

TO: STATE CONTROLLER - PPSS / 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									4W							8W															

7. INDUSTRIAL DISABILITY (IDL) 9. PAYMENT PER CONTROLLER

MO	DY	YR	PT	DAYS	HOURS	WARRANT OR A/R NUMBER	RET
08	20	13		9		complete	

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: 07/31/2013 THROUGH: 08/18/2013

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: _____ THROUGH: _____
 b. EMPLOYEE ELECTED SUPPLEMENTATION
 c. SDI WEEKLY RATE: \$ _____

10. PAYMENT SHOULD BE

TYPE	PT	DAYS	HOURS	TIMEBASE FRACTION
REGULAR	0	10	4	
SUPPLEMENTAL				
NDI	T	19		
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
 please issue additional pay and NDI pay

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 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