ATTACHMENT (Revised 08/14)

ATTACHMENT E-5, EXAMPLE 4A

For the 08/14 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: 3D-13%

1. Compute FULL NET PAY for total hours worked :

   a. Total hours X hourly rate (salary rate/ 176) = Gross

   176 X $12.50 ($2200.00/176) = $2200.00 (gross)

$2200.00	Gross
237.99	Federal Tax
34.92	State Tax
0.00	Social Security
31.90	Medicare
- 173.81	Retirement*
$1721.38	FULL NET PAY

2. Compute GROSS NET for regular pay due:

   a. 40 hours worked X $12.50 = $500.00 Regular Pay Gross

$ 500.00	IDL Full gross reduced by:
31.25	Federal Tax
0.00	State Tax
0.00	Social Security
7.25	Medicare
- 0.00	Retirement (Gross amount less than exclusion amount)
$ 461.50	FULL NET PAY

3. Compute GROSS NET for IDL Full pay due:

   NONE DUE

* Retirement ($2200.00- $863.00[exclusion amount] X 13% = $173.81

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
- 173.81	Retirement
$959.52	IDL 2/3 Pay GROSS NET

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

$ 461.50	Regular Pay GROSS NET
+959.52	IDL 2/3 Pay GROSS NET
$1421.02	TOTAL GROSS NET

6. Compute GROSS NET for IDL supplementation pay:

$1721.38	FULL NET PAY
1421.02	TOTAL GROSS NET
$ 300.36	IDL Supplementation pay GROSS NET

7. Compute IDL supplementation pay gross:

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

   $300.36/ .6695 = $448.63 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

   $448.63/ 12.50 = 35.8904, rounded to 36 hours

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

   36 hours = 4 day 4 hours

STATE OF CALIFORNIA - CONTROLLER'S OFFICE

DOCUMENT NUMBER ______ OF ______

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

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

b. ☐ EMPLOYEE ENTITLED TO ENHANCED IDL

c. AVERAGE HOURS COMPUTED FOR INTERMITTENT EMPLOYEE: ______

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

8B. STATE DISABILITY INSURANCE (SDI)

a. EMPLOYEE ON SDI FROM: ______ THROUGH: ______

b. ☐ EMPLOYEE ELECTED SUPPLEMENTATION

c. SDI WEEKLY RATE: $ ______

9. PAYMENT PER CONTROLLER

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

10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED DAYS	HOURS	TIMEBASE FRACTION
REGULAR	0	05		
SUPPLEMENTAL				
NDI	T			
IDL FULL	6			
IDL 2/3	N	17		
IDL / S	U	04	04	
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 STD 674D, the employee was given a reasonable time to respond.

12. AUTHORIZED SIGNATURE your signature

DATE SIGNED 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