised 01/02)

Taxable/reportable Fringe Benefits/Employee Business Expenses **must be reported ON A MONTHLY BASIS to SCO. The monthly cutoff is the 10th of the month.** Documentation received by the 10th cutoff date ensures applicable withholding is processed from the next subsequent regular payroll warrant. **NOTE: Failure to report timely violates Federal law requirements and subjects agencies/campuses to civil and criminal actions.**

All reported "wages" from January 1st through approximately December 8th will be reflected on the employee's Form W-2. Wages reported after December's cutoff may require the issuance of a Form W-2c (corrected W-2). **Agencies/campuses are charged retroactive fees for Forms W-2c.** EXCEPTION: See PPM Section N 175 for discussion of Special Accounting Period reporting "values".

WITHHOLDING REQUIREMENTS **N 171**
(Revised 01/04)

Fringe Benefits/Employee Business Expenses have unique withholding requirements. See Tax Withholding within each applicable section.

Agencies/campuses have the option of withholding Federal and State Income Taxes only when reporting Moving Expenses (See PPM Sections N 147.1.3 and 172.1). In all other instances, agencies/campuses shall not withhold taxes from payments/reimbursements issued to employees. Agencies/campuses must report Fringe Benefit/Employee Business Expense data via forms STD. 676P and 676V. SCO processes applicable tax withholding as follows:

Federal Income Tax:	2001 through 08/06/01	28.0%
	08/07/01 through 12/31/01	27.5%
	2002 through 06/02/03	27.0%
	06/03/03 through 2004	25.0%

State Income Tax: 6% California (except for bonuses outlined in Section H 102), 8.20% New York, 3% Illinois

Social Security: 6.2%

Medicare: 1.45%

Applicable taxes will be withheld from the affected employee's next regular payroll warrant. SCO cannot withhold Federal or State Income Taxes when forms STD. 676P and 676V are received after approximately November 10th each year. Applicable Social Security/Medicare taxes will be withheld.

FORMS **N 172**
(Revised 01/02)

Forms STD. 675, 676P and 676V are used to report Fringe Benefits/Employee Business Expenses through the Non-Uniform State Payroll System.

FORM STD. 675 COMPLETION **N 172.1**
(Revised 01/04)

Form completion instructions for form STD. 675 follow.

Type or print clearly. Complete required information for each line. Do not use ditto marks (") or arrows to indicate duplicate line information.

All Moving Expense (ME) reimbursements wherein Federal/State Income Taxes are withheld at the agency/campus level must be reported to SCO on form STD. 675, Supplementary Wage Deductions (available on DGS web site or from DGS Stores)

NOTE: Social Security/Medicare withholding amounts will normally apply as a payroll deduction from the subsequent regular payroll warrant. However, you may request an agency collection accounts receivable. Attach form STD. 674A/R to the completed form STD. 675. Indicate in remarks "Attention W-2 Unit".

Moving expense reimbursements reported via form STD. 675 are identified on the on-line year-to-date as Class Code 2700, Serial Number 999.

Agencies/campuses must total the Federal and State Income Tax amounts (columns 7 and 9) and prepare a revolving fund check for that amount. Warrants must be made payable to "State Controller".

The original form STD. 675, one copy and the revolving fund check must be stapled together and delivered to the Administration and Disbursements Division, 3301 C Street or mailed to:

State Controller's Office
Administration and Disbursements Division
PO BOX 942850
Sacramento, CA 94250-0001

SCO PROCESS

The Personnel/Payroll Services Division will verify the authorized signature on the form STD. 675. If an unauthorized signature is identified, and/or an incorrect amount is entered on the revolving fund check, the form STD. 675 and revolving fund check will be returned by the Administration and Disbursement Division for correction.

The Administration and Disbursement Division will deposit the revolving fund check and route to Payroll Operations, W-2 Unit, the original form STD. 675 for W-2 reporting and applicable Social Security and Medicare withholding.

Entries on form STD. 675 must be as follows.

Top Boxes: Page ____ of ____ must be completed (e.g., 1 of 11)

NOTE: SCO accepts form STD. 675 only when the agency/campus withholds taxes. If SCO is to withhold Income taxes, form STD. 675 will be returned - unprocessed - for resubmission via form STD. 676P.

"Tax Year" must be completed and match the year in the Issue Date (column 10).

Column

1	Enter the employee's Social Security Number
2	Enter the employee's first/middle initials and surname
3	Enter the employee's three digit agency code
4	Enter the employer's three digit unit code
5	Enter the pay period in which the ME amounts were incurred
6	Enter the amount of non-qualified ME (taxable income) including (see PPM Section N 143.2):

- all meals connected with the move
- pre-move house hunting trips
- temporary living expenses
- sales or purchase of a residence and
- leases, unexpired or new

Federal Income Tax (enter the applicable percentage of the gross amount in column 6):

2001 through 08/06/01	28.0%
08/07/01 through 12/31/01	27.5%
2002 through 06/02/03	27.0%
06/03/03 through 2004	25.0%

8 Enter the State Code:
CA, California
IL, Illinois
NY, New York
Blank, all others

9 Enter the State Income Tax amount withheld (6% California, 8.20% New York, 3% Illinois) of the amount in column 6.

10 Enter the issue date of the benefit payment or value. Issue date is the last day of the pay period payments issued to the employee.

11 Enter the amount of qualified ME paid directly to the employee (non-taxable income) including (see PPM Section N 147.1.2):

- reasonable costs of moving the employee's household goods and personal effects from the employee's former residence to the new residence. **NOTE: Qualified ME paid directly to a third party on behalf of the employee is not reportable.**

- the reasonable costs of travel and lodging expenses incurred from the old location to the new one.

Qualified ME payments paid the employee, while not considered taxable income, are reportable on Form W-2 in box 13, labeled "P".

FORMS STD. 676P & 676V COMPLETION **N 172.2**
(Revised 10/03)

Form completion instructions for forms STD. 676P and 676V follow.

- Form STD. 676P, NON-USPS ADJUSTMENT REQUEST -- PAYMENTS, is for reporting payments/reimbursements (available on DGS web site or from DGS Stores). This form may be accessed via the Internet at www.osp.dgs.ca.gov/standardforms.pdf as a Fill and
Print form.

- Form STD. 676V, NON-USPS ADJUSTMENT REQUEST -- PAYMENTS, is for reporting non-cash values (available on DGS web site or from DGS Stores). This form

may be accessed via the Internet at www.osp.dgs.ca.gov/standardforms.pdf as a Fill and Print form.

Type or print clearly. Complete required information for each line. Do not use ditto marks (") to indicate duplicate line information. Submit completed forms to:

State Controller's Office
Personnel/Payroll Services Division
Attention: W-2 Unit
Sacramento, CA 94250-5878

Or via the interagency mail service to: IMS Code B-8.

CSU ONLY

SPECIAL FB/EBE REPORTING PROCESS FOR STUDENT ASSISTANTS NOT SUBJECT TO SOCIAL SECURITY/MEDICARE TAXES

- Report Student Assistant FB/EBEs separately from all other employees. One form must be submitted for Student Assistants and another form for all other employees.

- Indicate, in RED, "STUDENT ASSISTANTS" at the top of the form STD. 676.

This procedure prevents agency collection accounts receivable from being established for Social Security/Medicare taxes.

Box A **Item Code**	A separate form STD. 676P or 676V is required for each Item Code. Enter the two character ALPHA code for benefit reported (see PPM Section N 173)
Box B **Item Description**	Enter full name of the benefit reported (e.g., CARS – Standard Business Mileage Allowance or MEALS AND LODGING - Long Term Travel) (see PPM Section N 173).
Box C **Page** ____ **of** ____	Must be completed

COLUMN

1	Enter employee's Social Security Number.
2	Enter employee's first initial and surname.
3	Enter three-digit agency code.
4	Enter three-digit unit number.
5	Enter Pay Period For Form STD. 676P. Enter the two-digit pay period and two-digit tax year in which the benefit amounts were paid or incurred (whether reporting reimbursement via revolving fund check or claim warrant). For Form STD. 676V: Enter the two-digit pay period and two-digit tax year in which the benefit amounts were received or incurred.
6	Enter gross amount subject to withholding.

7 For Form STD. 676P:

Enter the gross amount **NOT** subject to withholding. This column is used **ONLY** to report the **"UP TO"** amounts of:

- Standard Business Mileage Allowance
- Moving Expense Relocation Mileage
- Per Diem or
- Qualified ME payments paid directly to the employee.

NOTE: Column 6 and or 7 enter total number of line entries and grand total amounts for each page.

For Form STD. 676V:

Leave blank

8 Enter State Code:

- CA, California
- IL, Illinois
- NY, New York
- Blank, all others

NOTE: FOR CALIFORNIA RIDESHARE INCENTIVE AWARD, CAR/VANPOOL, COMMUTER HIGHWAY VEHICLE, FORGIVABLE LOAN, VANPOOL DRIVER AND DISCOUNT TRAVEL/TRANSIT PASSES, LEAVE STATE CODE BLANK.

FOR NEW YORK CAR/VANPOOL, COMMUTER HIGHWAY VEHICLE, VAN POOL DRIVER AND DISCOUNT TRAVEL/TRANSIT PASSES, LEAVE STATE CODE BLANK.

9 Issue Date

A separate Form STD.676P or STD. 676V is required for each tax year.

For Forms STD. 676P:

Enter issue date. Issue date is defined as the last day of the pay period in which the employee received reimbursement via revolving fund check or claim warrant and tax year is the calendar year in which the check/warrant was issued.

For Forms STD. 676V:

Enter issue date. Issue date is defined as the last day of the pay period in which the employee received the benefit value and tax year is the calendar year in which the benefit value was received.

NOTE: Non-cash taxable fringe benefits are reported under a Special Accounting Period (SAP) of December through November. For non-cash benefits received in December, enter 01/01XX of the subsequent year. See PPM Section N 175.

10 Total Line Entries

Enter total number of completed line entries and grand total amounts for

column 6 and column 7.

BOTTOM BOXES

- Enter agency/campus name.
- Signature of the reporting officer (Reporting officer must have a signature card [PPSD 8A] on file for forms STD. 676 P/V).
- Enter current date.
- Enter name and telephone number of the person completing the form.

ITEM CODE AND ITEM DESCRIPTION **N 173**
(Revised 12/02)

The table below summarizes the appropriate Item Descriptions, Item Codes and forms STD.676P or 676V and STD. 675 for each reportable benefit payment or value. Also included are class codes assigned by SCO when creating tax deductions or A/R's.

ITEM DESCRIPTION	ITEM CODE	STD 676	STD 675	CLASS CODE
AIRCRAFT:				0101
Personal Use of State Aircraft	AP		V	0102
Reimbursement Plans	AR	P		0103
AWARDS/BONUSES/INCENTIVES				0110
Employee Recognition & Moral Program	AE	P		0111
Health & Safety Incentive Award	AH	P		0112
Incentives Provided By Third Parties (Non Cash)	IT	P		0119
Incentives Provided By Third Parties	IE		V	0120
Lottery Sales Recognition Program	AL		V	0113
Merit Award Program (Non Cash)	AM		V	0116
Miscellaneous Incentive Program (Non Cash)	II		V	0117
Miscellaneous Incentive Program	IM	P		0118
Rideshare Incentive Award Program	AI		V	0114
Safety Incentive Award Program	AS	P		0115
BICYCLE:				
Bicycle Mileage/Miscellaneous Bicycle Fees	BM	P		0201
CARS:				
Personal Use of State Vehicle	CP		V	0303
Vehicles Provided By Third Parties	CV		V	0307
CAR MILEAGE				
Call Back Mileage	CB	P		0305
Commuter Mileage	CC	P		0302
Remote Headquarters Mileage	CR	P		0306
Standard Business Mileage	CS	P		0304
DOMESTIC PARTNER BENEFITS				0009
EDUCATIONAL ASSISTANCE	EA	P	V	0501
ELECTRONIC DEVICES	EL	P	V	0505
ENTERTAINMENT EXPENSES	EE	P		0510
HOUSING				0801
Executive Housing Expense	HE	P	V	0802
Reimbursement Plans	HR	P	V	0803
Employer Provided State Housing	HV		V	0804
LIFE INSURANCE				1201
Group Term (Legislators)	LL		V	1202
Group Term (Non-Legislators)	LN		V	1203
CSU MANAGER/ EXECUTIVE LIFE INSURANCE OVER $50,000				1204
LOAN PROGRAMS				1210
Forgivable Loan/Doctoral Incentive Plan	LF		V	1211

Loan Assumption Program	LA		V		1212
Loan Forgiveness Program	LP		V		1213
LONG TERM TRAVEL					
Meals and/or lodging	ML	P	V		1302
MEALS					
Medical Officer of the Day	MP	P	V		1303
Overtime Meal	OM	P	V		1510
MEALS AND LODGING					1301
Meals Less than 24 hours	MP	P			1303
Non-Receipted Lodging	MP	P			1303
State Per Diems	MP	P			1303
MOVING EXPENSES					1310
Relocation Expense	MR	P			1312
				X	2700
Relocation Mileage	MM	P			1311
OUT-PLACEMENT	OP		V		1501
PROFESSIONAL/NONPROFESSIONAL DUES	DM	P	V		0401
SCHOLARSHIPS					
CSU Fee Waiver Program	SC		V		1901
TICKETS	TK		V		2030
TIPS/GRATUITIES					
Tips	TI	P			2017
Gratuities	TG	P			2018
TOOL ALLOWANCES	TA	P			2001
TRANSPORTATION SUBSIDIES					2010
Discount Travel/Transit Passes	TD	P	V		2012
Van Pool Driver	TV	P			2015
Car/Van Pool	TC		V		2011
Commuter Highway Vehicle	TH		V		2016
Employer-Provided Parking	TE		V		2013
Parking Cash-out	TP				2014
UNIFORM ALLOWANCE	UA	P	V		2101

FORMS STD. 676P & 676V VOLUME PROCESSING INSTRUCTIONS N 173.1

(Revised 01/03)

To facilitate volume processing, agencies/campuses may report taxable amounts via listing(s) with covering form(s) STD. 676P and 676V. SCO's prior approval is required; contact the W-2 Unit at (916) 322-8100, CALNET 492-8100.

Agencies/campuses must complete a covering form STD. 676P or 676V as instructed below when submitting listing(s):

- Listings are limited to a maximum of 50 line entries, double spaced - per page. A separate covering form STD. 676P or 676V is required for each listing.

- Documents must run "portrait" (8 1/2 X 11) rather than "landscape" (11 X 8 1/2).

- Listings must have information for Items 1 through 10 Completed in the same format, order, etc.

- Each required item must be fully completed. Ditto marks (") and arrows are unacceptable.

- Character size must be no smaller than elite size type or 12 characters per inch and no less than 8 points in height.

- Reduced copies are unacceptable.

- Agency/campus designee or reporting officer's signature and date are required.

- Name and telephone number of the person completing the form is required.

NOTE: Listing must indicate on the last page total number of line entries and grand totals for column 6 and or 7.

TOP BOXES

Box A **Item Code**. A separate form STD. 676P or 676V is required for each Item Code. Enter the two character ALPHA code for the benefit being reported (see PPM Section N 173).

Box B **Item Description**. Enter full name of the benefit reported (e.g. CARS - Standard Business Mileage Allowance or MEALS AND LODGING - Long Term Travel) per PPM Section N 173.

Box C **Page** ____ **of** ____ must be completed.

COLUMN:

1 Social Security Number - enter "various".

2 Employee's initial and surname - enter "various".

3 Agency code - complete.

4 Unit number - complete.

5 Pay period – complete.

6 Gross amount subject to withholding - enter "various".

7 Gross amount NOT subject to withholding - enter "various".

8 Enter state code

- CA, California
- IL, Illinois
- NY, New York
- Blank, all others

9 Issue Date – complete.

NOTE: Use "various" when line entries for columns 3-9 differ.

10 Total Line Entries
Enter total number of completed line entries and grand total amounts for column 6 and column 7.

BOTTOM BOXES

- Enter agency/campus name.
- Signature of reporting officer (Reporting officer must have a signature card [PPSD 8A] on file for forms STD. 676P/V).
- Enter current date.
- Enter name and telephone number of the person completing the form.

CORRECTING DOCUMENTS **N 174**
(Revised 12/99)

Agencies/campuses can correct payments previously reported via form STD. 675, Supplementary Wage Deduction, and form STD. 676P or 676V, Non-USPS Adjustment Request Form:

TO **DECREASE** AMOUNTS REPORTED:

- Submit a copy of the original forms STD. 675, 676P or 676V.
- Highlight in **yellow** line entries to be corrected.
- Write in **red** on top of document "CANCEL".
- Complete and attach a new document with corrected amounts.
- Write in **red** on top of document "CORRECTION."

TO **CANCEL** AMOUNT REPORTED:

- Submit a copy of the original forms STD. 675, 676P or 676V.
- Highlight in **yellow** the line entries to be canceled.
- Resign with an original signature.

NOTE: For multiple listing cancellations please attach a new document to expedite process.

- Write in **red** on top of document "CANCEL."

TO **INCREASE** AMOUNTS REPORTED

- Submit original documentation for the amount of increase only.

DOCUMENTS SHOULD BE SENT TO SCO/PPSD, ATTENTION W-2 UNIT.

SPECIAL ACCOUNTING PERIOD **N 175**
(Revised 03/02)

Effective January 1996 and thereafter, SCO reports non-cash, taxable Fringe Benefit values using a Special Accounting Period of December through November.

Tax Year 1996: Non-cash, taxable Fringe Benefit values reported for January through November 1996 were reflected on the 1996 Form W-2.

Tax Year 1997 and thereafter: Non-cash values received in December through November are reflected on that year's Form W-2. For example, non-cash values received in December 1996 through November 1997 were reported on the 1997 Form W-2. See PPM Section Z, Attachment N-2.

IMPACTED FB/EBE PROGRAMS **N 175.1**
(Revised 05/02)

Under this Special Accounting Period, the following non-cash, taxable benefit values are affected:

- Personal Use of State Aircraft
- Lottery Sales Recognition Program
- Rideshare Incentive Award Program
- Merit Award Program (Non Cash - goods, property, merchandise, etc.)
- Miscellaneous Incentive Program (Non Cash - goods, property, merchandise, etc.)
- Incentives Provided By Third Parties (Non Cash - goods, property, merchandise, etc.)
- Personal Use of State Vehicle
- Vehicle Provided By Third Parties
- Educational Assistance
- Electronic Devices
- Entertainment Expenses
- Value of State Housing
- Group Term Life Insurance
- Forgivable Loan/Doctoral Incentive Plan
- Loan Assumption Program
- Loan Forgiveness Program
- Long Term Travel
- Outplacement
- Overtime Meal Compensation (e.g., meal ticket)
- Tickets
- CSU Fee Waiver Program
- Car/Van Pool
- Discount Travel/Transit Passes
- Commuter Highway Vehicle
- Uniform Allowance
- Professional/Nonprofessional Dues

NOTE: **ALL CASH REIMBURSEMENTS,** INCLUDING THOSE FOR OVERTIME MEAL COMPENSATION AND EDUCATIONAL ASSISTANCE, **MUST STILL BE REPORTED IN THE YEAR PAID, PER IRS RULES, ALL CASH REIMBURSEMENTS MUST BE REFLECTED ON THE FORM W-2 FOR THE CALENDAR YEAR THE REIMBURSEMENT WAS PAID.**

TELEPHONE CONTACTS **N 176**
(Revised 08/02)

Use the following contacts for assistance for FB/EBE reporting.

Forms STD. 676P and 676V Completion:

Payroll Operations - W-2 Unit	(916) 322-8100

Program Provisions for Civil Service Programs:

Department of Personnel Administration - Benefits Division	(916) 322-0300

Program Provisions for California State University Programs:

Chancellor's Office - System-wide Benefits	(562) 951-4501

Reporting/Withholding Requirements:

Health, Dental, Vision and Van Pool Driver Program:

Program Management & Analysis Bureau (PMAB)	(916) 322-7953

Other FB/EBE Programs:

Tax Support Section (TSS)	(916) 322-8105

SCO Payroll Letters:

Internet	(www.sco.ca.gov/ppsd/empinfo)
IRS Publications	1-800-829-3676
IRS Web Site	(www.irs.gov)

THIRD-PARTY SICK PAY INTRODUCTION **N 177**
(Revised 12/99)

Sick Pay is defined by the Internal Revenue Service as "any amount paid to employees for any period during which the employee is temporarily absent from work because of sickness or accidental disability".

Presently, some California State University (CSU) employees are covered under a Sick Pay program for extended coverage (CSU-Long Term Disability). This coverage is provided by an independent Third-Party Insurance Company (TPIC). The monthly premium is paid by CSU as a State share contribution.

TAXABILITY OF THIRD-PARTY SICK PAY **N 177.1**
(Revised 01/99)

Third-Party Sick Pay is always subject to Federal and State Income Taxes. Third-Party Sick Pay is also subject to employee and employer Social Security and Medicare taxes. These Social Security and Medicare taxes are applied only for payments received during the first six full calendar months of the employee's absence. Payments after the six-month period are exempt from Social Security and Medicare taxes.

SECTION Z - INDEX

(Revised 10/03)

ATTACHMENT	DESCRIPTION
A-1	SCO Organization Chart
C-1 Page 1, 2, 3	Position Roster Listing Request
C-2	Position Roster (Format 3)
C-3	Position Roster (Format 4)
C-4	Special Pay Code
E-1 INDEX	NDI SALARY CONVERSION TABLES
E-1A	Civil Service BU 6 and 8, Non-Annual Leave
E-1B	Non-Represented and All Civil Service BU Except BU 6 and 8, Non-Annual Leave
E-1C	California State University BU 1 and 10
E-1D	California State University Non-Represented M80, M98, C99 and BU 2, 5, 7, 9
E-1E	California State University BU 3, 4, 6, 8 and E99
E-2 INDEX	NDI – STD. 674D SAMPLES
E-2 Sample 1	NDI and Regular Pay
E-2 Sample 2	NDI Pay
E-2 Sample 3	Additional NDI Pay
E-2 Sample 4	NDI and Regular Pay, Full Month Released
E-2 Sample 5	NDI Pay for Two Positions
E-2 Sample 6	NDI and Supplementation for Annual Leave
E-2 Sample 7	NDI and Sick Leave Subsidy
E-2 Sample 8	NDI and Regular Pay for Semi-Monthly
E-2 Sample 9	Working While on NDI
E-3 INDEX	TD – STD. 674 SAMPLES
	FULL SUPPLEMENTATION:
E-3 Sample 1	Full Month on TD Account Receivable Request
E-3 Sample 2	Partial Month on TD Account Receivable Request
E-3 Sample 3	Payment Request
E-3 Sample 4	Hourly Employee
E-3 Sample 5	Shift Differential in Pay Period
	PARTIAL SUPPLEMENTATION:
E-3 Sample 6	Payment Request
E-3 Sample 7	Payment Request Shift Differential in Pay Period
E-3 Sample 8	IDL and TD in the Same Pay Period (STD. 674D)
E-3 Sample 9	MISCELLANEOUS: IDL and TD in the Same Pay Period (STD. 674) Note: IDL and TD forms must be submitted as a package.

E-3 Sample 10	SCIF Amount Changed – Reversal of A/R
E-3 Sample 11	SCIF Daily Rate Increased – Additional A/R Request
E-3 Sample 12	Wage Loss
E-3 Sample 13	SCIF Amount Reduced by Attorney Fees
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E-4 Sample 2	IDL and Regular Pay
E-4 Sample 3	IDL, Regular Pay and Shift Differential
E-4 Sample 4	Working While on IDL
E-4 Sample 5	Mid-Month Salary Change
E-4 Sample 6	Two Injuries
E-4 Sample 7	IDL and TD in Same Pay Period

E-5 Example 1A and 1B	Calculation and STD. 674D
E-5 Example 2A and 2B	Calculation and STD. 674D
E-5 Example 3A and 3B	Calculation and STD. 674D
E-5 Example 4A and 4B	Calculation and STD. 674D
E-5 Example 5	Calculation
E-5 Example 6A and 6B	Calculation and STD. 674D

H-1	Transmittal of Controller's Warrant (CD 155)

H-2 INDEX	Garnishment Documentation – STD. 639 Examples
H-2 Example 1	Ordered assignment of wages.
H-2 Example 2	Modification to court ordered assignment of wages with arrears support due.
H-2 Example 3	Court ordered assignment of wages with arrears support due.
H-2 Example 4	Modification to court ordered assignment of wages; increased monthly deduction.
H-2 Example 4.1	Cancel arrears support.
H-2 Example 5	FTB student loan collection, 10% of disposable to be taken each month until total amount has been withheld.
H-2 Example 6	FTB child support collection program.
H-2 Example 7	Earnings withholding order.
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H-2 Example 9	STD. 674 returning pay for garnishment to be withheld.

H-3	Undeliverable U.S. Savings Bond(s) (PR358)

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H-5	Detail Transaction Report

H-6	Parking Adjustment Notice (PPSD 360)

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I-1 INDEX	Accounts Receivable STD. 674A/R Samples
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I-1 Sample 3	Agency Collection A/R Reversal
I-1 Sample 4	Change Method of Collection – Agency to Payroll
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I-1 Sample 7	Payroll Deduction A/R – Equal Amounts from Multiple Pay Periods
I-1 Sample 8, 8A, 8B	Payroll Deduction A/R Package – Specific Pay Period Order
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I-3	W-2 Wage & Tax Statement Letter

I-4	W-2 Wage & Tax Statement Letter

I-5	Statement of Earnings and Deductions

I-6	Direct Deposit Advice

I-7	Tax and Wage Reporting for Independent Contractors Reclassified as Employees – Sample Letter

I-8	Warrant for Deceased Employee – Sample Letter

I-9	IRS Notice of Employer Identification Number Assigned

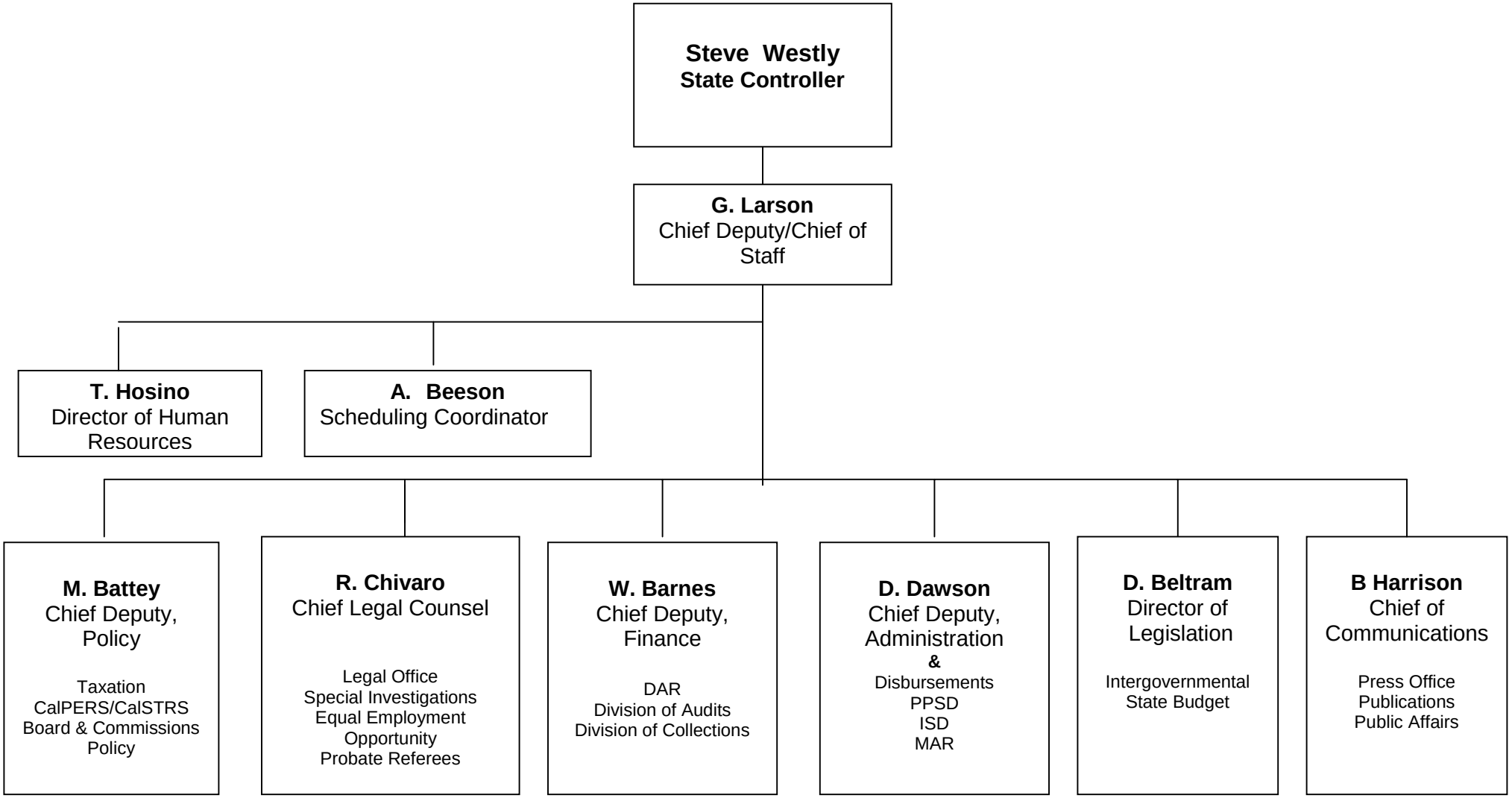
I-10	Deceased Employee Data (PPSD 21)

I-11	Deceased Employee Data (PPSD 21) (Reverse)

I-12	Form W-2 Reporting – Charts I, II, III, IV

N -2	Fringe Benefit Processing and Special Accounting Period

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		

ATTACHMENTS
(Revised 03/02)

ATTACHMENT C-3

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 and 8
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
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

ATTACHMENT E-1A

Civil Service Bargaining Units 6 and 8
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
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

ATTACHMENT E-1A

Civil Service Bargaining Units 6 and 8
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															
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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															
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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 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	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
	1 2 3	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 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 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 31 32	YR 33 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-2 SAMPLE 3

STATE OF CALIFORNIA

INDUSTRIAL/NON-INDUSTRIAL DISABILITY PAY/ADJUSTMENT REQUEST

DOCUMENT NUMBER _____ OF _____

STD. 674D (REV. 1-98)

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 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			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			
	1	2	3	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)

ATTACHMENT E-2 SAMPLE 4

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	
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 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			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			
	1	2	3	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)

ATTACHMENT E-2 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	
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 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)

ATTACHMENT E-2 SAMPLE 6

STATE OF CALIFORNIA

INDUSTRIAL/NON-INDUSTRIAL DISABILITY PAY/ADJUSTMENT REQUEST

DOCUMENT NUMBER _____ OF _____

STD. 674D (REV. 1-98)

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 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 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-2 SAMPLE 7

STATE OF CALIFORNIA

INDUSTRIAL/NON-INDUSTRIAL DISABILITY PAY/ADJUSTMENT REQUEST

DOCUMENT NUMBER _____ OF _____

STD. 674D (REV. 1-98)

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 10-1 (FROM) 10-30 (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	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)

ATTACHMENT E-2 SAMPLE 8

STATE OF CALIFORNIA

INDUSTRIAL/NON-INDUSTRIAL DISABILITY PAY/ADJUSTMENT REQUEST

DOCUMENT NUMBER _____ OF _____

STD. 674D (REV. 1-98)

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 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 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 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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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

DOCUMENT NO. _____

PAYROLL ADJUSTMENT NOTICE

STD 674 (REV. 4-89)

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

(1) TO: STATE CONTROLLER

- ☐ DIVISION OF DISBURSEMENTS
- ☑ PPSD/PAYROLL SERVICES

(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:

- ☐ PAYMENT REQUEST
- ☐ RETURN WARRANT ONLY
- ☑ ADJUSTMENT REQUEST
  - ☐ SALARY
  - ☐ TIME
  - ☑ TRANSFER OF FUNDS
- ☑ 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.	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	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:

- ☑ 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 ☑ 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 ☐ ACCOUNT RECEIVABLE

☐ RETURN WARRANT ONLY ☐ INQUIRY REGARDING FORM _____

☐ ADJUSTMENT REQUEST

☐ 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 DATE

COMPLETE 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
- ☑ 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
- ☐ 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.	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
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 ▶ COMPLETE COMPLETE

(AGENCY NAM COMPLETE

FROM:

AI ▶ COMPLETE COMPLETE

ATTACHMENT (Revised 03/02)

ATTACHMENT E-3 SAMPLE 5

STATE OF CALIFORNIA

DOCUMENT NO. _____

PAYROLL ADJUSTMENT NOTICE

STD 674 (REV. 4-89)

(1) TO: STATE CONTROLLER

☐ DIVISION OF DISBURSEMENTS ☑ PPSD/PAYROLL SERVICES

(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:

☐ PAYMENT REQUEST ☐ ACCOUNT RECEIVABLE

☐ RETURN WARRANT ONLY ☐ INQUIRY REGARDING FORM _____

☑ ADJUSTMENT REQUEST

☐ SALARY ☐ TIME ☑ TRANSFER OF FUNDS

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

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
A.	07	01	92	06		92	1	3319.00	1				1	0		0			3319.00	2474.15	1-234568	✔	
PAYMENT PER CONTROLLER WARRANT REGISTER								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.				06		92		REGULAR		NONE				0					NONE				
PAYMENT SHOULD BE								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:

☑ 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 ☑ PPSD/PAYROLL SERVICES

(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:

☑ PAYMENT REQUEST ☐ ACCOUNT RECEIVABLE

☐ RETURN WARRANT ONLY ☐ INQUIRY REGARDING FORM _____

☐ ADJUSTMENT REQUEST

☐ SALARY ☐ TIME ☐ TRANSFER OF FUNDS

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

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
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 REQUEST.			
B. PAYMENT SHOULD BE				06		92		REGULAR		NONE				0					NONE				
								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

(AGENCY NAME) COMPLETE

FROM:

AUTHORIZED SIGNATURE ▶ COMPLETE

DATE COMPLETE

ATTACHMENT (Revised 03/02)

ATTACHMENT E-3 SAMPLE 7

STATE OF CALIFORNIA

DOCUMENT NO. _____

PAYROLL ADJUSTMENT NOTICE

STD 674 (REV. 4-89)

(1) TO: STATE CONTROLLER

☐ DIVISION OF DISBURSEMENTS ☑ PPSD/PAYROLL SERVICES

(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:

☑ PAYMENT REQUEST ☐ ACCOUNT RECEIVABLE

☐ RETURN WARRANT ONLY ☐ INQUIRY REGARDING FORM _____

☐ ADJUSTMENT REQUEST

☐ SALARY ☐ TIME ☐ TRANSFER OF FUNDS

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

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.	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
A.				06		92		2702.00		NONE				0					NONE				
PAYMENT PER CONTROLLER WARRANT REGISTER								SCIF		11	3								1440.00				
										11	3								1440.00	SAMPLE 7 PARTIAL			
																				SUPPLEMENTATION. PAYMENT REQUEST.			
B.				06		92		REGULAR		NONE				0					NONE	**27 HOURS SHIFT PAY INCLUDED IN			
PAYMENT SHOULD BE								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

(AGENCY NAME)

FROM: COMPLETE

AUTHORIZED SIGNATURE ▶ COMPLETE

DATE COMPLETE

ATTACHMENT (Revised 03/02)

ATTACHMENT E-3 SAMPLE 8

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	
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)

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
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 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

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 ☑ PPSD/PAYROLL SERVICES

(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:

☐ PAYMENT REQUEST ☑ ACCOUNT RECEIVABLE

☐ RETURN WARRANT ONLY ☐ INQUIRY REGARDING FORM _____

☑ ADJUSTMENT REQUEST

☐ SALARY ☐ TIME ☐ TRANSFER OF FUNDS

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

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
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 SCIF		10 6	6			0					909.09 608.00	TRANSFER TO IDL			
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-3 SAMPLE 10

STATE OF CALIFORNIA

DOCUMENT NO. _____

PAYROLL ADJUSTMENT NOTICE

STD 674 (REV. 4-89)

(1) TO: STATE CONTROLLER

☐ DIVISION OF DISBURSEMENTS ☑ PPSD/PAYROLL SERVICES

(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:

☐ PAYMENT REQUEST ☑ ACCOUNT RECEIVABLE

☐ RETURN WARRANT ONLY ☐ INQUIRY REGARDING FORM _____

☑ ADJUSTMENT REQUEST

☐ SALARY ☐ TIME ☐ TRANSFER OF FUNDS

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

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 (AGENCY NAME) COMPLETE

FROM: COMPLETE

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 ☑ PPSD/PAYROLL SERVICES

(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:

☐ PAYMENT REQUEST ☑ ACCOUNT RECEIVABLE

☐ RETURN WARRANT ONLY ☐ INQUIRY REGARDING FORM _____

☑ ADJUSTMENT REQUEST

☐ SALARY ☐ TIME ☐ TRANSFER OF FUNDS

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

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.	07	01	92	06		92	1	2787.00	1				1	0		0			2787.00	2076.73	01-043340	✔	
PAYMENT PER CONTROLLER WARRANT REGISTER	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			
B.				06		92		REGULAR		NONE				0					NONE	REQUEST.			
PAYMENT SHOULD BE								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:

☑ 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 ACCOUNTING PU... 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 ☑ 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 ☑ ACCOUNT RECEIVABLE

☐ RETURN WARRANT ONLY ☐ INQUIRY REGARDING FORM _____

☑ ADJUSTMENT REQUEST

☐ SALARY ☐ TIME ☑ TRANSFER OF FUNDS

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.	05	01	92	05		92		3769.00		21			1	0		0			3769.00	2822.51	01-222222			
PAYMENT PER CONTROLLER WARRANT REGISTER								SCIF		7	5								1364.80					
										28	5								5133.80	SAMPLE 12 SCIF PAYMENT WAS REDUCED BASES ON A WAGE LOSS.				
B.				05		92		REGULAR		NONE				0					NONE					
PAYMENT SHOULD BE								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:

☑ 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

AUTHORIZER 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 [✔] ACCOUNT RECEIVABLE

[ ] RETURN WARRANT ONLY [ ] INQUIRY REGARDING FORM _____

[✔] ADJUSTMENT REQUEST

[ ] SALARY [ ] TIME [✔] 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.	06	01	92	05		92	1	3221.00		21			1	0	0				3221.00	1568.43	01-498498	X		
PAYMENT PER CONTROLLER WARRANT REGISTER								SCIF		8	3 0								1277.20					
										29	3 0								4498.20					
																				SAMPLE 13				
B.				05		92		REGULAR			NONE			0					NONE	SCIF PAYMENT WAS REDUCED BY ATTORNEY FEES.				
PAYMENT SHOULD BE								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: COMPLETE (AGENCY NAME)

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 ☑ 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 ☑ ACCOUNT RECEIVABLE

☐ RETURN WARRANT ONLY ☐ INQUIRY REGARDING FORM _____

☑ ADJUSTMENT REQUEST

☐ SALARY ☐ TIME ☑ TRANSFER OF FUNDS

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.	07	01	92	06		92		2460.00	1				1	0		0			2460.00	1835.27	03-541104	✔	
PAYMENT PER CONTROLLER WARRANT REGISTER								SCIF		1									111.82				
										23									2571.82				
																				SAMPLE 14			
B.				06		92		REGULAR		21				0					2346.18	ABATEMENT			
PAYMENT SHOULD BE								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:

☑ 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) COMPLETE

FROM:

AU ▶ COMPLETE

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 ☑ PPSD/PAYROLL SERVICES

(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:

☐ PAYMENT REQUEST ☑ ACCOUNT RECEIVABLE

☐ RETURN WARRANT ONLY ☐ INQUIRY REGARDING FORM _____

☑ ADJUSTMENT REQUEST

☐ SALARY ☐ TIME ☑ TRANSFER OF FUNDS

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

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.	07	01	92	06		92		1659.50	1			1/2	1	0		0			1659.50	935.77	01-234333	✔		
PAYMENT PER CONTROLLER WARRANT REGISTER								SCIF		19									1440.00					
										41									3099.50	SAMPLE 15				
																				FULL SUPPLEMENTATION.				
B.				06		92		REGULAR		NONE				0					NONE	FRACTIONAL EMPLOYEE. FULL				
PAYMENT SHOULD BE								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:

☑ 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)

ATTACHMENT E-4 SAMPLE 4

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	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	MONTH 31	32	YR 33	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 31	32	YR 33	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)

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	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	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 7 1 OF 2

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 31 32 33 34	YR	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 7 2 OF 2**

STATE OF CALIFORNIA

DOCUMENT NO. _____

PAYROLL ADJUSTMENT NOTICE

STD 674 (REV. 4-89)

(1) TO: STATE CONTROLLER

☐ DIVISION OF DISBURSEMENTS ☑ PPSD/PAYROLL SERVICES

(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:

☐ PAYMENT REQUEST ☑ ACCOUNT RECEIVABLE

☐ RETURN WARRANT ONLY ☐ INQUIRY REGARDING FORM _____

☐ ADJUSTMENT REQUEST

☐ SALARY ☐ TIME ☑ TRANSFER OF FUNDS

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

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.	08	31	89	08		89	1	2269.00		13			0	0		0			1340.77	1049.38	01-223344	X		
PAYMENT PER CONTROLLER WARRANT REGISTER								SCIF		5	2 0								544.00					
								TOTAL		18	2 0								1884.77					
B.				08		89		REGULAR			NONE			0					NONE					
PAYMENT SHOULD BE								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

FROM: (AGENCY NAME) 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)

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	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 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-5, EXAMPLE 2A**

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)

ATTACHMENT E-5 EXAMPLE 2B

STATE OF CALIFORNIA

INDUSTRIAL/NON-INDUSTRIAL DISABILITY PAY/ADJUSTMENT REQUEST

DOCUMENT NUMBER _____ OF _____

STD. 674D (REV. 1-98)

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 31 32	YR 33 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-5, EXAMPLE 3A**

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																																									

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ATTACHMENT (Revised 03/02) **ATTACHMENT E-5, EXAMPLE 4A**

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

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

ATTACHMENT (Revised 03/02) **ATTACHMENT E-5, EXAMPLE 6A**

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)

ATTACHMENT E-5 EXAMPLE 6B

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
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 31 32	YR 33 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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ATTACHMENTS **ATTACHMENT H-1**
(Revised 01/03)

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: BILLING NO: _____	AMOUNT:

- 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

- 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)

- FTB Student Loan Collection, 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)

ATTACHMENT (Revised 03/02) **ATTACHMENT H-2 EXAMPLE 1**

STATE OF CALIFORNIA

SALARY GARNISHMENT

STD. 639 (REV. 9-98)

Reference Payroll Procedures Manual Section H 300

DOCUMENT NUMBER

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

1. AGENCY NAME: COMPLETE

2. SOCIAL SECURITY NUMBER: COMPLETE

3. NAME: 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: [●] MONTHLY [ ] SEMI-MONTHLY [ ] BIWEEKLY

8. GARNISHMENT TYPE (038)

A. [●] 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 $_____

[ ] EMPLOYEE HAS OTHER DEDUCTIONS PER FC 150 et seq., 5200 et seq, or PC 3088

9. TOTAL GARNISHMENT AMOUNT

B. (339/002) [ ] 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 [ ] 3 - MARRIED FILING SEPARATELY

[ ] 2 - MARRIED FILING JOINTLY [ ] 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);* COURT-ORDERED DEBT COLLECTIONS *(Revenue & Taxation Code 19280)* $

E. (339/007) [ ] EARNINGS WITHHOLDING ORDER *(CCP 706.125): 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, 8D, and 8E)***

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

B [ ] MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH $ _____

C [ ] SUPPORT EXEMPTION AMOUNT $ _____

D [ ] SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH $ _____

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.)

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: COMPLETE

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

AUTHORIZED SIGNATURE: COMPLETE

DATE: COMPLETE

ATTACHMENT (Revised 03/02) **ATTACHMENT H-2 EXAMPLE 2**

STATE OF CALIFORNIA

SALARY GARNISHMENT

STD. 639 (REV. 9-98)

Reference Payroll Procedures Manual Section H 300

DOCUMENT NUMBER

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

1. AGENCY NAME: COMPLETE

2. SOCIAL SECURITY NUMBER: COMPLETE

3. NAME: COMPLETE

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

5. EFFECTIVE DATE: 11/21/01

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

7. PAY FREQUENCY
- [●] MONTHLY
- [ ] SEMI-MONTHLY
- [ ] BIWEEKLY

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 $_____
- [ ] EMPLOYEE HAS OTHER DEDUCTIONS PER FC 150 et seq., 5200 et seq, or PC 3088

9. TOTAL GARNISHMENT AMOUNT

B. (339/002) [●] 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)* — $ 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);* COURT-ORDERED DEBT COLLECTIONS *(Revenue & Taxation Code 19280)* — $

E. (339/007) [ ] EARNINGS WITHHOLDING ORDER *(CCP 706.125): 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, 8D, and 8E)***

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

B [ ] MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH $ _____

C [ ] SUPPORT EXEMPTION AMOUNT $ _____

D [ ] SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH $ 250.00

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.) 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: COMPLETE

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

AUTHORIZED SIGNATURE: COMPLETE

DATE: COMPLETE

ATTACHMENT (Revised 03/02)

ATTACHMENT H-2 EXAMPLE 3

STATE OF CALIFORNIA

SALARY GARNISHMENT

STD. 639 (REV. 9-98)

Reference Payroll Procedures Manual Section H 300

DOCUMENT NUMBER

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

1. AGENCY NAME: COMPLETE

2. SOCIAL SECURITY NUMBER: COMPLETE

3. NAME: COMPLETE

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

5. EFFECTIVE DATE: 9/25/01

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

7. PAY FREQUENCY
- [●] MONTHLY
- [ ] SEMI-MONTHLY
- [ ] BIWEEKLY

8. GARNISHMENT TYPE (038)

A. [●] 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 $ _____

[ ] EMPLOYEE HAS OTHER DEDUCTIONS PER FC 150 et seq., 5200 et seq, or PC 3088

9. TOTAL GARNISHMENT AMOUNT

B. (339/002) [●] 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)* — $ 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);* COURT-ORDERED DEBT COLLECTIONS *(Revenue & Taxation Code 19280)* — $

E. (339/007) [ ] EARNINGS WITHHOLDING ORDER *(CCP 706.125): 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, 8D, and 8E)***

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

B [ ] MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH $ _____

C [ ] SUPPORT EXEMPTION AMOUNT $ _____

D [●] SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH $ 200.00

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.)

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: COMPLETE

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

AUTHORIZED SIGNATURE: COMPLETE

DATE: COMPLETE

ATTACHMENT (Revised 03/02)

ATTACHMENT H-2 EXAMPLE 4

STATE OF CALIFORNIA

SALARY GARNISHMENT

STD. 639 (REV. 9-98)

Reference Payroll Procedures Manual Section H 300

DOCUMENT NUMBER

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

1. AGENCY NAME: COMPLETE

2. SOCIAL SECURITY NUMBER: COMPLETE

3. NAME: COMPLETE

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

5. EFFECTIVE DATE: 9/25/01

6. ACTION TYPE: ☐ NEW ☑ MODIFICATION OR CORRECTION OF ITEM 8A ☐ CANCELLATION OF GARNISHMENT **ORIGINAL** EFFECTIVE DATE

7. PAY FREQUENCY: ☑ MONTHLY ☐ SEMI-MONTHLY ☐ BIWEEKLY

8. GARNISHMENT TYPE (038)

A. ☑ 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)*

☑ DEDUCTION AMOUNT CHANGED FROM $ 400.00

☐ EMPLOYEE HAS OTHER DEDUCTIONS PER FC 150 et seq., 5200 et seq, or PC 3088

9. TOTAL GARNISHMENT AMOUNT

B. (339/002) ☐ 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);* COURT-ORDERED DEBT COLLECTIONS *(Revenue & Taxation Code 19280)* $

E. (339/007) ☐ EARNINGS WITHHOLDING ORDER *(CCP 706.125): 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, 8D, and 8E)***

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

B ☐ MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH $ _____

C ☐ SUPPORT EXEMPTION AMOUNT $ _____

D ☐ SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH $ _____

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.) 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: COMPLETE

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

AUTHORIZED SIGNATURE: COMPLETE

DATE: COMPLETE

ATTACHMENT (Revised 03/02)

ATTACHMENT H-2 EXAMPLE 4.1

STATE OF CALIFORNIA

SALARY GARNISHMENT

STD. 639 (REV. 9-98)

Reference Payroll Procedures Manual Section H 300

DOCUMENT NUMBER

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

1. AGENCY NAME: COMPLETE

2. SOCIAL SECURITY NUMBER: COMPLETE

3. NAME: COMPLETE

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

5. EFFECTIVE DATE: 11/02/01

6. ACTION TYPE: ☐ NEW ☐ MODIFICATION OR CORRECTION OF ITEM _____ ☑ CANCELLATION OF GARNISHMENT **ORIGINAL** EFFECTIVE DATE: 9/25/01

7. PAY FREQUENCY: ☑ MONTHLY ☐ SEMI-MONTHLY ☐ BIWEEKLY

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 $_____
☐ EMPLOYEE HAS OTHER DEDUCTIONS PER FC 150 et seq., 5200 et seq, or PC 3088

9. TOTAL GARNISHMENT AMOUNT

B. (339/002) ☑ 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)* — $ 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);* COURT-ORDERED DEBT COLLECTIONS *(Revenue & Taxation Code 19280)* — $

E. (339/007) ☐ EARNINGS WITHHOLDING ORDER *(CCP 706.125): 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, 8D, and 8E)***

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

B ☐ MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH $_____

C ☐ SUPPORT EXEMPTION AMOUNT $_____

D ☑ SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH $ 200.00

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.) 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: COMPLETE

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

AUTHORIZED SIGNATURE: COMPLETE

DATE: COMPLETE

ATTACHMENT (Revised 03/02)

ATTACHMENT H-2 EXAMPLE 5

STATE OF CALIFORNIA

SALARY GARNISHMENT

STD. 639 (REV. 9-98)

Reference Payroll Procedures Manual Section H 300

DOCUMENT NUMBER

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

1. AGENCY NAME: COMPLETE

2. SOCIAL SECURITY NUMBER: COMPLETE

3. NAME: COMPLETE

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

5. EFFECTIVE DATE: 10/20/01

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

7. PAY FREQUENCY: [•] MONTHLY [ ] SEMI-MONTHLY [ ] BIWEEKLY

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 $_____
[ ] EMPLOYEE HAS OTHER DEDUCTIONS PER FC 150 et seq., 5200 et seq, or PC 3088

9. TOTAL GARNISHMENT AMOUNT

B. (339/002) [ ] 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 [ ] 3 - MARRIED FILING SEPARATELY
[ ] 2 - MARRIED FILING JOINTLY [ ] 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);* COURT-ORDERED DEBT COLLECTIONS *(Revenue & Taxation Code 19280)* $ 5,000.00

E. (339/007) [ ] EARNINGS WITHHOLDING ORDER *(CCP 706.125): 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, 8D, and 8E)***

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

B [ ] MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH $_____

C [ ] SUPPORT EXEMPTION AMOUNT $_____

D [•] SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH $ 241.97

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.) 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: COMPLETE

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

AUTHORIZED SIGNATURE: COMPLETE

DATE: COMPLETE

ATTACHMENT (Revised 03/02)

ATTACHMENT H-2 EXAMPLE 6

STATE OF CALIFORNIA

SALARY GARNISHMENT

STD. 639 (REV. 9-98)

Reference Payroll Procedures Manual Section H 300

DOCUMENT NUMBER

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

1. AGENCY NAME: COMPLETE

2. SOCIAL SECURITY NUMBER: COMPLETE

3. NAME: COMPLETE

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

5. EFFECTIVE DATE: 9/29/01

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

7. PAY FREQUENCY
- [●] MONTHLY
- [ ] SEMI-MONTHLY
- [ ] BIWEEKLY

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 $_____
- [ ] EMPLOYEE HAS OTHER DEDUCTIONS PER FC 150 et seq., 5200 et seq, or PC 3088

9. TOTAL GARNISHMENT AMOUNT

B. (339/002) [●] 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)* — $ 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);* COURT-ORDERED DEBT COLLECTIONS *(Revenue & Taxation Code 19280)* — $

E. (339/007) [ ] EARNINGS WITHHOLDING ORDER *(CCP 706.125): 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, 8D, and 8E)***

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

B [ ] MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH $_____

C [ ] SUPPORT EXEMPTION AMOUNT $_____

D [ ] SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH $_____

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.)

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: COMPLETE

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

AUTHORIZED SIGNATURE: COMPLETE

DATE: COMPLETE

ATTACHMENT (Revised 03/02)

ATTACHMENT H-2 EXAMPLE 7

STATE OF CALIFORNIA

SALARY GARNISHMENT

STD. 639 (REV. 9-98)

Reference Payroll Procedures Manual Section H 300

DOCUMENT NUMBER

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

1. AGENCY NAME: COMPLETE

2. SOCIAL SECURITY NUMBER: COMPLETE

3. NAME: COMPLETE

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

5. EFFECTIVE DATE: 10/29/01

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

7. PAY FREQUENCY: ● MONTHLY ☐ SEMI-MONTHLY ☐ BIWEEKLY

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 $_____
☐ EMPLOYEE HAS OTHER DEDUCTIONS PER FC 150 et seq., 5200 et seq, or PC 3088

9. TOTAL GARNISHMENT AMOUNT

B. (339/002) ☐ 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 ☐ 3 - MARRIED FILING SEPARATELY
☐ 2 - MARRIED FILING JOINTLY ☐ 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);* COURT-ORDERED DEBT COLLECTIONS *(Revenue & Taxation Code 19280)* $

E. (339/007) ● EARNINGS WITHHOLDING ORDER *(CCP 706.125): Federally Guaranteed Student Loan Higher Education Act of 1965: 20 USCA Section 1095a* $ 3,645.00

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, 8D, and 8E)***

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

B ☐ MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH $_____

C ☐ SUPPORT EXEMPTION AMOUNT $_____

D ☐ SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH $_____

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.)

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: COMPLETE

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

AUTHORIZED SIGNATURE: COMPLETE

DATE: COMPLETE

ATTACHMENT (Revised 03/02)

ATTACHMENT H-2 EXAMPLE 8

STATE OF CALIFORNIA

SALARY GARNISHMENT

STD. 639 (REV. 9-98)

Reference Payroll Procedures Manual Section H 300

DOCUMENT NUMBER

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

1. AGENCY NAME: COMPLETE

2. SOCIAL SECURITY NUMBER: COMPLETE

3. NAME: COMPLETE

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

5. EFFECTIVE DATE: 10/29/01

6. ACTION TYPE: ☐ NEW ☑ MODIFICATION OR CORRECTION OF ITEM 8E & 11D ☐ CANCELLATION OF GARNISHMENT **ORIGINAL** EFFECTIVE DATE

7. PAY FREQUENCY: ☑ MONTHLY ☐ SEMI-MONTHLY ☐ BIWEEKLY

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 $_____
☐ EMPLOYEE HAS OTHER DEDUCTIONS PER FC 150 et seq., 5200 et seq, or PC 3088

9. TOTAL GARNISHMENT AMOUNT

B. (339/002) ☐ 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 ☐ 3 - MARRIED FILING SEPARATELY ☐ 2 - MARRIED FILING JOINTLY ☐ 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);* COURT-ORDERED DEBT COLLECTIONS *(Revenue & Taxation Code 19280)* $

E. (339/007) ☑ EARNINGS WITHHOLDING ORDER *(CCP 706.125): Federally Guaranteed Student Loan Higher Education Act of 1965: 20 USCA Section 1095a* $ 3,969.39

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, 8D, and 8E)***

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

B ☐ MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH $_____

C ☐ SUPPORT EXEMPTION AMOUNT $_____

D ☑ SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH $ 150.00

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.) 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: COMPLETE

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

AUTHORIZED SIGNATURE: COMPLETE

DATE: COMPLETE

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:

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 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

PR468 (Rev. 12/93)

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 PAY TYPE	PERIOD MONTH	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	Phone Number	Company/Department Name
H	( ) **I**	**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

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
- ☑ PPSD/PAYROLL SERVICES

PPSD UNIT DESTINATION:

- ☑ 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:

- ☑ 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
- ☑ 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 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
- ☑ PPSD/PAYROLL SERVICES

PPSD UNIT DESTINATION:

- ☑ 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 $ 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
- ☑ PPSD/PAYROLL SERVICES

PPSD UNIT DESTINATION:

- ☑ 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 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 03/02)

ATTACHMENT I-1 SAMPLE 4

PAYROLL ADJUSTMENT NOTICE—ACCOUNTS RECEIVABLE (A/R)

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

DOCUMENT NUMBER

(1) TO STATE CONTROLLER'S OFFICE:

- ☐ ADMIN. & DISBURSEMENTS
- ☑ PPSD/PAYROLL SERVICES

PPSD UNIT DESTINATION:

- ☑ 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

- ☑ 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:

(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
- ☑ PPSD/PAYROLL SERVICES

PPSD UNIT DESTINATION:

- ☑ 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*** $ 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
- ☑ PPSD/PAYROLL SERVICES

PPSD UNIT DESTINATION:

- ☑ 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 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
- ☑ PPSD/PAYROLL SERVICES

PPSD UNIT DESTINATION:

- ☑ 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:

- ☑ 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	✓		
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
- ☑ PAYROLL DEDUCTION *(Specify type)*
  - ☐ 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD
- ☑ 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
- ☑ PPSD/PAYROLL SERVICES

PPSD UNIT DESTINATION:

- ☑ 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:

- ☑ 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
- ☑ PAYROLL DEDUCTION *(Specify type)*
  - ☐ 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD
  - ☑ 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
- ☑ PPSD/PAYROLL SERVICES

PPSD UNIT DESTINATION:

- ☑ 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:

- ☑ 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
- ☑ PAYROLL DEDUCTION *(Specify type)*
  - ☐ 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD
  - ☑ 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
- ☑ PPSD/PAYROLL SERVICES

PPSD UNIT DESTINATION:

- ☑ 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:

- ☑ 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
- ☑ PAYROLL DEDUCTION *(Specify type)*
  - ☐ 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD
- ☑ 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
- ☑ PPSD/PAYROLL SERVICES

PPSD UNIT DESTINATION:

- ☑ 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:

- ___ 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
- ☑ PAYROLL DEDUCTION *(Specify type)*
  - ☐ 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD
  - ☑ 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
- ☑ PPSD/PAYROLL SERVICES

PPSD UNIT DESTINATION:

- ☑ PAYROLL
- ☐ BENEFITS
- ☐ DISABILITY
- ☐ W-2/Non USPS
- ☐ RETIREMENT
- ☐ DEDUCTIONS

(2) SOCIAL SECURITY NUMBER	(3) NAME	(4) POSITION NUMBER			
			AGENCY	UNIT	CLASS	SERIAL
COMPLETE	COMPLETE	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.		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
- ☑ PAYROLL DEDUCTION *(Specify type)*
  - ☐ 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD
- ☑ 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
- ☑ PPSD/PAYROLL SERVICES

PPSD UNIT DESTINATION:

- ☑ PAYROLL
- ☐ BENEFITS
- ☐ DISABILITY
- ☐ W-2/Non USPS
- ☐ RETIREMENT
- ☐ DEUCTIONS

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

- ☑ ACCOUNTS RECEIVABLE
- ☐ REDEPOSIT WITH A/R
- ☐ TRANSFER OF FUNDS WITH A/R

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

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
- ☑ PAYROLL DEDUCTION *(Specify type)*
  - ☐ 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD
  - ☑ 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

ATTACHMENT **ATTACHMENT I-3**
(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, 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

(New 09/03)

This block reserved for employee warrant

This warrant is void one (1) year from issue date.

STATE OF CALIFORNIA — STATEMENT OF EARNINGS AND DEDUCTIONS — OFFICE OF STATE CONTROLLER

T JONES **XXXX**
AGY/UNIT XXX XXX **PAY PERIOD 08/03** **WARRANT NO 01-853269**
TAX YEAR 03 **ISSUE DATE 09/01/03**
TAX STATUS FED M-00 CA STATE M-00

	GROSS PAY	TAXABLE GROSS	DEDUCTIONS	NET PAY
CURRENT	**3054.00**	**2912.48**	**897.39**	**2156.61**
YEAR-TO-DATE	**27592.01**			

EARNINGS	DAYS	HOURS	GROSS
REGULAR			**3054.00**

DEDUCTIONS	AMOUNT	YEAR-TO-DATE
FEDERAL TAX	357.50	
STATE TAX	63.85	
*RETIREMENT	127.05	
SOC SEC	232.52	
MEDICARE	55.00	
*F CIGNA	.00	
*F DLTADNTL	14.47	
VISION-VSP	.00	
FED TAX ADJ	50.00	
ST TAX ADJ	50.00	
CHTBL CNTRB	2.00	

EMPLOYER CONTRIBUTIONS (current and adjustments)

RETIREMENT	**SOC SEC**	**HLTH/FLEX**
271.16	**232.52**	**350.03**
MEDICARE	**LIFE INS**	
11.25	**6.48**	

8/03	BEGIN BAL	CREDIT	USED	MISC	9/03 BEGIN	
VACATION	201.50	10.00	0.00	0.00	211.50	
SICK LV	160.50	8.00	0.00	0.00	168.50	
PH	0.00	1.00	0.00	0.00	1.00	UNITS
PLP	144.00	0.00	0.00	0.00	144.00	
CTO	13.75	0.00	0.00	0.00	13.75	
EX HRS	10.50	0.00	0.00	0.00	10.50	
JURY DUTY	24.00	0.00	0.00	0.00	24.00	

Global message to employees appears in this block.

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 — PAY PERIOD 10/01 — SOC SEC NO -9999
TAX YEAR 01 — ISSUE DATE 10/31/01 — DIRECT DEP# 99-999999
TAX STATUS FED M-02 STATE M-02 — BANK TRANSIT 999999999

	GROSS PAY	TAXABLE GROSS	DEDUCTIONS	NET PAY
CURRENT	5480.00	4748.46	1456.07	2661.24
YEAR-TO-DATE [1]	60280.00			

EARNINGS	DAYS	HOURS	GROSS
REGULAR			5480.00

DEDUCTIONS	AMOUNT
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	MEDICARE
228.30	331.50	346.00	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 1/1/01-06/30/01	35,014.25 36,123.01	9,803.99 10,114.44	2,678.59 2,763.41	2,678.59 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 **ATTACHMENT I-10**
(Revised 03/02)

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.