



Bargaining Unit 06 401(k)

Employer Contribution

Frequently Asked Questions

February 5, 2025

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What is the 401(k) employer contribution?

In accordance with the Bargaining Unit (BU) 06 Memorandum of Understanding, effective with the January 2025 pay period, eligible BU06 employees will receive a monthly 401(k) employer contribution equal to one percent (1%) of their base salary.

Who is eligible?

All full-time, permanent, limited term and Career Executive Assignment (CEA) BU06 employees who are active or on leave are eligible for this benefit. This includes Class Type F and L and excluded employees who are tied to BU06.

How is the 401(k) employer contribution identified?

A new deduction code, organization code, and deduction type have been created for this benefit.

Deduction Code	Organization Code	Deduction Type
020	401	TR

How often will the deduction be applied?

The deduction will be applied monthly for eligible employees.

How is the 401(k) employer contribution calculated?

The contribution amount is calculated as one percent (1%) of an employee's base salary.

Base Pay x 1% (0.01) = 401(k) Employer Contribution

How will the deduction appear in pay history (HIST)?

The deduction will appear as deduction code 020-401 on the Miscellaneous Deductions screen in HIST. The employee share will be .00.

MISCELLANEOUS DEDUCTIONS					PAGE 003 OF 003
XXX-XX-1234	MR TEST				CBID- S06S
		PT CT	AR/WARRANT#	DATE	
0-01-25	079-222-9903-001	0 1	01234876	013125	
DED ORG	AMOUNT	PP	TP	AGY-RU	ST SHR
020 401	.00		TR		115.84

Will the deduction appear in TAXI?

Yes, the deduction amount will be accumulated in TAXI but will not appear on employee Form W-2, Wage and Tax Statements, since it is an employer-only contribution.

SSN: XXX-XX-1234	2025 YEAR TO DATE TOTALS	PAGE 2
NAME: MR TEST		
	FEDERAL	CALIFORNIA
DEF COMP 401K	117.32	117.32
DEF COMP 457B	117.32	117.32
DFCOMP 401KER	115.84	115.84

How will the deduction appear on an employee's monthly earnings statement?

The deduction will appear as DEFCMP ER under the employer contribution portion of the employee's monthly earnings statement.

R K TAL	061-458			
R K TAL				SOC SEC NO 123-45-6789
AGY/UNIT 061-458	PAY PERIOD 01/25			WARRANT NO 01-561066
TAX YEAR 25	ISSUE DATE 01/31/25			
ST M06	FD M06	OTHIN 0.00	DED 0.00	DEP 0.00
	14669.34	8786.81	7502.41	7166.93
	58677.36			
REGULAR	14669.34	FEDERAL TAX	594.75	
		STATE TAX	189.29	
		*RETIREMENT	1794.82	
		*OPEB	586.77	
		MEDICARE	196.21	
		*F KAISER	2506.79	
		*F DNTL DPO	135.88	
		*VISION-VSP	8.27	
		LIFE INS	.00	
		*401K PLAN	1625.00	
		*457 PLAN	1325.00	
		ROTH 457	300.00	
		DUES-CCSW	220.41	
		PERS SUR AD	4.35	
		PERS SURV	2.00	
		DUES-CCSO	95.00	
RETIREMNT	HLTH/FLEX	MEDICARE	ARAG GROUP	17.87
7334.67	2100.00	196.21	*BENEFITAMT	2100.00-
LIFE INS	OPEB	DEFCMP ER		
9.75	586.77	138.39		

How will the deductions be established or changed for eligible employees?

A monthly program will run **one day prior to monthly cutoff** to determine the contribution amount for eligible employees, based on the employee information in employment history at that time.

When is the cutoff to key employment history transactions that may affect employee eligibility?

To ensure that employees are included in the monthly process and receive the correct contribution, all employment history transactions that may affect employee eligibility (e.g., changes in or out of eligibility, or changes in base pay) or changes to employee personal data (e.g., name changes, or position number changes), must be keyed two days prior to monthly cutoff.

Does an employee need to work a qualifying pay period in order to be eligible for the contribution?

No, an employee does not need to work a qualifying pay period to be eligible.

What if a contribution is missed for an eligible employee?

If a contribution is missed for an eligible employee, the department should submit a Form STD. 674 via ConnectHR to Misc Deductions – STD. 674.

Are employees eligible for contributions while on a leave of absence (LOA)?

Yes, employees are eligible for the contributions while on an LOA. If the employee is on an LOA and receives no pay issued by SCO, a STD. 674 must be submitted via ConnectHR to Misc Deductions – STD. 674 to request the contribution.

If an employee has an adverse salary decrease (PUN), how will this impact their contributions?

The contributions are calculated on the base salary in employment history at the time the monthly program is run. If a PUN has been keyed for an employee, reducing their salary, the contributions will be calculated on the reduced salary for the duration of the reduction. When the salary is restored, the contributions will be calculated on the restored salary.

Will adjustments be made to the contributions if retroactive changes are made to base pay in employment history?

If departments key any retroactive changes to base salary, they should submit Form STD. 674 via ConnectHR to Misc Deductions – STD. 674 to request the necessary adjustments to the contributions. Prompt submission will help to ensure that employee contributions are received and invested timely. The SCO will also run a quarterly program to capture retroactivity and generate adjustments. The program will look at the prior quarter, so any payments outside of that quarter will *not* be considered and will require a Form STD. 674.

What information needs to be included on Form STD. 674?

The following sample shows the information that needs to be included on Form STD. 674 when requesting a deduction for an employee who missed a contribution. Please specify whether the employee is on pay status/receiving pay, or off pay status with no pay, as this affects the processing of the deduction.

STATE OF CALIFORNIA PAYROLL ADJUSTMENT NOTICE STD. 674 (REV. 09/2020)		DOCUMENT NO.																																
(1) TO STATE CONTROLLER'S OFFICE:	(2) SOCIAL SECURITY NUMBER	(3) NAME	(4) POSITION NUMBER																															
<input type="checkbox"/> ADMIN. & DISBURSEMENTS <input checked="" type="checkbox"/> PPSD/PAYROLL OPERATIONS PPSD UNIT DESTINATION: <input type="checkbox"/> PAYROLL <input type="checkbox"/> GARNISHMENTS <input type="checkbox"/> DISABILITY <input type="checkbox"/> RETIREMENT <input type="checkbox"/> W-2/Non USPS <input type="checkbox"/> BENEFIT DEDUCTIONS <input checked="" type="checkbox"/> MISC. DEDUCTIONS	111-22-3333	EE NAME	AGENCY: 065 UNIT: 100 CLASS: 9662 SERIAL: 001																															
(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:		PAY FREQUENCY																																
<input checked="" type="checkbox"/> PAYMENT REQUEST <input type="checkbox"/> RETURN WARRANT ONLY ADJUSTMENT REQUEST: <input checked="" type="checkbox"/> SALARY <input type="checkbox"/> TIME <input type="checkbox"/> TRANSFER OF FUNDS		<input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI MONTHLY <input type="checkbox"/> BI WEEKLY <input type="checkbox"/> INTERMITTENT REMARKS: Request: Process deduction 020-401 for [insert pay period] Reason for Missed Deduction: [insert reason - e.g., on LOA with no pay, separation, etc.] Deduction Amount: [insert amount - 1% of base pay] EE CBID: [insert CBID]																																
DATES/HOURS ON DOCK:		<table border="1"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td></tr> </table>		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
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				

The following sample shows the information that needs to be included on Form STD. 674 when requesting an adjustment to a contribution.

STATE OF CALIFORNIA PAYROLL ADJUSTMENT NOTICE STD. 674 (REV. 09/2020)		DOCUMENT NO.																																
(1) TO STATE CONTROLLER'S OFFICE:	(2) SOCIAL SECURITY NUMBER	(3) NAME	(4) POSITION NUMBER																															
<input type="checkbox"/> ADMIN. & DISBURSEMENTS <input checked="" type="checkbox"/> PPSD/PAYROLL OPERATIONS PPSD UNIT DESTINATION: <input type="checkbox"/> PAYROLL <input type="checkbox"/> GARNISHMENTS <input type="checkbox"/> DISABILITY <input type="checkbox"/> RETIREMENT <input type="checkbox"/> W-2/Non USPS <input type="checkbox"/> BENEFIT DEDUCTIONS <input checked="" type="checkbox"/> MISC. DEDUCTIONS	111-22-3333	EE NAME	AGENCY: 065 UNIT: 100 CLASS: 9662 SERIAL: 001																															
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<input checked="" type="checkbox"/> PAYMENT REQUEST <input type="checkbox"/> RETURN WARRANT ONLY ADJUSTMENT REQUEST: <input checked="" type="checkbox"/> SALARY <input type="checkbox"/> TIME <input type="checkbox"/> TRANSFER OF FUNDS		<input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI MONTHLY <input type="checkbox"/> BI WEEKLY <input type="checkbox"/> INTERMITTENT REMARKS: Request: Adjust deduction 020-401 for [insert pay period] Reason for Deduction Adjustment: [insert reason - e.g., retroactive base pay change] Deduction Amount Should Be: [insert correct deduction amount - 1% of base pay] Deduction Amount Issued: [insert original deduction amount from HIST] EE CBID: [insert CBID]																																
DATES/HOURS ON DOCK:		<table border="1"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td></tr> </table>		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
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				

For questions regarding form submission and processing, please contact PPSDW2MiscDed@sco.ca.gov.

Can a listing be submitted instead of individual Form STD. 674?

Yes, a listing can be submitted if multiple employees have the same reason for missing a contribution or needing an adjustment. The listing should contain no more than 25 employees and no fewer than five employees. The following information should be included for each employee: name, SSN, EE CBID, deduction pay period, base pay, percentage (1.0%), deduction amount, and reason. All listings should also include a Form STD. 674 cover sheet following the above formats and be submitted via ConnectHR to Misc Deductions – STD. 674.

References

[Bargaining Unit 6 Memorandum of Understanding](#)

[Savings Plus Bargaining Unit 6: HR Backpage](#)

[CalHR HR Manual: Section 1801 – Contribution Rates](#)

[SCO Payroll Letter #24-019](#)

[SCO Payroll Letter #25-001](#)