



State Controller's Office

State Disability Insurance and

Nonindustrial Disability Insurance Toolkit

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The Purpose:

To identify common errors made when certifying State Disability Insurance (SDI) and Nonindustrial Disability Insurance (NDI) 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 instruction 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 aid in preventing future errors from occurring, provide clarification on existing tools available 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.

SDI Error Messages

SDI Time is Incorrect

The most common SDI ding notice sent is "SDI regular time is incorrect". If an employee is entitled, regular time must be certified in Item 10 on the STD. 674D.

Use the [SDI Supplementation Calculator](#) to verify SDI supplementation time allowed.

SDI Supplementation Calculator

Employee Name: AB Sample

Pay Period: November 2023

SDI dates: 11/7/2023 to 11/30/2023

Weekly SDI benefit: \$ 775.00

Monthly based on salary for Supplementation Pay: \$ 4,500.00

Timebase: Fulltime

Working while on SDI

Monthly based on salary for Regular Pay: \$

Total time worked DURING the SDI period: days hours

Possible supplementation: 40 hours = 5 days 0 hours

Note: Max supplementation is 40 hours

Reset

Incorrect STD. 674D that shows 4 days of regular pay 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)

TO: STATE CONTROLLER - PPSD / DISABILITY UNIT

1. CBID: R01

2. SOCIAL SECURITY NUMBER: 123-45-6789

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

4. POSITION NUMBER: 123 456 1303 001

5. PAY PERIOD: 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)

7. INDUSTRIAL DISABILITY (IDL)

8. NON-INDUSTRIAL DISABILITY (NDI)

9. PAYMENT PER CONTROLLER

ISSUE DATE	TIME WORKED	WARRANT OR A/R NUMBER	RET
MO DY YR	DAYS HOURS		
12 01 23	0 4	1234567	

10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED	TIMEBASE FRACTION
		DAYS HOURS	
REGULAR	0		
SUPPLEMENTAL		5	
NDI	T		
IDL FULL	6		
IDL 2/3	N		
IDL / S	U		

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: Personnel Specialist, DATE SIGNED: 12/13/2023

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 which includes the 4 days of regular pay due 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

1. CBB# R01
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	1303	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: _____ THROUGH: _____

b. EMPLOYEE ENTITLED TO ENHANCED IDL.

c. AVERAGE HOURS COMPUTED FOR INTERMITTENT EMPLOYEE: _____

8A. NON-INDUSTRIAL DISABILITY (NDI)

a. EMPLOYEE ON NDI 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: 11/07/2023 THROUGH: 11/30/2023

b. EMPLOYEE ELECTED SUPPLEMENTATION

c. SDI WEEKLY RATE: \$ 775.00

9. PAYMENT PER CONTROLLER

ISSUE DATE	PT	TIME WORKED	WARRANT OR A/R NUMBER	RET		
MO	DY	YR	DAYS	HOURS		
12	01	23	0	4	1234567	

10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED		TIMEBASE FRACTION
		DAYS	HOURS	
REGULAR	9	4		
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			

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

Note:

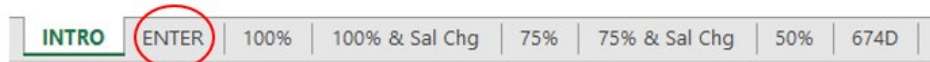
Supplementation time allowed varies based on an employee's election to supplement, salary, and SDI weekly rate. Maximum supplementation cannot exceed 40 hours (5 days). It is **required** to verify the SDI weekly rate awarded to the employee and include this value in Item 8B. Always use the SDI Supplementation Calculator to verify supplementation eligibility as it is possible for an employee to be ineligible due to their SDI Weekly Rate. For example, ineligibility may occur when an employee consistently works overtime since those values are used when EDD determines the SDI Weekly Rate.

NDI Error Messages

NDI Supplementation Time is Incorrect and Supplementation Time is Incorrect

The most common NDI PR250 notices sent are “NDI time is incorrect” and “Supplementation time is incorrect”. The primary root causes of the errors are incorrect dates for NDI days, and salary rate for NDI. By using the Enhanced NDI Calculator found on the SCO website and verifying entries, the frequency of these errors can be greatly reduced.

When opening the [Enhanced NDI Calculator](#) there are several worksheets at the bottom of the workbook. Use the “ENTER” worksheet to enter data which calculates and will autofill the 674D worksheet.



Following the instructions circled below, complete the calendar section of the ENTER worksheet. Indicate time worked, dock and approved NDI days. Holidays, if any in the pay period, are highlighted in purple. Refer to [PPM Section E 106](#) Holiday on NDI for more information on holiday pay eligibility.

A screenshot of the 'Enter Employee Information' form. The form is divided into several sections. At the top, there are checkboxes for 'Amended', 'Inquiry', and 'Separated'. Below these is a calendar grid with columns for days 1 through 30. The grid has rows for 'NDI', 'Wrk./Hol.', and 'Dock'. The 'NDI' row has a purple cell for day 15. The 'Wrk./Hol.' row has '8' in days 1-5, 8-15, 16-20, 22-25, 28-29, and 30. The 'Dock' row has a purple cell for day 15. To the right of the calendar is an 'Edit Holidays' button and a note: '*Y* for NDI No. of Hours No. of hours'. Below the calendar is a form with various input fields: Employee Name, Employee Social, CBID, Pay Period (Jan-2024), Number of Approved NDI Calendar Days (0), Monthly Salary Rate for NDI, Monthly Salary Rate for Supplementation Pay, Dock Hours (0.00), Regular Pay Hours POSSIBLE During NDI (0.00), Number of Days in Pay Period (22), Hours Worked DURING NDI (0.00), Work & Holiday Hours BEFORE/AFTER NDI (176.00), Time Base (1), Alternate Work Week (N/A), Supplementation Perc. (:), and NDI - FCL (No). To the right of these fields is a box titled 'Instructions:' with a red circle around it. The instructions are: 1. Click the NDI cell or click & drag to populate NDI days. 2. Enter hours that were worked, and/or dock ours. 3. Complete all peach-colored cells (grey cells are protected and cannot be changed). 4. Click "Go to Results". 5. Click "Clear Form" button before entering data for a new calculation. Below the instructions is a note: 'Note: Upon clearing, pay period defaults to current pay period.' At the bottom of the form are three buttons: 'Go to Results', 'Go to 674D', and 'Clear Form'.

Complete all peach-colored fields of this worksheet and verify accuracy for the specified pay period. Fields in grey are locked and linked to the information entered within the calendar section.

Several of the fields have additional instructions available and can be viewed by clicking the cell.

Enter Employee Information

Amended Inquiry Separated

		1. 123 123 1234 123																															
		2. Agency Unit		Class Serial																													
NDI	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			
Wrk./Hol.	8														8								8	8	8	8				8	8		
Dock																																	

[Edit Holidays](#)

"Y" for NDI

No. of Hours

No. of Hours

Employee Name:

Employee Social:

CBID:

Pay Period:

Number of Approved NDI Calendar Days:

Monthly Salary Rate for NDI (not actual):

Monthly Salary Rate for Supplementation Pay:

Dock Hours:

Regular Pay Hours **POSSIBLE** During NDI:

Number of Days in Pay Period:

Hours Worked **DURING** NDI:

Work & Holiday Hours **BEFORE/AFTER** NDI:

Time Base:

Alternate Work Week:

Supplementation Perc. :

NDI - FCL:

Instructions:

In the Calendar Section:

1. Click the NDI cell or click & drag to populate NDI days.
2. Enter hours that were worked, and/or dock ours.

NDI SALARY RATE FOR PAY PERIOD
 Enter the monthly based on salary plus any applicable pay differentials in effect at the beginning of the NDI approval period. Do NOT enter the employee's actual salary (the program will automatically adjust for the timebase).

Note: All peach-colored cells are protected (not to be changed)

5. Click "Clear Form" button before entering data for a new calculation.
 Note: Upon clearing, pay period defaults to current pay period.

Note:

The "Monthly Salary Rate for NDI (not actual)" field must contain the salary as of the beginning of the NDI approval period not the current salary. An incorrect salary will result in miscalculation of NDI benefits and supplementation.

Please refer to [PPM Section E 103](#) which states in part, "NDI benefits are computed based on the employee's salary rate at the inception of the benefit and are NOT modified by any subsequent salary increases or decreases".

After the fields have been completed, click the "Go to 674D" button at the bottom of the worksheet. This will take you to the auto filled 674D.

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

Amended Inquiry Separated

TO: STATE CONTROLLER - PPSD / DISABILITY UNIT

1. CBID 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	123	1234	123
2.				

5. PAY PERIOD T MO YR 01 2024

6. ENTER NUMBER OF HOURS AND Intervening activity/working while on Disability [V=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							
	01	2024	HI	NDI	NDI	NDI	NDI	NDI	NDI	NDI	NDI	NDI	NDI	NDI	NDI	NDI	NDI	NDI	NDI	NDI	NDI	NDI	NDI	NDI	NDI	NDI	NDI	NDI	NDI	NDI	NDI	NDI	NDI	NDI	NDI	NDI	NDI	NDI	NDI

7. INDUSTRIAL DISABILITY (IDL)

a. EMPLOYEE ON IDL FROM: THROUGH:

b. EMPLOYEE ENTITLED TO ENHANCED

c. AVERAGE HOURS COMPUTED FOR INTERMITTENT

8A. NON-INDUSTRIAL DISABILITY (NDI)

a. EMPLOYEE ON NDI a.1 NDI-FCL FROM: THROUGH: 1/2/2024 1/21/2024

b. DURING PREVIOUS 18 MONTHS FOR INTERMITTENT EMPLOYEE WAS:

c. EMPLOYEE ON ANNUAL LEAVE PROGRAM ELECTED 100% 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 A/R NUMBER	RET
MO	DY	YR	PT	DAYS		

10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED			
		DAYS	HOURS	TIMEBASE FRACTION	
REGULAR	0	9	0	1	
SUPPLEMENTAL		6	4.00	1	
NDI	T	20		1	
IDL FULL	6				
IDL 2/3	N				
IDL 1/3	U				
		SHIFT	SHIFT CODE	HOURS	SHIFT RATE
REGULAR	2				
IDL FULL	6				
IDL 2/3	N				

11. ADDITIONAL INFORMATION

EMPLOYEE SUPPLEMENTING UP TO 100% LEVEL.

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** _____

(PRINT OR TYPE NAME)

CONTACT PERSON (If other than authorized signature) _____

14. TELEPHONE NUMBER _____

15. EMAIL ADDRESS _____

Item 9 and Item 12 are required to be completed prior to submission. These are fillable fields and can be completed by clicking into the appropriate cell. For Item 9, if no pay appears in pay history, enter "None".

Frequently Asked Questions

Q. Can I save calculators to my desktop?

A. Online calculators are constantly having internal tables 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. Since you can see pay history, why do I have to complete Item 9 on the STD. 674D?

A. Completion of Item 9 is required to efficiently identify document type and prevent delays of documents being batched for processing. Documents with an incomplete Item 9 must have further review to identify document type. To ensure accurate and timely batching, complete Item 9 with pay information or if there is currently no pay write "none".

Q. How are health, dental or vision benefits continued without supplementation?

A. Health, dental and vision benefits may be continued up to 26 weeks while an eligible employee is receiving SDI benefits per [PPM Section E 806](#) either by using leave and/or establishment of account receivables for the employee's premium portion. This part of the PPM also provides another reference to [PPM Section H827](#) that lists detailed instructions for completing the STD. 674. When requesting to establish a continuation of benefits accounts receivable, the STD. 674 must be routed to the Benefit's Unit per step 2 of the previously mentioned instruction.

Q. Why is verification of the SDI weekly benefit required prior to issuing supplementation?

A. Per the [Integration of Wages with Benefits FAQ](#), which is found on the EDD website, "Wages received during this time, plus DI or PFL benefits, cannot be more than the employee's normal weekly salary (excluding overtime pay) before the start of the disability or family leave period." This is in line with [California Unemployment Insurance Code Section 2656](#). *If Supplementation is issued without verification it could result in an overpayment to the employee.

Q. Where can I find additional references for NDI and NDI-FCL?

A. Below are several additional references for NDI and NDI-FCL.

[NONINDUSTRIAL DISABILITY INSURANCE \(NDI\) – REFERENCES](#)

[NDI Module 1 Handout](#)

[EDD - Nonindustrial Disability Insurance](#)

[CalHR NON-INDUSTRIAL DISABILITY INSURANCE - FAMILY CARE LEAVE FAQ](#)

[CalHR NDI-FCL Calculator Samples](#)