STATE OF CALIFORNIA - CONTROLLER'S OFFICE

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

STD. 674D (REV. 6/2013)

DOCUMENT NUMBER **SDI sample** OF **2**

TO: STATE CONTROLLER - PPSD / DISABILITY UNIT

1. CBID complete

2. SOCIAL SECURITY NUMBER 222-22-2222

3. F.I. M.I. LAST NAME complete

4. POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1.	complete	complete	complete	complete
2.				

5. PAY PERIOD

T	MO	YR
	05	13

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

	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	
								W4	W8	W 5.5				W 4.5		W4	W5			W8		W4		W8			H8	W5				

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 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: 05/06/2013 THROUGH: 05/30/2013

b. ☒ EMPLOYEE ELECTED SUPPLEMENTATION

c. SDI WEEKLY RATE: $ COMPLETE

9. PAYMENT PER CONTROLLER

ISSUE DATE MO	DY	YR	PT	TIME WORKED DAYS	HOURS	WARRANT OR A/R NUMBER	RET
5	24	13	0	3		COMPLETE	

10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED DAYS	HOURS	TIMEBASE FRACTION
REGULAR	0	11		
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			

11. ADDITIONAL INFORMATION

WORKING WHILE ON SDI

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 YOUR SIGNATURE **DATE SIGNED** DATE

YOUR NAME
(PRINT OR TYPE NAME)

13. CONTACT PERSON (If other than authorized signature)

COMPLETE IF NEEDED

14. TELEPHONE NUMBER

(999) 999-9999

15. EMAIL ADDRESS

YOUR EMAIL