

MEMORANDUM

TO: PERSONNEL MANAGEMENT LIAISONS DATE: November 17, 1995
REFERENCE CODE: 95-049

THIS MEMORANDUM SHOULD BE DISTRIBUTED TO:

Personnel Officers
Personnel Transactions Supervisors

FROM: Department of Personnel Administration
Classification and Compensation Division

SUBJECT: Annual Leave Program Update

CONTACT: Clarice Baker
(916) 324-0439 or CALNET 454-0439
Office Vision: DPA (CLBAKER)
Internet: CLBAKER@SMTP.DPA.CA.GOV

The purpose of this memorandum is to notify departments of changes in the Annual Leave Program (ALP). Also provided are guidelines for the payment of the enhanced Nonindustrial Disability Insurance (NDI) benefits that are available to employees under the ALP. Please advise your employees of these changes.

NEW REQUIREMENT FOR EXCLUDED EMPLOYEES - EFFECTIVE NOVEMBER 1, 1995

Effective November 1, 1995, employees newly appointed to a class with a designation which is excluded from the definition of State employee under Government Code Section 3513 (c) shall be mandatorily enrolled in the ALP pursuant to Department of Personnel Administration (DPA) Rule 599.752 (b). This new requirement applies to any person who is appointed, promoted, or transferred into a position that is excluded from collective bargaining.

Please ensure excluded employees, who are appointed on and after November 1, 1995, are enrolled in the ALP and are advised of their ALP rights and benefits.

ENROLLMENT REQUIREMENTS FOR EMPLOYEES ELIGIBLE FOR THE ALP

"Eligibility"

Part-time employees, permanent-intermittent employees, and employees whose appointments are either limited term or temporary are eligible to participate in the ALP. Seasonal employees who are designated as "E" (Excluded from collective bargaining) do not have eligibility to participate in the ALP. Employees on Training and Development Assignments are eligible to participate in the ALP only

if their permanent civil service appointment has eligibility to participate in the program.

"Excluded Employees"

Effective August 20, 1992, the ALP was extended on a voluntary basis to all current employees who were designated excluded as defined in Government Code Section 3513 (c). This right of voluntary participation will continue for employees who were in an eligible excluded position on that date and are still in an excluded position.

"State Bargaining Units 5, 10, 12, 13, and 16 Employees"

Employees who were in the above bargaining units prior to the establishment of ALP shall have the opportunity to enroll in ALP on a voluntary basis. New employees who enter into the above bargaining units by appointment, transfer, promotion, etc., after the establishment of the ALP shall be mandatorily placed in the ALP.

The State has agreed to an additional condition which would provide current eligible employees in Units 12 and 13 who did not opt into the ALP and who, for example, transfer, demote, or promote between these two units, will not be required to participate as a "new hire". This provision is in each unit's contract, and the exception to mandatory coverage would apply solely to an employee's movement between these two bargaining units. In all other instances, current State employees who are appointed to a position covered by a bargaining unit that has the ALP shall automatically be placed in the ALP.

"Annual Open Enrollment and Continuous Enrollment"

Employees who are represented by Unit 5 will continue to be given annual open enrollment to the ALP. Excluded employees and employees in Bargaining Units 10, 12, 13, and 16 who have not elected to enroll in the ALP may elect to enroll at any time.

SUMMARY OF ANNUAL LEAVE PROGRAM

"Effective Date"

Participation in the ALP shall be the first of the month following enrollment for employees who voluntarily elect to enroll in the Program. Employees who are mandatorily placed in annual leave shall receive annual leave benefits immediately.

"Annual Leave Accrual"

Under the ALP, employees will earn six days of additional leave (in lieu of the current 12 days of sick leave per year) by adding four hours of annual leave to the existing monthly vacation accrual

schedule. Employees who work less than full time will earn annual leave credits prorated based on their time base. The tables below reflect the annual leave accrual rate for a full-time employee:

"Rank and File"

<u>Length of Service:</u>	<u>Annual Leave Accrual:</u>
1 month to 3 years	11 hours per month
37 months to 10 years	14 hours per month
121 months to 15 years	16 hours per month
181 months to 20 years	17 hours per month
241 months and over	18 hours per month

Bargaining Unit 05 employees shall accrue holiday credit in lieu of the holidays. This accrued holiday-in-lieu credit shall be added to the monthly annual leave accrual rate of employees.

"Excluded Employees and Board and Commission Members"

<u>Length of Service:</u>	<u>Annual Leave Accrual:</u>
1 month to 3 years	15 hours per month (effective 12/31/90)
37 months to 10 years	15 hours per month
121 months to 15 years	17 hours per month
181 months to 20 years	18 hours per month
241 months to 25 years	19 hours per month
301 months and over	20 hours per month

ANNUAL LEAVE USAGE

Employees receive and may use annual leave credits in half hour increments after one qualifying pay period.

Annual leave can be used to meet the employee's need for paid time off for any management approved absence covered by sick leave and vacation in the past.

Employees will be allowed to accumulate up to a maximum of 640 hours of annual leave. Exceptions to this limit will not be allowed except in extremely unusual situations as determined by the Director of the Department of Personnel Administration.

Upon separation from State service, employees receive a lump sum payment for accumulated credits.

EFFECT OF ENROLLMENT ON LEAVE CREDITS

"Vacation"

At the time of enrollment, an employee's existing vacation balance will be transferred to Annual Leave. Thereafter, no vacation

credits will be accrued, and annual leave credits will begin accruing according to the rate schedules shown above.

"Sick Leave"

Sick Leave credits will no longer be accrued once enrolled in the ALP. However, sick leave balances in existence at the time of enrollment will be maintained for use by the employee for approved sick leave purposes. Any sick leave credits on the books at the time of retirement will be converted to service credit at current formulas (2,000 hours of sick leave converts to service credit that would provide a monthly retirement benefit of approximately two percent of pay for miscellaneous employee who retires at age 60).

"Irrevocability of Participation in ALP"

Participation in the ALP is irrevocable as long as an employee is employed in State service in any position which leave credits are provided. When an employee moves to a bargaining unit that does not have annual leave, the employee is still required to participate in the ALP.

"Excluded"

Excluded employees who are participating in the ALP and thereafter transfer to a represented position will accrue annual leave credits by adding four hours to the vacation accrual schedule for represented employees.

"Exception"

Pursuant to DPA Rule 599.752.1, an employee who transfers to a board or commission member appointment must elect coverage under either vacation or annual leave. A board or commission member who elect annual leave, and thereafter is appointed to a position other than a board or commission member, will continue coverage in the ALP.

ENHANCED NONINDUSTRIAL DISABILITY INSURANCE (NDI) PROVISIONS

The NDI benefit which covers nonwork-related disabilities will be improved for annual leave participants from its current level of \$135 per week to 50 percent of gross salary for up to 26 weeks. Disability payments may be supplemented with annual leave, or sick leave credits, and partial employment to provide for up to 100 percent income placement. At the time of the NDI claim, an employee must elect to choose either the 50 percent NDI benefit rate; a supplementation level of 75 percent; or a supplementation level of 100 percent of gross pay. Once a claim has been filed and the employee has determined the rate of supplementation, the supplemental rate shall be maintained throughout the disability period. Employees may choose a different supplementation rate for claims related to subsequent disabilities.

Employees who are mandatorily placed in the ALP shall be immediately eligible for enhanced NDI benefits. Employees who voluntarily enroll in the ALP shall serve a 90 calendar day waiting period before being eligible for the enhanced NDI benefits. In addition, employees who enroll in annual leave while on an NDI claim, will continue to receive the original NDI pay for the duration of the claim.

Effective July 1, 1994, employees who supplement their NDI benefit at 100 percent income replacement will receive full State service credits for seniority purposes and annual leave credit. Employees who supplement their NDI benefit at 75 percent income replacement shall receive one-half credit for seniority and one-half the amount of annual leave granted to employees who supplement at 100 percent.

NDI PROVISIONS AND HOLIDAYS FOR EMPLOYEES IN THE ALP

Employees who are on NDI status without supplementation of leave credits shall only receive the NDI benefit payment holidays.

If a holiday falls during the period of supplementation or while an employee has returned to partial work status, the employee shall receive (regular pay) full credit and NDI compensation for the holiday. The time worked does not have to be the day before the holiday or the day after the holiday.

Employees are entitled to holiday pay whether it is a qualifying pay period or not. The amount of time given for holidays is based on the employee's time base.

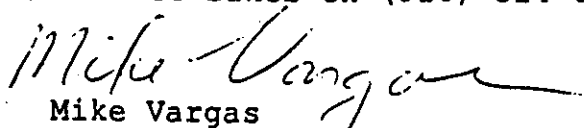
Example

Full-time employees who elect to supplement their NDI benefit at 75 percent income replacement shall receive eight hours of regular pay for the holiday.

The NDI gross will be reduced when the employee's regular gross pay plus the NDI gross exceeds the employee's monthly salary rate as a result of additional pay received for holidays.

Attached are formulas for assisting departments in calculating the various methods of the NDI/Annual Leave Benefit options.

If you have any questions regarding this memorandum, you may call Clarice Baker on (916) 324-0439, Calnet 454-0439.


Mike Vargas
Section Manager

Attachment

ATTACHMENT 1
NDI/ANNUAL LEAVE BENEFIT FORMULAS

NOTE: Set your calculator to four decimal places.

1. NDI BENEFIT (50% GROSS)

Example

Full-time employee in a 22 working day and 31 calendar day pay period with a gross salary of \$4,418.00 per month.

- a. To get the hourly rate, divide the employee's monthly salary rate (\$4,418) by the average hour month (173.33); add \$.005 and round to the second decimal place and drop the remainder.

$$4,418 \div 173.33 = 25.4890 \quad (.4890)$$

$$25.4890 + \$.005 = 25.4940 = 25.49$$

- b. To get the daily NDI benefit, multiply the hourly rate times 40; then multiply the product times 50% (.50); then divide by seven (7) to get the daily NDI benefit. Multiply the daily NDI benefit times the number of days the employee is eligible for the NDI benefit. In this example, 31 calendar days times the daily NDI benefit equals the monthly NDI benefit. Do not round off these calculations.

$$25.49 \times 40 = 1,019.60 \times .50 = 509.80 \div 7 = 72.8286 \times 31 = 2,257.6866 = 2,257.68$$

2. SUPPLEMENTATION FOR 100% INCOME REPLACEMENT

Example

Full-time employee in a 22 working day and 31 calendar day pay period with a gross salary of \$4,418.00 per month.

- a. Subtract the NDI benefit (50% gross) from the monthly salary rate to determine the amount of supplementation. [Use Formula #1 (50% gross) to determine the NDI benefit.]

$$4,418.00 - 2,257.68 = 2,160.32$$

- b. Divide the monthly salary rate by the number of hours in the pay period * to get the hourly rate for supplementation.

$$4,418.00 \div 176 = 25.1023, \text{ round to } 25.10$$

- c. Divide the supplementation amount by the hourly rate hours of supplementation.

$$2,160.31 \div 25.10 = 86.0681 \text{ hours, round to } 86 \text{ hours}$$

* Hourly salary rate is determined by dividing the monthly salary rate by the number of hours in the pay period. (176 hours for a 22 working day pay period or 168 hours for a 21 working day pay period.)

- d. Employee needs to supplement 10 days, 6 hours of leave credits.

NOTE: For example, if supplementation hours equal 86.500 or higher, you would round to 87 hours.

3. SUPPLEMENTATION FOR 75% INCOME REPLACEMENT

Example

Full-time employee in a 22 working day and 31 calendar day pay period with a gross salary of \$4,418.00 per month.

- a. Reduce the employee's monthly salary rate by 75%.

$$\$4,418.00 \times .75 = \$3,313.50 \text{ (reduced monthly gross)}$$

- b. Subtract the NDI benefit (50% gross) from the 75% monthly reduced gross to determine the amount of supplementation. [Use Formula #1 (50% gross) to determine the NDI benefit.]

$$\$3,313.50 - \$2,257.68 = \$1,055.82$$

- c. Divide the monthly salary rate by the number of hours in the pay period * to get the hourly rate for supplementation.

$$\$4,418.00 \div 176 = \$25.1023, \text{ round to } \$25.10$$

- d. Divide the supplementation amount by the hourly rate = hours of supplementation.

$$\$1,055.82 \div \$25.10 = 42.0645, \text{ round to } 42 \text{ hours}$$

- e. Employee needs to supplement 5 days, 2 hours leave credits.

4. SUPPLEMENTATION OF 100% INCOME REPLACEMENT WHILE WORKING PARTIAL DAYS

Example

Full-time employee in a 22 working day and 31 calendar pay period with a gross salary of \$4,418.00 per month. The employee worked 6 days, 4 hours (52 hours) and elected to supplement 100% income replacement.

- a. Divide the monthly salary by the number of hours in the pay period (176 hours); multiply by the number of hours the employee worked in the pay period (52 hours) to get the regular pay gross.

$$\$4,418.00 \div 176 \times 52 = \$1,305.3182, \text{ round to } \$1,305.32$$

* Hourly salary rate is determined by dividing the monthly salary rate by the number of hours in the pay period. (176 hours for a 22 working day pay period or 168 hours for a 21 working day pay period.)

- b. Subtract the NDI benefit (50% gross) from the monthly salary rate to determine the amount of supplementation. [Use Formula #1 (50% gross) to determine the NDI benefit.]

$$\$4,418.00 - \$2,257.68 = \$2,160.32$$

- c. Subtract the NDI benefit amount and the regular pay amount from the monthly salary rate which gives you the leave credit supplementation amount.

$$\$4,418.00 - (\$2,257.68 + \$1,305.32) = \$855.00$$

- d. Divide the monthly salary rate by the number of hours in the pay period * to get the hourly rate of supplementation.

$$\$4,418.00 \div 176 = \$25.1023, \text{ round to } \$25.10$$

- e. Divide the supplementation amount by the hourly rate = hours of supplementation.

$$\$855.00 \div \$25.10 = 34.0637 \text{ hours, round to } 34 \text{ hours.}$$

- f. Employee needs to supplement 4 days, 2 hours of leave credits.

5. SUPPLEMENTATION FOR 75% INCOME REPLACEMENT WHILE WORKING PARTIAL DAYS

Example

Full-time employee in a 22 working day and a 31 calendar pay period with a gross salary of \$4,418.00 per month. The employee worked 4 days, 4 hours (36 hours) and elected to supplement 75% income replacement.

- a. Reduce the employee's monthly salary rate by 75%.

$$\$4,418.00 \times .75 = \$3,313.50 \text{ (reduced monthly gross)}$$

- b. Divide the monthly gross by the number of hours in the pay period (176), then multiply by the number of hours the employee worked in the pay period (36 hours) to get the regular pay gross.

$$\$4,418.00 \div 176 \times 36 = \$903.6818, \text{ round to } \$903.68$$

- c. Subtract the NDI benefit (50% gross) amount and the regular pay gross from the reduced monthly gross which gives you the leave credit supplementation amount. (Use Formula #1 to determine the NDI benefit).

$$\$3,313.50 - (\$2,257.68 + \$903.68) = \$152.14$$

* Hourly salary rate is determined by dividing the monthly salary rate by the number of hours in the pay period. (176 hours for a 22 working day pay period or 168 hours for a 21 working day pay period.)

- d. Divide the monthly salary gross by the number of hours in the pay period to get the hourly rate for supplementation.

$$\$4,418.00 \div 176 = \$25.1023, \text{ round to } \$25.10$$

- e. Divide the supplementation amount by the hourly rate = hours of supplementation.

$$\$152.14 \div \$25.10 = 6.0614 \text{ hours, round to } 6 \text{ hours}$$

- f. Employee needs to supplement 6 hours of leave credits.

6. SUPPLEMENTATION FOR 100% INCOME REPLACEMENT WITH HOLIDAY PAY

Example

Full-time employee in a 22 working day and a 31 calendar day pay period with 2 holidays in the pay period. Annual leave NDI claim effective on or after July 1, 1994.

Note: Holidays are paid same as regular pay.

- a. Divide the monthly salary by the number of hours in the pay period (176 hours); multiple by the number of hours for holiday pay (16 hours) to get the gross for holiday/regular pay.

$$\$4,418 \div 176 \times 16 = \$401.6364, \text{ round to } \$401.64$$

- b. Subtract the NDI benefit amount (50% gross) and the holiday/regular pay gross from the monthly salary rate to determine the supplementation amount. [Use Formula #1 (50% gross) to determine the NDI benefit.]

$$\$4,418 - (\$2,257.68 + \$401.64) = \$1,758.68$$

- c. Divide the monthly salary rate by the number of hours in the pay period * to get the hourly rate for supplementation.

$$\$4,418 \div 176 = \$25.1023, \text{ round to } \$25.10$$

- d. Divide the supplementation amount by the hourly rate = hours of supplementation.

$$\$1,758.68 \div \$25.10 = 70.0669, \text{ round to } 70 \text{ hours}$$

- e. Employee needs to supplement 8 days, 6 hours of leave credits.

* Hourly salary rate is determined by dividing the monthly salary rate by the number of hours in the pay period. (176 hours for a 22 working day pay period or 168 hours for a 21 working day pay period.)

7. SUPPLEMENTATION FOR 100% INCOME REPLACEMENT WITH HOLIDAY PAY AND SALARY INCREASE

Example

Full-time employee in a 22 working day and 31 calendar day pay period with 2 holidays in the pay period. Annual leave NDI claim effective on or after July 1, 1994. Employee received a salary increase (from \$4,418 to \$4638) effective the first day of the pay period.

- a. Divide the increased monthly salary by the number of hours in the pay period (176 hours); multiply by the number of hours for holiday pay (16 hours) to get the gross for holiday/regular pay.
$$\$4,638 \div 176 \times 16 = \$421.6364, \text{ round to } \$421.64$$
- b. Use Formula #1 to calculate the 50% NDI benefit using the salary rate in effect when the employee's NDI benefit became effective (\$4,418.00).
- c. Subtract the NDI benefit amount (50% gross) and the holiday/regular pay gross from the current monthly salary rate (\$4,638.00) to determine the supplementation amount.
$$\$4,638.00 - (\$2,257.68 + \$421.64) = \$1,958.68$$
- d. Divide the monthly salary rate (\$4,638.00) by the number of hours in the pay period * to get the hourly rate for supplementation.
$$\$4,638.00 \div 176 = \$26.3523, \text{ round to } \$26.35$$
- e. Divide the supplementation amount by the hourly rate = hours of supplementation.
$$\$1,958.68 \div \$26.35 = 74.3332, \text{ round to } 74 \text{ hours}$$
- f. Employee needs to supplement 9 days, 2 hours of leave credits.

8. SUPPLEMENTATION FOR 75% INCOME REPLACEMENT WITH HOLIDAY PAY AND SALARY INCREASE

Example

Full-time employee in a 22 working day and a 31 calendar day pay period with 2 holidays in the pay period. Annual leave NDI claim effective on or after July 1, 1994. Employee received a salary increase (from \$4,418 to \$4,638) effective the first day of the pay period.

* Hourly salary rate is determined by dividing the monthly salary rate by the number of hours in the pay period. (176 hours for a 22 working day pay period or 168 hours for a 21 working day pay period.)

- a. Reduce the employee's current salary rate by 75%.
 $\$4,638.00 \times .75 = \$3,478.50$ (reduced monthly gross)
- b. Divide the increased monthly salary by the number of hours in the pay period (176 hours); multiply by the number of hours for holiday pay (16 hours) to get the gross for holiday/regular pay.
 $\$4,638.00 \div 176 \times 16 = \421.6364 , round to \$421.64
- c. Use Formula #1 to calculate the 50% NDI benefit using the salary rate in effect when the employee's NDI benefit became effective (\$4,418.00).
- d. Subtract the NDI benefit amount (50% gross) and the holiday/regular pay gross from the 75% monthly reduced gross to determine the amount of supplementation.
 $\$3,478.50 - (\$2,257.68 + \$421.64) = \799.18
- e. Divide the monthly salary rate (\$4,638.00) by the number of hours in the pay period * to get the hourly rate for supplementation.
 $\$4,638.00 \div 176 = \26.3523 , round to \$26.35
- f. Divide the supplementation amount by the hourly rate = hours of supplementation.
 $\$799.18 \div \$26.35 = 30.3294$, round to 30 hours
- g. Employee needs to supplement 3 days, 6 hours of leave credits.

9. NDI ANNUAL LEAVE WITHOUT SUPPLEMENTATION

Example

Full-time employee in a 22 working day and a 31 calendar day pay period with holidays in the pay period. Employee is not supplementing the 60% NDI benefit and employee did not work while on NDI status for this pay period.

Note

Holidays will not be paid as regular pay unless the employee is supplementing with leave credits or employee has been working while on NDI.

- a. Formula #1 will be used to calculate the 50% NDI benefit.
- b. Complete documentation (Std. 674D) certifying only days on NDI (no regular pay) in Item 10 Payment Should Be. In Item 11 Additional Information indicate "NO SUPPLEMENTATION". Mark Item 8d with an "X" for the ALP.

* Hourly salary rate is determined by dividing the monthly salary rate by the number of hours in the pay period. (176 hours for a 22 working day pay period or 168 hours for a 21 working day pay period.)

TO: STATE CONTROLLER - PPSD/PAYROLL SERVICES

1. CBID
 COMPLETE

2. SOCIAL SECURITY NUMBER
 COMPLETE

3. FIRST & MIDDLE INITIAL AND LAST NAME
 COMPLETE

4. POSITION NUMBER			
AGENCY	UNIT	CLASS	SERIAL
1. COMPLETE			
2.			

5. PAY PERIOD
 T MO YR
 COMPLETE

6. INTERVENING ACTIVITY/WORKING WHILE ON DISABILITY - ENTER NUMBER OF HOURS & CODE (W-WORKED, L-DOCK, C-IDL)

	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)

a. EMPLOYEE ON IDL FROM _____ THROUGH _____

b. EXCLUDE LOCKED IN SPECIAL PAY:
 EARNINGS ID(S) _____ AND RATE(S) \$ _____

c. _____ EMPLOYEE ENTITLED TO ENHANCED IDL

9. PAYMENT PER CONTROLLER

ISSUE DATE				TIME WORKED		WARRANT OR A/R NUMBER	R E T
MO	DY	YR	PT	DAYS	HOURS		
COMPLETE IF APPLICABLE							

11. ADDITIONAL INFORMATION

100% Supplementation.

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 674D, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND.

8. NON-INDUSTRIAL DISABILITY (NDI)

a. EMPLOYEE ON NDI FROM COMPLETE THROUGH COMPLETE

b. SALARY IS BELOW NDI MAXIMUM RATE. INCLUDE NON-LOCKED IN SHIFT:
 CODE _____ AND RATE \$ _____

c. AVERAGE HOURS WORKED DURING PREVIOUS 18 MONTHS FOR INTERMITTENT EMPLOYEE WAS _____

1. EMPLOYEE ON ANNUAL LEAVE PROGRAM

10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED		TIMEBASE FRACTION
		DAYS	HOURS	
REGULAR	0			
SUPPL.	0	10	6 00	
NDI	T	31		
IDL FULL	6			
IDL 2/3	N			
SHIFT		SHIFT CODE	HOURS	SHIFT RATE
REGULAR	2			
IDL FULL	6			
IDL 2/3	N			

12. AUTHORIZED SIGNATURE _____ COMPLETE DATE _____

13. CONTACT PERSON (IF OTHER THAN AUTHORIZED SIGNATURE) _____ COMPLETE

14. TELEPHONE NUMBER _____

SCO USE ONLY

1 OR 2	DOC. TYPE	PAY PERIOD		TIME TO BE PAID				SALARY RATE		P	A	OFFSET AMOUNT		NDI GROSS		PT	S	EARNINGS ID																								
		T	MONTH	YR	DAYS	HRS.	& MINS	DOLLARS	CENTS			DOLLARS	CENTS	DOLLARS	CENTS																											
		3	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70

TO: STATE CONTROLLER - PPSD/PAYROLL SERVICES

CBID
 COMPLETE

2. SOCIAL SECURITY NUMBER
 COMPLETE

3. FIRST & MIDDLE INITIAL AND LAST NAME
 COMPLETE

4. POSITION NUMBER			
AGENCY	UNIT	CLASS	SERIAL
1.	COMPLETE		
2.			

PAY PERIOD
 MO YR
 COMPLETE

6. INTERVENING ACTIVITY/WORKING WHILE ON DISABILITY - ENTER NUMBER OF HOURS & CODE (W-WORKED, L-DOCK, C-IDL)																															
	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

INDUSTRIAL DISABILITY (IDL)
 EMPLOYEE ON IDL FROM _____
 THROUGH _____
 EXCLUDE LOCKED IN SPECIAL PAY:
 EARNINGS ID(S) _____
 AND RATE(S) \$ _____
 _____ EMPLOYEE ENTITLED TO ENHANCED IDL

9. PAYMENT PER CONTROLLER						
ISSUE DATE			TIME WORKED		WARRANT OR A/R NUMBER	EXT
MO	DY	YR	PT	HOURS		
COMPLETE IF APPLICABLE						

11. ADDITIONAL INFORMATION
 75% Supplementation

NON-INDUSTRIAL DISABILITY (NDI)
 EMPLOYEE ON NDI FROM COMPLETE
 THROUGH COMPLETE
 SALARY IS BELOW NDI MAXIMUM RATE. INCLUDE NON-LOCKED IN SHIFT:
 CODE _____ AND RATE \$ _____
 AVERAGE HOURS WORKED DURING PREVIOUS 18 MONTHS FOR INTERMITTENT EMPLOYEE WAS _____
 EMPLOYEE ON ANNUAL LEAVE PROGRAM

10. PAYMENT SHOULD BE				
TYPE	PT	TIME WORKED		TIMEBASE FRACTION
		DAYS	HOURS	
REGULAR	0			
SUPPL.	0	5	2:00	
NDI	T	31		
IDL FULL	6			
IDL 2/3	N			
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 6740, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND.

COMPLETE _____ COMPLETE _____
 12. AUTHORIZED SIGNATURE DATE

COMPLETE _____
 13. CONTACT PERSON (IF OTHER THAN AUTHORIZED SIGNATURE)

COMPLETE _____
 14. TELEPHONE NUMBER

SCO USE ONLY

1 OR 2	DOC. TYPE	PAY PERIOD				TIME TO BE PAID						SALARY RATE				P	A	OFFSET AMOUNT						NDI GROSS				PT	S	EARNINGS														
		T	MONTH	YR		DAYS	WKS.	&	MONTHS	DOLLARS	CENTS			DOLLARS	CENTS					DOLLARS	CENTS			DOLLARS	CENTS					SP	T													
		1	2	3	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70

TO: STATE CONTROLLER - PPSD/PAYROLL SERVICES

1. CBID
COMPLETE

2. SOCIAL SECURITY NUMBER
COMPLETE

3. FIRST & MIDDLE INITIAL AND LAST NAME
COMPLETE

4. POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1.	COMPLETE			
2.				

5. PAY PERIOD
T MO YR
COMPLETE

6. INTERVENING ACTIVITY/WORKING WHILE ON DISABILITY - ENTER NUMBER OF HOURS & CODE (W-WORKED, L-DOCK, C-IDL)

	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
			W	W	W	W	W			W	W	W	W	W			W	W	W												
			4	4	4	4	4			4	4	4	4	4			4	4	4												

7. INDUSTRIAL DISABILITY (IDL)

a. EMPLOYEE ON IDL FROM _____ THROUGH _____

b. EXCLUDE LOCKED IN SPECIAL PAY:
EARNINGS ID(S) _____ AND RATE(S) \$ _____

c. _____ EMPLOYEE ENTITLED TO ENHANCED IDL

9. PAYMENT PER CONTROLLER

ISSUE DATE NO DY YR PT	TIME WORKED		WARRANT OR A/R NUMBER	R E T
	DAYS	HOURS		
COMPLETE IF APPLICABLE				

11. ADDITIONAL INFORMATION

100% Supplementation

8. NON-INDUSTRIAL DISABILITY (NDI)

a. EMPLOYEE ON NDI FROM COMPLETE THROUGH COMPLETE

b. SALARY IS BELOW NDI MAXIMUM RATE. INCLUDE NON-LOCKED IN SHIFT:
CODE _____ AND RATE \$ _____

c. AVERAGE HOURS WORKED DURING PREVIOUS 18 MONTHS FOR INTERMITTENT EMPLOYEE WAS _____

d. EMPLOYEE ON ANNUAL LEAVE PROGRAM

10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED		TIMEBASE FRACTION
		DAYS	HOURS	
REGULAR	0	6	4 00	
SUPPL.	0	4	2 00	
NDI	T	31		
IDL FULL	6			
IDL 2/3	N			
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 674D, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND.

COMPLETE
12. AUTHORIZED SIGNATURE _____ DATE _____

COMPLETE
13. CONTACT PERSON (IF OTHER THAN AUTHORIZED SIGNATURE) _____

COMPLETE
14. TELEPHONE NUMBER _____

SCO USE ONLY

1 OR 2	DOC. TYPE	PAY PERIOD			TIME TO BE PAID							SALARY RATE					P T	A P	OFFSET AMOUNT										NDI GROSS				PT SP T	EARNINGS I							
		2	MON	TH	YR	DAYS	HRS.	&	NOTES	DOLLARS	CENTS	DOLLARS	CENTS	DOLLARS	CENTS	DOLLARS			CENTS	DOLLARS	CENTS	DOLLARS	CENTS	DOLLARS	CENTS																
	3	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70

TO: STATE CONTROLLER - PPSD/PAYROLL SERVICES

1. CBID
COMPLETE

2. SOCIAL SECURITY NUMBER
COMPLETE

3. FIRST & MIDDLE INITIAL AND LAST NAME
COMPLETE

4. POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1.	COMPLETE			
2.				

5. PAY PERIOD
T MO YR
COMPLETE

6. INTERVENING ACTIVITY/WORKING WHILE ON DISABILITY - ENTER NUMBER OF HOURS & CODE (W-WORKED, L-DOCK, C-IDL)

	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	
													H																			
													8																			

7. INDUSTRIAL DISABILITY (IDL)

a. EMPLOYER ON IDL FROM _____ THROUGH _____

b. EXCLUDE LOCKED IN SPECIAL PAY:
EARNINGS ID(S) _____ AND RATE(S) \$ _____

c. _____ EMPLOYEE ENTITLED TO ENHANCED IDL

9. PAYMENT PER CONTROLLER

ISSUE DATE			TIME WORKED		WARRANT OR A/R NUMBER	RRT
MO	DT	YR	PT	HOURS		
COMPLETE IF APPLICABLE						

11. ADDITIONAL INFORMATION

100% Supplementation

8. NON-INDUSTRIAL DISABILITY (NDI)

a. EMPLOYEE ON NDI FROM COMPLETE THROUGH COMPLETE

b. SALARY IS BELOW NDI MAXIMUM RATE. INCLUDE NON-LOCKED IN SHIFT:
CODE _____ AND RATE \$ _____

c. AVERAGE HOURS WORKED DURING PREVIOUS 18 MONTHS FOR INTERMITTENT EMPLOYEE WAS _____

d. EMPLOYEE ON ANNUAL LEAVE PROGRAM

10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED		TIMEBASE FRACTION
		DAYS	HOURS	
REGULAR	0	2		
SUPPL.	0	8	6:00	
NDI	T	31		
IDL FULL	6			
IDL 2/3	N			
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 674D, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND.

COMPLETE
11. AUTHORIZED SIGNATURE _____ DATE _____

COMPLETE
13. CONTACT PERSON (IF OTHER THAN AUTHORIZED SIGNATURE) _____

COMPLETE
14. TELEPHONE NUMBER _____

SCO USE ONLY

1 OR 2	DOC. TYPE	PAY PERIOD		TIME TO BE PAID				SALARY RATE		P A		OFFSET AMOUNT						NDI GROSS				PT		EARNINGS																			
		T	MONTH	TR	DAYS	ERS.	NDTRS	DOLLARS	CENTS	F	A	DOLLARS			CENTS			DOLLARS	CENTS	SP	T	X																					
		1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2																				
		2	3	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70

