

TO: STATE CONTROLLER - PPSD / DISABILITY UNIT

**1. CBID** **2. SOCIAL SECURITY NUMBER** **3. F.I. M.I. LAST NAME**

**COMPLETE** 222-22-2222 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		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
	05	13																																

**7. INDUSTRIAL DISABILITY (IDL)**

a. EMPLOYEE ON IDL FROM: THROUGH:

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		
5	24	13	0	5		complete	

**11. ADDITIONAL INFORMATION**

SDI SUPPLEMENTATION  
 EE RETURNED TO WORK 05/20/13  
 EE DUE 9 DAYS REGULAR PAY

**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	9		
SUPPLEMENTAL		5		
NDI	T			
IDL FULL	6			
IDL 2/3	N			
IDL / 5	U			
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:  
05/01/2013 05/19/2013

b.  EMPLOYEE ELECTED SUPPLEMENTATION

c. SDI WEEKLY RATE: \$ COMPLETE

**12. AUTHORIZED SIGNATURE** **DATE SIGNED**

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**YOUR NAME**  
 (PRINT OR TYPE NAME)

**13. CONTACT PERSON** (If other than authorized signature)

**COMPLETE IF NEEDED**

**14. TELEPHONE NUMBER**  
 (999) 999-9999

**15. EMAIL ADDRESS**  
 YOUR EMAIL \_\_\_\_\_