

TO: STATE CONTROLLER - PPSP / DISABILITY UNIT

1. CBID **complete**

2. SOCIAL SECURITY NUMBER **111-11-1111**

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

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

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		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	13																																	

**7. INDUSTRIAL DISABILITY (IDL)**

a. EMPLOYEE ON IDL FROM: THROUGH:

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	30	13		22		COMPLETE	

**11. ADDITIONAL INFORMATION**

PLEASE TRANSFER FUNDS

**8A. NON-INDUSTRIAL DISABILITY (NDI)**

a. EMPLOYEE ON NDI FROM: THROUGH:

**08/10/2013 08/29/2013**

b. AVERAGE HOURS WORKED DURING PREVIOUS 18 MONTHS FOR INTERMITTENT EMPLOYEE WAS: \_\_\_\_\_

c. ☒ EMPLOYEE ON ANNUAL LEAVE PROGRAM

ELECTED **100** % SUPPLEMENTATION

**10. PAYMENT SHOULD BE**

TYPE	PT	TIME WORKED		TIMEBASE FRACTION
		DAYS	HOURS	
REGULAR	0	8		
SUPPLEMENTAL		6	6	
NDI	T	20		
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			

**8B. STATE DISABILITY INSURANCE (SDI)**

a. EMPLOYEE ON SDI FROM: THROUGH:

b. ☐ EMPLOYEE ELECTED SUPPLEMENTATION

c. SDI WEEKLY RATE: \$ \_\_\_\_\_

*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 **Aug 30, 2013**

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