



# State Controller's Office

## California Civil Service

### Industrial Disability Leave Toolkit

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#### The Purpose:

To identify common errors made when certifying Industrial Disability Leave (IDL) using form STD. 674D and reduce the number of documents returned to agencies for correction. Create additional resources to aid in preventing future errors from occurring and provide clarification on existing tools available.

#### The Approach:

Using the SCO PR250 Tracker history reports, the most frequent errors were identified. Detailed examples and expanded instructions were compiled creating a toolkit to aid in accurate completion of documents.

#### The Goal:

To reduce the number of documents returned to agencies due to inaccurate or incomplete information on the form STD.674D, create additional resources to prevent future errors from occurring, provide clarification on existing tools, and increase service levels by processing forms that are correct on original submission.

## What is a Green Cycle Document?

A STD. 674 and/or STD. 674D requesting **time** (days and/or hours) be issued in the current pay period during days indicated as “Green Cycle” on the [Decentralized Calendar](#). If an employee has already received all possible time, 21 or 22 days, it is not a Green Cycle Document.

### **Example of Green Cycle Documents include:**

- Time is owed in the current pay period within designated Green Cycle days.

### **Examples of non-Green Cycle Documents include:**

- IDL 2/3 being transferred to IDL Full or EIDL with no additional **time** being owed.
- IDL or NDI being transferred to Regular with no additional **time** being owed.
- Regular time being transferred to IDL or NDI after a full warrant has issued.
- Request for salary adjustment with no additional **time** being owed.
- Request of time for any month other than the current pay period.

If a warrant is returned, do not submit a document requesting time be issued until the redeposit appears in pay history. Until this time, it is a transfer of funds which is a Special.

## Document Type Definitions

**Green Cycle:** Document requesting **time** be issued for the current pay period within designated Green Cycle days.

**Regular:** Document requesting **time** be issued within the previous 12 months which is not current pay during a designated Green Cycle.

**Special:** Document requesting a transfer of funds or salary adjustment within the previous 12 months.

**Complex:** Any document requesting time be issued, transfer of funds or salary adjustment for a pay period older than 13 months.

The document type is determined by the date received and does not change once batched. Inventory is processed by document type and receipt date.

- Example: a document for the 12/2022 pay period requesting a transfer of funds uploaded 10/16/2023 would be batched as and remain a Special while in inventory. It does **not** change to Complex even after the pay period becomes older than 13 months. Do not upload inquiries for previously submitted documents as these will be deemed invalid and duplicate. Once the [Weekly Processing Date](#) reflected is more than 10 days past the original upload for the document type, submit the original ConnectHR file upload confirmation using the [Escalation Email Instructions](#).
- For PR250 corrections mark “Amended” at the top of the document and include a copy of the PR250 notice email when uploading to ConnectHR.

## IDL Error Messages

### PAR or PPT does not agree with time certified in Item 10 of Form 674D

The document below requests a transfer of funds from regular pay (payment type 0) to IDL Full (payment type 6) and was returned to the agency for the most common reason of "PAR or PPT does not agree with time certified in Item 10 of the STD. 674D".

For this example, a 565 transaction was keyed in employment history placing an employee on IDL effective 11/03/2023. Using [STD. 640 Employee Attendance Summary](#), it can be determined this allows for 2 days of regular and 20 days of IDL time. Unless there is dock, the employee is working while on (WWO) IDL or has an alternate work week schedule (AWWS).

STD. 640 Employee Attendance Summary:

OCTOBER							NOVEMBER							DECEMBER						
22 DAYS 176 HRS							22 DAYS 176 HRS							21 DAYS 168 HRS						
1	2	3	4	5	6	7	5	6	7	8	9	10	11	3	4	5	6	7	8	9
8	9	10	11	12	13	14	12	13	14	15	16	17	18	10	11	12	13	14	15	16
15	16	17	18	19	20	21	19	20	21	22	23	24	25	17	18	19	20	21	22	23
22	23	24	25	26	27	28	26	27	28	29	30	24	25	26	27	28	29	30		
29	30	31											31							

Incorrect STD. 674D that reflects 3 days regular and 19 days IDL Full in Item 10:

STATE OF CALIFORNIA - CONTROLLER'S OFFICE  
INDUSTRIAL/NON-INDUSTRIAL/STATE DISABILITY PAY/ADJUSTMENT REQUEST  
STD. 674D (REV. 3/2022)

TO: STATE CONTROLLER - PPSD / DISABILITY UNIT

1. CBD:  2. SOCIAL SECURITY NUMBER:  3. F.I. M.I. LAST NAME:

4. POSITION NUMBER

AGENCY	UNIT	CLASS	SERIAL
1. 123	456	9662	001
2.			

DOCUMENT NUMBER 1 OF 1

5. PAY PERIOD

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	
0	11	23																																

7. INDUSTRIAL DISABILITY (IDL)

a. EMPLOYEE ON IDL FROM: 11/03/2023 THROUGH: 11/30/2023

b.  EMPLOYEE ENTITLED TO ENHANCED IDL

c. AVERAGE HOURS COMPUTED FOR INTERMITTENT EMPLOYEE: \_\_\_\_\_

---

8A. NON-INDUSTRIAL DISABILITY (NDI)

a. EMPLOYEE ON NDI a.1  NDI - FCL 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

MO	DY	YR	PT	TIME WORKED		WARRANT OR A/R NUMBER	RET
				DAYS	HOURS		
12	01	23	0	99		1234567	

10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED		TIMEBASE FRACTION
		DAYS	HOURS	
REGULAR	0	3		
SUPPLEMENTAL				
NDI	T			
IDL FULL	6	19		
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

*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

*Personnel Specialist* 12/01/2023

Personnel Specialist  
(PRINT OR TYPE NAME)

13. CONTACT PERSON (If other than authorized signature)

Personnel Specialist

14. TELEPHONE NUMBER

916-555-1234

15. EMAIL ADDRESS

Personnel@agency.ca.gov

Corrected STD. 674D would appear as 2 days regular and 20 days IDL Full in Item 10:

STATE OF CALIFORNIA - CONTROLLER'S OFFICE  
**INDUSTRIAL/NON-INDUSTRIAL/STATE DISABILITY PAY/ADJUSTMENT REQUEST**  
 STD. 674D (REV. 3/2022)

Save Form Print Form Reset Form

DOCUMENT NUMBER 1 OF 1

TO: STATE CONTROLLER - PPSD / DISABILITY UNIT

1. CBD R06

2. SOCIAL SECURITY NUMBER 123-45-6789

3. F.I. M.I. LAST NAME A B SAMPLE

4. POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1.	123	456	9662	001
2.				

5. PAY PERIOD

6. ENTER NUMBER OF HOURS AND CODE - Intervening activity/working while on Disability (W=Worked or leave used; C=Industrial Disability (IDL); L=Dock during the regular period of pay; F=NDI-FCL)  
 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	
0	11	23																																

7. INDUSTRIAL DISABILITY (IDL)

a. EMPLOYEE ON IDL FROM: 11/03/2023 THROUGH: 11/30/2023

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
		DAYS	HOURS		
12 01 23	0	99		1234567	

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**  
 Personnel Specialist 12/01/2023

13. CONTACT PERSON (if other than authorized signature)  
 Personnel Specialist

14. TELEPHONE NUMBER  
 916-555-1234

15. EMAIL ADDRESS  
 Personnel@agency.ca.gov

8A. NON-INDUSTRIAL DISABILITY (NDI)

a. EMPLOYEE ON NDI FROM: THROUGH:  NDI - FCL

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	2		
SUPPLEMENTAL				
NDI	T			
IDL FULL	6	20		
IDL 2/3	N			
IDL / S	U			
SHIFT	SHIFT CODE	HOURS	SHIFT RATE	
REGULAR	2			
IDL FULL	6			
IDL 2/3	N			

8B. STATE DISABILITY INSURANCE (SDI)

a. EMPLOYEE ON SDI FROM: THROUGH:

b.  EMPLOYEE ELECTED SUPPLEMENTATION

c. SDI WEEKLY RATE: \$ \_\_\_\_\_

Item 10 must match time possible based on employment history entries and Pay Period Calendar. If an exception occurs such as dock, WWO IDL, or an AWW, it is required to complete Item 6 and insert remarks in Item 11 to indicate the reason for the discrepancy. Refer to [PPM Section Z](#) to view examples of STD. 674D completion for the previously mentioned exceptions.

**Note:**

Step by step PAR instructions for keying most TD, IDL, IDL/S, and EIDL transaction scenarios can be found in the [PAM Section 5.33 Documentation of Workers' Compensation \(TD, IDL, IDL/S, and EIDL\)](#). It is critical to use this resource regularly to ensure accurate entries in employment history for effective, date of injury, and SCIF dates.

Please certify all time (payment should be) in Item 10

The document below requests a transfer of funds from regular pay (payment type 0) to IDL Full (payment type 6) and was returned to the agency for the reason of "Please certify all time (payment should be) in Item 10" due to shift appearing in pay history and not being certified on the STD. 674D.

All payment types 2, 6, 8, N, U, shift, or IDL/S pay, that appear in pay history must be certified in Item 10 unless the request is to establish an AR which would be indicated in item 11 as remarks.

This sample demonstrates payment type 2 shift. [PPM Section E 409: Computation of Benefit Amount, Special Pay Provisions](#), states in part: "An employee on IDL is entitled to shift differential, if the employee was receiving a shift differential at the time of the injury."

Incorrect STD. 674D that reflects 176 hours of shift in Item 9 however not certified in Item 10:

STATE OF CALIFORNIA - CONTROLLER'S OFFICE  
INDUSTRIAL/NON-INDUSTRIAL/STATE DISABILITY PAY/ADJUSTMENT REQUEST  
STD. 674D (REV. 3/2022)

Save Form Print Form Reset Form

DOCUMENT NUMBER 1 of 1

TO: STATE CONTROLLER - PPSD / DISABILITY UNIT  Amended  Inquiry  Separated

4. POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1.	123	456	9662	001
2.				

1. CDB: R06 2. SOCIAL SECURITY NUMBER: 123-45-6789 3. F.I. M.I. LAST NAME: A B SAMPLE

5. PAY PERIOD

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	
0	11	23																																

6. ENTER NUMBER OF HOURS AND CODE - Intervening activity/working while on Disability [W=Worked or leave used; C=Industrial Disability (IDL); L=Dock during the regular period of pay; F=NDI-FCL]  
Please complete if employee is on alternate work schedule before, during, and after Disability

7. INDUSTRIAL DISABILITY (IDL)

a. EMPLOYEE ON IDL FROM: 11/03/2023 THROUGH: 11/30/2023

b.  EMPLOYEE ENTITLED TO ENHANCED IDL

c. AVERAGE HOURS COMPUTED FOR INTERMITTENT EMPLOYEE: \_\_\_\_\_

8A. NON-INDUSTRIAL DISABILITY (NDI)

a. EMPLOYEE ON NDI a.1  NDI - FCL 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	
12	01	23	0	99	1234567
12	12	23	2	176	1234789

10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED		TIMEBASE FRACTION
		DAYS	HOURS	
REGULAR	0	2		
SUPPLEMENTAL				
NDI	T			
IDL FULL	6	20		
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

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  
*Personnel Specialist* 12/13/2023  
Personnel Specialist  
(PRINT OR TYPE NAME)

13. CONTACT PERSON (if other than authorized signature)  
Personnel Specialist

14. TELEPHONE NUMBER  
916-555-1234

15. EMAIL ADDRESS  
Personnel@agency.ca.gov

Determine how many hours of shift should remain as regular and how many hours should be transferred into an IDL pay type. Enter the appropriate shift code, number of hours, and shift rate into the applicable line found at the bottom of Item 10.

Many CBIDs receive rate and eligibility updates for shift with a range of effective dates during the bargaining cycle. Review and verify any possible changes prior to certifying and submitting forms for processing.

Corrected STD. 674D for this example which includes shift certified in Item 10:

STATE OF CALIFORNIA - CONTROLLER'S OFFICE  
**INDUSTRIAL/NON-INDUSTRIAL/STATE DISABILITY PAY/ADJUSTMENT REQUEST**  
 STD. 674D (REV. 3/2022)

DOCUMENT NUMBER 1 of 1

TO: STATE CONTROLLER - PPSD / DISABILITY UNIT  Amended  Inquiry  Separated

4. POSITION NUMBER

AGENCY	UNIT	CLASS	SERIAL
1. 123	456	9662	001
2.			

1. CBID R06 2. SOCIAL SECURITY NUMBER 123-45-6789 3. F.I. M.I. LAST NAME A B SAMPLE

5. PAY PERIOD 6. ENTER NUMBER OF HOURS AND CODE - Intervening activity/working while on Disability [W=Worked or leave used; C=Industrial Disability (IDL); L=Dock during the regular period of pay; F=NDH-FCL]  
 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
0	11	23																															

7. INDUSTRIAL DISABILITY (IDL) 9. PAYMENT PER CONTROLLER 11. ADDITIONAL INFORMATION

a. EMPLOYEE ON IDL FROM: 11/03/2023 THROUGH: 11/30/2023

ISSUE DATE	PT	TIME WORKED	WARRANT OR A/R NUMBER	RET	
MO	DY	YR	DAYS	HOURS	
12	01	23	0	99	1234567
12	12	23	2	176	1234789

b.  EMPLOYEE ENTITLED TO ENHANCED IDL

c. AVERAGE HOURS COMPUTED FOR INTERMITTENT EMPLOYEE: \_\_\_\_\_

8A. NON-INDUSTRIAL DISABILITY (NDI)

a. EMPLOYEE ON NDI a.1  NDI - FCL 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	2	
SUPPLEMENTAL			
NDI	T		
IDL FULL	6	20	
IDL 2/3	N		
IDL / S	U		

12. AUTHORIZED SIGNATURE Personnel Specialist DATE SIGNED 12/13/2023

Personnel Specialist  
 (PRINT OR TYPE NAME)

13. CONTACT PERSON (if other than authorized signature)  
 Personnel Specialist

14. TELEPHONE NUMBER  
 916-555-1234

15. EMAIL ADDRESS  
 Personnel@agency.ca.gov

*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.*

**Note:**

When certifying shift ensure the appropriate payment type is being used in the "PT" column of Item 10. The STD. 674D includes prefilled lines for shift as follows: Regular payment type 2, IDL Full payment type 6, and IDL 2/3 payment type N. If Regular shift payment type 8 or additional lines of a prefilled payment type are needed for certification, enter that information in the open lines provided at the bottom. If any of the required fields are blank when shift is certified, (payment type, shift code, hours, or shift rate) or the incorrect payment types are certified, the form will be returned.

### IDL Supplementation time is incorrect

The most common error when calculating IDL Supplementation occurs when incorrect Federal and State tax withholdings are used.

To accurately use the [Industrial Disability Leave Supplementation Calculator](#), enter withholdings **exactly as it appears in pay history on effective SCIF date**. Confirm if an employee changed withholdings after the SCIF date by viewing the screen, HIST – EAR History Inquiry. Access this screen by following the steps provided in the [PAM Section 10.34](#). Transaction codes found in [PAM Section 10.15](#) will aid in easily identify withholding change dates.

Refer to the image below for the following example. An employee has a SCIF date of 03/10/2022 and the EAR History Inquiry reflects a withholding change effective 03/15/2022. Verify withholdings for pay that reflects an issue date closest to, but not after the SCIF date. Pay issued after 03/15/2022 has the new withholding status applied. IDL Supplementation will **always** be calculated using what was in effect as of the SCIF date of the claim.

SSA#	EFF DATE	TRAN	AGY-UNT-CLAS-SER	SPB AGENCY	ENT DATE	PSD REF #	HISTORY SPB
	03/15/22	E03			03/15/22	420748014	1
	01/29/21	E03			01/29/21	420298013	1
	01/06/20	E03			01/06/20	420068013	1
	03/01/19	E03			03/01/19	420608020	1
	03/02/16	E04			03/02/16	420628011	G IJ 1
	12/15/15	E04			12/15/15	423498018	G IJ 1
	05/20/15	E03			05/20/15	421408014	1
	03/10/15	E03			03/10/15	420698005	1
	05/09/13	E04			05/09/13	421298017	G IJ 1
	03/05/08	E03			03/05/08	420658027	1
	02/13/08	E05			02/13/08	330442620	1
	11/08/07	E01			11/08/07	333122629	G IJ 1

-----HISTORY TYPES-----  
A = APPT    C = EMP COND    E = REEMP COND    G = APPT CERT    I = GEN PAYROLL  
B = SALARY    D = SERVICE    F = SEPARATION    H = RETIREMENT    J = SEP PAYROLL  
SELECT DETAIL \_ SELECT HISTORY TYPES: \_ \_ \_ \_ \_ OR MANUAL AUDITS \_

Never use calculators previously saved to your computer. Online calculators are updated regularly, and saved versions will not receive the required updates made to internal tables.

The calculator contains multiple fillable fields. For detailed information on individual field entry, click the “Click for General Instructions” button at the top. This will show specific entry instructions that are located below the main view.

CALIFORNIA STATE CONTROLLER'S OFFICE IDL SUPPLEMENTATION CALCULATOR - 2023

Click for General Instructions    EFF. 10/1/2023

Salary Information

Original Salary Rate: \$4,000.00    Reduced Sal Rate:    Salary Per: M (M or H)

Collective Bargaining Unit: R01 (R01-R021, U)

OPEB CBID: R01

Pay Frequency (M, S, or B): M    Pay Period Days: 22 (21/22)

Time Base Fraction:    Locked-in Pay Not:    Subj to Retirement

Enter the withholdings exactly as it appears in pay history. See below for a sample.

Withholdings in pay history:

```
<<-----FEDERAL TAX----->>
  GROSS      W/H      FD EX HW
5736.43     228.46      M   N
OTH INCM  DPNDNTS  DEDUCTS SD
   .00     2000.00      .00
<<-----STATE TAX----->>
  GROSS      W/H      CA EX EXT
5736.43     136.64      M 00 00
<<-----SDI----->>
```

Withholdings entry into IDL Supplementation Calculator:

Federal/State Tax Information			
Federal Filing Status	M	Fed Exemptions	(M, S) (1-99)
Federal HW	N	Fed Claim Deps	2000
Federal Other Income	0	Fed Deductions	0
State Marital Status	M	Reg Allowances	0 (M, S, H) (1-99)
Additional State Allowances (1-99)		Iss Mon and Yr	12 23 (1-99)
		(MM)	(YY)

Take care when entering “N” or “Y” in the Federal HW field. The field automatically defaults to No or Yes due to programming within Excel. Delete the additional letters for an accurate result.

**Note:**

Flag employee files who are claiming Exempt as of the SCIF date during an IDL claim. As noted on the [STD. 686](#) box IV, exemptions automatically expire on February 15<sup>th</sup> of the following year unless a new certification is keyed by January 31<sup>st</sup>. The expiration of Exempt changes withholdings to the equivalent of Single 00 and will not appear as a change in the EAR History Inquiry as this is automatic system process. Only if a STD. 686 is keyed will it result in a transaction appearing in the EAR History Inquiry screen.

Remember to recalculate IDL Supplementation when submitting STD. 674D for salary adjustments. A change in salary not only updates the gross of previously issued supplementation, but it can also increase or decrease time needed to supplement in full. Review CLAS entries prior to uploading documents and ensure employees have available leave to cover potential changes.



## Frequently Asked Questions

Q. I need to establish an AR which form do I use?

A. For pay periods that include IDL, NDI, or SDI time use form STD. 674D to request an AR be established. Certify what the time should be in Item 10. For pay periods that are TD, 4800, or 4811 use STD. 674 and certify what the time should be in Item B. For pay periods which include disability time, the STD. 674 A/R should only be used to request change method of collection of an AR already established.

Q. Why can't I key FIDL and/or EIDL pay if an employee changed their tax withholding status?

A. [California Code Section 19871](#) states in part, "These payments shall be in the amount of the employees full pay less withholding based on his or her exemptions in effect on the date of his or her disability". Pay keyed by the agency will automatically apply the current elected Federal and State tax withholdings. If an employee changed their withholding status any time after the SCIF claim date, all IDL Full and EIDL (both payment type 6) keyed by the agency will either result in an over or under payment to the employee. Agencies must submit STD. 674D to request pay and ensure accurate calculation.

Q. Can I save calculators to my desktop?

A. Online calculators are constantly updated in the background to include the most up to date information. Once a calculator is saved to your computer it prevents these updates from being received which is why it is strongly recommended to always use calculators found directly on the SCO website.

Q. Why are both STD. 674 and STD. 674D required if there is TD and IDL in the same pay period?

A. Both forms are required if TD and IDL occur in the same pay period and the employee has elected TD Supplementation to certify time in the entire month and to ensure proper aggregation of taxes with time certified. If the employee is **not** supplementing while on TD, only the 674D is required and "No Supplementation" **must** be noted in Item 11 ([PPM Section E 312](#)).

Q. What is the difference with IDL and TD Supplementation, both are payment type U?

A. IDL Supplementation payment type U with pay suffix N, is subject to the flat tax method ([PPM Section E 453](#)) and is not subject to retirement or OPEB. TD Supplementation payment type U with pay suffix T, is subject to aggregated taxes ([PPM Section E 306](#)) and is subject to retirement and OPEB.

Q. Since you can see pay history, why do I have to complete Item 9 on the STD. 674D?

A. To ensure accurate and timely batching, complete Item 9 with pay information or if there is currently no pay write "none".