

ATTACHMENT (Revised 08/14)

ATTACHMENT E-5, EXAMPLE 2A

For the 08/14 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
 $176 \times \$21.59091 (\$3800.00 / 176) = 3800.00$ rounded (gross)

\$3800.00	Gross
409.10	Federal Tax
84.07	State Tax
235.60	Social Security
55.10	Medicare
<u>- 164.35</u>	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 \times 2 = \2533.33 IDL 2/3 Gross

\$2533.33	IDL 2/3 Gross
<u>- 164.35</u>	Retirement $([\$3800 - \$513] \times 5\%)$
\$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
<u>- 2368.98</u>	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 \times .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 \text{ [exclusion amount]}) \times 5\% = \164.35

TO: STATE CONTROLLER - PPSD / DISABILITY UNIT

1. CBID **complete** 2. SOCIAL SECURITY NUMBER **111-11-1111** 3. F.I. M.I. LAST NAME **complete**

4. POSITION NUMBER

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

5. PAY PERIOD 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

T	MO	YR	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
0	08	14																																

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 / S	U		04	
SHIFT		SHIFT CODE	HOURS	SHIFT RATE
REGULAR	2			
IDL FULL	6			
IDL 2/3	N			

8B. STATE DISABILITY INSURANCE (SDI)

a. EMPLOYEE ON SDI FROM: _____ THROUGH: _____

b. EMPLOYEE ELECTED SUPPLEMENTATION

c. SDI WEEKLY RATE: \$ _____

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.

12. AUTHORIZED SIGNATURE DATE SIGNED
 your signature Aug30,2014

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