

INDUSTRIAL/NON-INDUSTRIAL/STATE DISABILITY PAY/ADJUSTMENT REQUEST

STD. 674D (REV. 3/2022)

DOCUMENT NUMBER _____ OF _____

Amended Inquiry Separated

TO: STATE CONTROLLER - PPSD / DISABILITY UNIT

4. POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1.				
2.				

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

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	

7. INDUSTRIAL DISABILITY (IDL)

9. PAYMENT PER CONTROLLER

a. EMPLOYEE ON IDL FROM: _____ THROUGH: _____

b. EMPLOYEE ENTITLED TO ENHANCED IDL

c. AVERAGE HOURS COMPUTED FOR INTERMITTENT EMPLOYEE: _____

ISSUE DATE			PT	TIME WORKED		WARRANT OR A/R NUMBER	RET
MO	DY	YR		DAYS	HOURS		

11. ADDITIONAL INFORMATION

8A. NON-INDUSTRIAL DISABILITY (NDI)

10. PAYMENT SHOULD BE

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

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

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

8B. STATE DISABILITY INSURANCE (SDI)

a. EMPLOYEE ON SDI FROM: _____ THROUGH: _____

b. EMPLOYEE ELECTED SUPPLEMENTATION

c. SDI WEEKLY RATE: \$ _____

(PRINT OR TYPE NAME)

13. CONTACT PERSON (If other than authorized signature)

14. TELEPHONE NUMBER

15. EMAIL ADDRESS