

ATTACHMENT (Revised 08/14)

For the 08/14 pay period, employee worked 4 days and was on IDL Full 13 days and on IDL 2/3 5 days (22 days pay period)

Salary rate: \$2,971.00 per month

Single with 0 exemptions

Retirement ID: 2 M - 8%

ATTACHMENT E-5, EXAMPLE 1A

1. Compute Regular 22 DAYS FULL NET PAY :

- a. Hourly rate $\$ 2971.00 / 176 = 16.88068$
- b. Total hours X hourly salary = Gross
 $176 \times \$16.88068 = 2971.00$ (gross)

\$ 2971.00	Gross
300.84	Federal Tax
59.99	State Tax
29.71	SDI
184.20	Social Security
43.08	Medicare
<u>- 196.64</u>	Retirement*
\$2156.54	FULL NET PAY

2. Compute GROSS NET for regular pay due:

- a. 32 hours worked X \$16.88068 = \$540.16

\$ 540.18	Regular Pay Gross
2.13	Federal Tax
0.00	State Tax
5.40	SDI
33.49	Social Security
7.83	Medicare
<u>- 2.17</u>	Retirement
\$ 489.16	Regular Pay GROSS NET

3. Compute GROSS NET for IDL Full pay due:

- a. 104 hours IDL Full X 16.88068 = \$1755.52 gross
- b. \$1755.52 IDL Full gross reduced by:

208.74	Federal Tax**
27.54	State Tax**
17.55	SDI
108.84	Social Security
<u>- 25.45</u>	Medicare
1367.40	Reduced IDL Full gross
<u>- 140.45</u>	Retirement**
\$1226.95	IDL Full Pay GROSS NET

* Retirement $(\$2971.00 - \$513.00 \text{ [exclusion amount]} \times 8\% = \196.64

** Compute by adding Regular gross and IDL Full gross

- 4. Compute GROSS NET for IDL 2/3 pay due:
 - a. 40 hours IDL 2/3 X \$16.88068 = \$675.23

$\$ 675.23 \times 2/3 = \450.15 IDL 2/3 Gross

\$ 450.15	IDL 2/3 Gross
<u>- 54.02</u>	Retirement (\$868.80 X 5%)
\$ 396.13	IDL 2/3 pay GROSS NET

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

\$ 489.16	Regular Pay GROSS NET
1226.95	IDL FULL
<u>+ 396.13</u>	IDL 2/3
\$2112.24	

6. Compute GROSS NET for IDL supplementation pay:

\$ 2156.54	FULL NET PAY
<u>-2112.24</u>	TOTAL GROSS NET
44.30	IDL Supplementation pay GROSS NET

7. Compute IDL supplementation pay GROSS:

- a. IDL supplementation GROSS NET mandatory factor =
IDL supplementation pay GROSS:

$\$44.30 / 0.6075 = \72.92 IDL supplementation pay GROSS:

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

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

$\$72.92 / 16.88068 = 4.3198878$, rounded to 4 hours to be charged

INDUSTRIAL/NON-INDUSTRIAL/STATE DISABILITY PAY/ADJUSTMENT REQUEST

STD. 674D (REV. 6/2013)

TO: STATE CONTROLLER - PPSD / DISABILITY UNIT

4. POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1.	complete	complete	complete	complete
2.				

1. CBID

complete

2. SOCIAL SECURITY NUMBER

111-11-1111

3. F.I. M.I. LAST NAME

complete

5. PAY PERIOD

T	MO	YR
0	08	14

6. ENTER NUMBER OF HOURS AND CODE - Intervening activity/working while on Disability [W=Worked; C=Industrial Disability (IDL)] or Dock during the regular period of pay (L=Dock);

Please complete if employee is on alternate work schedule before, during, and after Disability

31	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: 07/31/2014 THROUGH: 08/25/2014

b. EMPLOYEE ENTITLED TO ENHANCED IDL

c. AVERAGE HOURS COMPUTED FOR INTERMITTENT EMPLOYEE: _____

9. PAYMENT PER CONTROLLER

ISSUE DATE				PT	TIME WORKED		WARRANT OR A/R NUMBER	RET
MO	DY	YR	DAYS		HOURS			
08	31	14	1			03-333111		

11. ADDITIONAL INFORMATION

8A. NON-INDUSTRIAL DISABILITY (NDI)

a. EMPLOYEE ON NDI FROM: _____ THROUGH: _____

b. AVERAGE HOURS WORKED DURING PREVIOUS 18 MONTHS FOR INTERMITTENT EMPLOYEE WAS: _____

c. EMPLOYEE ON ANNUAL LEAVE PROGRAM
ELECTED _____ % SUPPLEMENTATION

10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED		TIMEBASE FRACTION
		DAYS	HOURS	
REGULAR	0	02		
SUPPLEMENTAL				
NDI	T			
IDL FULL	6	13		
IDL 2/3	N	05		
IDL / 5	U		04	
SHIFT		SHIFT CODE	HOURS	SHIFT RATE
REGULAR	2			
IDL FULL	6			
IDL 2/3	N			

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 STD 674D, the employee was given a reasonable time to respond.

8B. STATE DISABILITY INSURANCE (SDI)

a. EMPLOYEE ON SDI FROM: _____ THROUGH: _____

b. EMPLOYEE ELECTED SUPPLEMENTATION

c. SDI WEEKLY RATE: \$ _____

12. AUTHORIZED SIGNATURE _____ **DATE SIGNED** Aug30,2014
your signature

your name _____
(PRINT OR TYPE NAME)

13. CONTACT PERSON (If other than authorized signature)
complete if required _____

14. TELEPHONE NUMBER
(999) 555-5555

15. EMAIL ADDRESS
complete