

TO: STATE CONTROLLER - PPSD / DISABILITY UNIT

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

| | 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 | 9W | OFF | OFF | OFF | 9W | 9W | 9W | 9W | 8W | OFF | OFF | 9W | 9W | 9C | 9C | 9C | OFF | OFF | OFF | 9C | 9C | 9C | 9C | 8C | OFF | OFF | 9C | 9C | 9C | 7C | | | |

7. INDUSTRIAL DISABILITY (IDL)

| a. EMPLOYEE ON IDL | FROM: | THROUGH: |
|--------------------|------------|------------|
| | 08/13/2014 | 08/31/2014 |

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 | 19 | 14 | 0 | 8 | 7 | COMPLETE | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

10. PAYMENT SHOULD BE

| | | TIME WORKED | | |
|--------------|----|-------------|-------|-------------------|
| TYPE | PT | DAYS | HOURS | TIMEBASE FRACTION |
| REGULAR | 0 | 8 | 7 | |
| | | | | |
| SUPPLEMENTAL | | | | |
| NDI | T | | | |
| IDL FULL | 6 | 13 | 1 | |
| IDL 2/3 | N | | | |
| IDL / S | U | | | |
| SHIFT | | SHIFT CODE | HOURS | SHIFT RATE |
| REGULAR | 2 | | | |
| IDL FULL | 6 | | | |
| IDL 2/3 | N | | | |
| | | | | |
| | | | | |

11. ADDITIONAL INFORMATION

EMPLOYEE ON 9/8/80 SCHEDULE

MAX HOURS FOR PP IS 176
ALL OTHER ARE EXCESS

1 HOURS EXCESS FOR THE PP

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

Oct 17, 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@...ca.gov

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: \$