For the 08/14 pay period, employee received $500.00 for 5 days worked and $1133.33 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: 3D / 13.00%

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
237.99	Federal Tax
34.92	State Tax
0.00	SDI
0.00	Social Security
31.90	Medicare
- 173.81	Retirement*
$1721.38	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
- 173.81	Retirement ([$2200 - $863] X 13%)
$1292.86	IDL 2/3 Pay GROSS NET

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

   $1292.86   TOTAL GROSS NET

6. Compute GROSS NET for IDL supplementation pay:

$1721.38	FULL NET PAY
-1382.31	TOTAL GROSS NET of all pay due
$ 428.52	IDL Supplementation pay GROSS NET

7. Compute IDL supplementation pay gross:

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

   $428.52 / .6695 = $640.06 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

   $640.06 ÷ 12.50 = 51.20, rounded to 51 hours

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

   51 hours = 6 days 3 hours to be charged

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

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: THROUGH:

07/31/2014   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				TIME WORKED		WARRANT OR	
MO	DY	YR	PT	DAYS	HOURS	A/R NUMBER	RET
08	01	14	0	05		01-121212	
08	01	14	N	17		01-121212	
08	01	14	U	04	04	01-121212	

10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED		TIMEBASE FRACTION
		DAYS	HOURS	
REGULAR	0		NONE	
SUPPLEMENTAL				
NDI	T			
IDL FULL	6			
IDL 2/3	N	22		
IDL / S	U	06	03	

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   **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