

ATTACHMENT (Revised 08/14)

ATTACHMENT E-5, EXAMPLE 3A

For the 08/14 pay period, employee was on IDL Full 15 days and on IDL 2/3 7 days (22 days pay period)
 Salary rate: \$2281.00 per month Head of Household with 2 exemptions Retirement ID: 00/6%

1. Compute FULL NET PAY for total hours worked and on IDL:

- a. IDL equals 176 hours (15 days IDL Full, 7 days IDL 2/3)
 b. Total hours X hourly rate (salary rate 176) = Gross
 176 hours X \$12.96023 (hourly rate) = \$2281.00 rounded (gross)

- c. Total hours X hourly salary (salary rate 168) = Gross

\$2281.00	Gross
234.16	Federal Tax
17.53	State Tax
0.00	Social Security
0.00	Medicare
- 117.84	Retirement*
\$1911.47	FULL NET PAY

2. Compute GROSS NET for regular pay due:

NONE DUE

3. Compute GROSS NET for IDL Full pay due:

- a. 120 hours IDL Full X 12.96023 = \$1555.23 gross

\$1555.23	IDL Full gross reduced by:
133.83	Federal Tax**
3.89	State Tax
0.00	Social Security
0.00	Medicare
1419.51	Reduced IDL Full gross
- 74.29	Retirement*
\$1345.22	IDL FULL PAY GROSS NET

4. Compute GROSS NET for IDL 2/3 pay due: a.
 56 hours IDL 2/3 X \$12.96023 = \$725.77 b.
 \$ 725.77 3 X 2 = \$483.85 IDL 2/3 Gross

\$ 483.85	IDL 2/3 Gross
- 43.55	Retirement (\$725.76 X 6%)
440.30	IDL 2/3 Pay GROSS NET

5. Add GROSS NET amounts from steps 2, 3, and 4:

\$1345.22	IDL FULL
+ 440.30	IDL 2/3
\$1785.52	TOTAL GROSS NET

6. Compute GROSS NET for IDL supplementation pay:

\$1911.47	FULL NET PAY
-1785.52	TOTAL GROSS NET
\$ 125.95	IDL Supplementation pay GROSS NET

7. Compute IDL supplementation pay gross:

- a. IDL supplementation GROSS net mandatory factor =
 \$125.95 .7400 = \$170.20 IDL supplementation pay gross

8. Compute leave credit hours for IDL supplementation pay:

- a. IDL supplementation pay gross hourly rate = hours to be charged
 \$170.20 12.96 = 13.13, rounded to 13 hours

9. For monthly salary employee, convert leave credit hours to days and hours when submitting the pay request:

13 hours = 1 day 5 hours to be charged

* Retirement (\$2281.00 - \$317.00 [exclusion amount]) X 6% = \$117.84

** Compute by adding Regular gross and IDL Full gross

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

STD. 674D (REV. 6/2013)

DOCUMENT NUMBER _____ OF _____

TO: STATE CONTROLLER - PPSD / DISABILITY UNIT

4. POSITION NUMBER

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

1. CBID

complete

2. SOCIAL SECURITY NUMBER

111-11-1111

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

complete

5. PAY PERIOD

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

T	MO	YR	31	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	08	14																																	

7. INDUSTRIAL DISABILITY (IDL)

a. EMPLOYEE ON IDL FROM: 07/31/2014 THROUGH: 08/31/2014

b. ☐ EMPLOYEE ENTITLED TO ENHANCED IDL

c. AVERAGE HOURS COMPUTED FOR INTERMITTENT EMPLOYEE: _____

9. PAYMENT PER CONTROLLER

ISSUE DATE				PT	TIME WORKED		WARRANT OR A/R NUMBER	RET
MO	DY	YR			DAYS	HOURS		
08	31	14		1			03-333111	

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.

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

10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED		TIMEBASE FRACTION
		DAYS	HOURS	
REGULAR	0			
SUPPLEMENTAL				
NDI	T			
IDL FULL	6	15		
IDL 2/3	N	07		
IDL / S	U	01	05	
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

your signature

Aug30,2014

your name

(PRINT OR TYPE NAME)

13. CONTACT PERSON (If other than authorized signature)

complete if required

14. TELEPHONE NUMBER

(999) 555-5555

15. EMAIL ADDRESS

complete

8B. STATE DISABILITY INSURANCE (SDI)

a. EMPLOYEE ON SDI FROM: _____ THROUGH: _____

b. ☐ EMPLOYEE ELECTED SUPPLEMENTATION

c. SDI WEEKLY RATE: \$ _____