

# MILITARY LEAVE WORK SHEET

Page 1 of 2

This work sheet is to be completed by both the employee and his/her Personnel Office prior to reporting for military service. Items 1 through 8 are to be completed by the employee. Items 9 and 10 are to be completed by both the employee and the Personnel Office. Items 11 through 14 are to be completed by the Personnel Office only when the employee is eligible to receive the difference between his/her military pay, and his/her State pay. A Savings Plus Qualified Military Service Loan Repayment Agreement must be completed if the employee has an outstanding Savings Plus loan. The employee should be apprised of and complete any additional documentation as a result of necessary discretionary deduction changes. A copy of the employee's military orders (or official military correspondence) **MUST** be attached.

1. LAST NAME	FIRST NAME	Initial	2. SOCIAL SECURITY #	3. CIVIL SERVICE CLASS TITLE
--------------	------------	---------	----------------------	------------------------------

4. MILITARY RANK	5. DATE MILITARY LEAVE BEGINS	DATE MILITARY LEAVE ENDS
------------------	-------------------------------	--------------------------

6. IF YOU HAVE DIRECT DEPOSIT, DO YOU WISH TO CONTINUE?  Yes  NO (If NO, submit STD Form 699 to cancel)  N/A

7. I ELECT PAYMENT OF LEAVE CREDITS (other than sick leave)  
 YES (If YES, please explain.)  No

---



---

8. FORWARD MY WARRANT TO:

---



---

9. **MAINTAIN THE FOLLOWING STATE PAYROLL DEDUCTIONS:**  
 These deductions will be maintained automatically when you are eligible to receive the difference between military pay and State pay, even if your military pay is more than your State pay. If ineligible for "difference" pay, you may elect to maintain your health, dental, or vision plans through direct pay at your cost.

I ELECT TO MAINTAIN MY BENEFITS THROUGH DIRECT PAY:  Yes  No

<b>Employee</b> Check those deduction(s) below you wish maintained.	<b>Personnel Office</b> Complete all deduction organization codes and amounts below as requested by the employee or his/her designee.
--	--

DEDUCTION	DEDUCTION ORGANIZATION CODE	DEDUCTION AMOUNT
<input type="checkbox"/> Health		
<input type="checkbox"/> Dental		
<input type="checkbox"/> Vision		

10. **DISCRETIONARY STATE PAYROLL DEDUCTIONS:**

**Employee**  
 Check those deduction(s) below you wish maintained, providing there are sufficient funds. If not checked, deductions will not be withheld or if there are insufficient funds, it is the employee's responsibility to make the appropriate arrangements. Otherwise the deductions will not be made while on leave status. You may also want to contact the companies you have a credit obligation with and ask for a copy of the company's policy for the Soldier's and Sailor's Relief Act.

**Personnel Office**  
 Complete all deduction organization codes and amounts below as requested by the employee or his/her designee.

DEDUCTION	DEDUCTION ORGANIZATION CODE	DEDUCTION AMOUNT
<input type="checkbox"/> *Savings Plus (401[k] or 457)		
<input type="checkbox"/> FlexElect (Reimbursement Accounts)		
<input type="checkbox"/> United Way		
<input type="checkbox"/> Long Term Disability Insurance		
<input type="checkbox"/> Parking		
<input type="checkbox"/> Union Dues		
<input type="checkbox"/> Union-Offered Insurance		
<input type="checkbox"/> Credit Union Deductions		
<input type="checkbox"/> Spousal/Child Support		
<input type="checkbox"/> Other (List)		

NOTE: The employee is responsible for contacting the appropriate source for any changes to their discretionary deductions. \*To make repayment arrangements for a Savings Plus loan(s), the employee must complete a Qualified Military Service Loan Repayment Agreement.

# MILITARY LEAVE WORK SHEET

Page 2 of 2

## 11. MILITARY GROSS PAY:

Base Pay \_\_\_\_\_

## 12. CURRENT STATE GROSS SALARY: \_\_\_\_\_

## 13. PAY DIFFERENCE AMOUNT:

(State gross salary minus military gross pay.) \_\_\_\_\_

## 14. ESTIMATED MANDATORY DEDUCTIONS:

(Has nothing to do with personal income tax filing requirements.)

Estimated Federal Taxes (25%) \_\_\_\_\_

Estimated State Taxes (6%) \_\_\_\_\_

State Disability Insurance (SDI) (if applicable) \_\_\_\_\_

**TOTAL MANDATORY DEDUCTIONS:** \_\_\_\_\_

**ADJUSTED NET STATE SALARY:** \_\_\_\_\_

I understand the provisions afforded me under the Military Leave Program. I further understand that it is my responsibility to document/estimate my military pay for purposes of determining my adjusted net State pay; and that I am responsible for returning to the State of California any overpayments made to me due to this estimate.

NOTE: An employee receiving compensation pursuant to Sections 12302 and 12304 of Title 10 of the United States Code who does not reinstate to State service following active duty, shall have the compensation treated as a loan payable with interest at the rate earned on the pooled Money Investment Account.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
POWER OF ATTORNEY

\_\_\_\_\_  
NAME PRINTED

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
TELEPHONE/AREA CODE

\_\_\_\_\_  
(CITY, STATE, ZIP)

\_\_\_\_\_  
RELATIONSHIP

PRIVACY NOTICE: The Information Practices Act of 1977 (CC 1798.17) and the Federal Privacy Act of 1974 require that this notice be provided when collecting personal information from individuals. Providing the social security number is voluntary and is being requested for identification purposes only. The processing of this document may be hampered if you do not supply your social security number.

COPIES FOR: Employee  
Department  
State Controller's Office