STATE OF CALIFORNIA - CONTROLLER'S OFFICE INDUSTRIAL/NON-INDUSTRIAL/STATE DISABILITY PAY/ADJUSTMENT REQUEST STD. 674D (REV. 6/2013)

STD. 674D (REV. 6/20																	4. POSITION NUMBER																						
						т	0: S1	ATE	ECO	NTF	ROLLE	R - P	PSI	D / DIS	ABILI	ITY	UNIT							AGENCY			Y	UNIT			CLASS			SERIAL					
1. CBID	2. SC	CIAL	SECUF	RITY N	UMBE					CONTROLLER - PPSD / DISABILITY UNIT 3. F.I. M.I. LAST NAME 1. 518												40	406 5157				090 (A)												
complete	111-11-1111 comple													ete										2.															
											- Intervening activity/working while on Disability [W=Worked; C=Industrial Disability (IDL)] or Dock during the regular period of pay (L=Dock); ite work schedule before, during, and after Disability																												
T MO YR		1	2	3	4	5	6	7	8	9		11	Ť	1	14	1	5 16	17	18	19	20	21	22	2	23	24	25	26	27	28	29	30	31	1					
0 08 13													T																					\square					
7. INDUSTRIAL DIS	9	9. PAYMENT PER CONTROLLER 11													11. ADDITIONAL INFORMATION																								
a. EMPLOYEE ON			ROM:		т	THROU	IGH·	-Ē	ISSUE DATE					TIME V	ORKE	D	WARRANT OR				IF POSITIONS HAVE DIFFERENT UNIT AND/OR CLASS NUMBERS,																		
									NO	DY	YR	YR P		DAYS	1		MERCHELLICZ SHELTHELL FORMULAR CONTROL CONTROL OF A			RET			JMENT IS REQUIRED FOR EACH POSITION AND MUST										JST B	E					
																					SUB	MITT	ED.	AS /	A PA	СКА	GE.		5										
b. EMPLOYEE ENTITLED TO ENHANCED IDL																					SHOW DAYS AND HOURS FOR EACH POSITION																		
c. AVERAGE HOURS COMPUTED												_	_			_					EXAMPLE; POSITION A 18 DAYS FROM 07/31/13 TO 08/17/13																		
FOR INTERMIT	TENT EN	APLOY	EE:			_		Ļ				_				_					POS	ITIO	NA	18 C	DAY	FR	OM ()7/3	/13	TO 08	3/17/	13							
	=L						124							NO	гто	FXC	FFD	MA	X IN	PAY	'PFRI	OD																	
8A. NON-INDUSTRIAL DISABILITY (NDI)																					1					~													
a. EMPLOYEE ON		۶/07	ROM:			THROU			-			+																											
	<u> </u>																																						
b. AVERAGE HOURS WORKED DURING									0. PA	YME	INT SHO	ULD	BE				1																						
PREVIOUS 18 MONTHS FOR INTERMITTENT EMPLOYEE WAS:											PF		PT DAYS		WORKED HOURS		TIMER				I hereby certify that the employee named above is entitled to this pay based on the appropriate government codes and/or employee has been																		
									EGUL			_	0	DAID		OURS TIMEBASE FRACTION																							
c. 🗙 EMPLOYE	e on ai	NUAL	LEAV	'E PRO	GRAM			F					-			_								notified of the impending account receivable. Prior to submitting this STD 674D, the employee was given a reasonable time to respond.															
ELECTED	į	% SUP	PLEMI	ENTAT	ION			s	UPPLE	MEN	TAL	+										AUTH					_						SIGNE						
												-	т	18							VO	ur si	ana	atur	re						A	lua	30.2	2013	3				
8B. STATE DISABILI	=	NDI DL FULL			-	6								<u></u>		<u>.</u>												_											
a. EMPLOYEE ON			ROM:			THROU	IGH		DL 2/3			+-	N									urna					-												
									DL/S				U								(PRI	NT OR	R TYP	ENA	(ME)														
<u> </u>												+	~	SHIFT							13.	CONT	ACT	PER	SON	(If ot	her th	nan au	thoriz	ed sig	nature	2)							
b. EMPLOYEE ELECTED SUPPLEMENTATION										SH	IFT	_	2	CODE	HOU	JRS	S	SHIFT RATE				complete if required																	
										REGULAR											14.	TELEP	HON	IE NU	UMBE	R									_				
c. SDI WEEKLY RATE: \$									IDL FULL										(999) 555-5555																				
									DL 2/3			_	N																						-				
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STATE OF CALIFORNIA - CONTROLLER'S OFFICE INDUSTRIAL/NON-INDUSTRIAL/STATE DISABILITY PAY/ADJUSTMENT REQUEST STD. 674D (REV. 6/2013)

4. POSITION NUMBER

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1. CBID	TO: STATE CONTROLLER - PPSD / DISABILITY UNIT 2. SOCIAL SECURITY NUMBER 3. F.I. M.I. LAST NAME																1.	1	518 617 1303							008 (B)										
complete			11	1-11	-11	11						com	pl	ete										2.												
5. PAY PERIOD			1	· · · · · · · · ·		-								. I. 1114 /I			مار ما			<u>_</u>		مر ام م		Deal												
5. PAT PERIOD							CODE - la										worked	; (=I	inaustri	iai Disa	idility (I		r Doo	CKO	uring	ine r	eguia	ar pe	enod of	pay (I	.=DOCK	<i>);</i>				
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0 08 13									c																											
7. INDUSTRIAL DIS	ABILITY	(IDL)						9.	9. PAYMENT PER CONTROLLER 11. A												DDIT	ION	AL I	NFOR	MAT	FION										
a. EMPLOYEE ON	IDL	FF	OM:		Ŧ	HROU	GH:		IS	ISSUE DATE				TIME V	ORKED WARRANT OF			OR		IF PC	OSITI	ONS	5 H.	AVE I	DIFF	ERE	NT	UNIT	AND	/OR C	LASS	NUM	BERS,			
								MO DY YR		P	т[DAYS HOUR		RS	A/R NUMBER			RET				ENT IS REQUIRED FOR EACH POSITION AND MUST										ST BE				
	-				101																SUBMITTED AS A PACKAGE.															
b EMPLOYEE ENTITLED TO ENHANCED IDL													1								SHC	W D	AYS	AN	ND H	OUF	RS FC	OR E	EACHI	POSI	TION					
c. AVERAGE HOURS COMPUTED									+				+			+					EXA	MPLE	Ε;													
										_			\dashv		<u> </u>						POSITION B 12 DAYS FROM 08/18/13 TO 08/29/13										/13					
	Ľ						_							NOT TO EXCEED MAX IN PAYPERIOD																						
8A. NON-INDUSTRIAL DISABILITY (NDI)																																				
a. EMPLOYEE ON	YEE ON NDI FROM: THROUGH:									-		+	+			+																				
	- -	08/1	8/20)13	08	/29/	2013	L													2															
b. AVERAGE HOURS WORKED DURING								10. PAYMENT SHOULD BE												6																
PREVIOUS 18 MONTHS FOR INTERMITTENT EMPLOYEE WAS:										ТҮР	-	P	_	TIME V	VORKE HOU		TIMED	ACE	FRACTI		I her	eby ce	ertify	y th	at the	emp	ploye	e no	amed a	bove	is enti	led to	this p	ay		
		1.2.2.117	-			-		RF	EGULAR				+	DATS			THATED	AC	FRACI		based on the appropriate government codes and/or employee has been notified of the impending account receivable. Prior to submitting this															
c. 🔀 EMPLOYEE ON ANNUAL LEAVE PROGRAM													4																a reaso					his		
ELECTED % SUPPLEMENTATION									SUPPLEMENTAL				+			-						AUTH					-						SIGNE	0		
	NDI					-	12							VO	ur sig	ana	tu	ro							Δuα	30, 2	013									
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BB. STATE DISABILITY INSURANCE (SDI) a. EMPLOYEE ON SDI FROM: THROUGH:									L 2/3				-			+						ır na														
a. LIVIT LOT LE ON	501	Б			1	HRUU	IGH:		L/S		(inter-					\rightarrow					(PRI	NT OR	TYP	E N/	AME)											
	H				U		SHIFT		\rightarrow			10		13. CONTACT PERSON (If other than authorized signature)																						
b. EMPLOYEE ELECTED SUPPLEMENTATION										SHI	FT			CODE	HOU	IRS	S	HIFT	RATE		cor	nple	plete if required													
	RE	GULA	R		2	2								14. TELEPHONE NUMBER																						
c. SDI WEEKLY RATE: \$									IDL FULL			6																								
									IDL 2/3												(99	(999) 555-5555														
																				15.	EMAIL	. AD	DRE	SS												
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