DOCUMENT	NIIMRER
DOCOMENT	LACIMIDELL

sample OF

9

4. POSITION NUMBER

			TO: STATE CONTROLLER - PPSD / DISABILITY UNIT																	1	AGEN	CY	UNIT			CLASS			SERIAL										
1. CBI	D		2. SOCIAL SECURITY NUMBER 3. F.I. M.I. LAST NAME																	1.	C	ompl	ete	com	co	complete			complete										
		ete					-11					complete 2.																											
5 PAV	PER	PERIOD 6. ENTER NUMBER OF HOURS AND CODE - Intervening activity/working while on Disability [W=Worked; C=Industrial Disab															abili	tv (IDI)]	or D	ock	durir	or the	regula	ar neri	od of	nav (I	-Do	nck).											
J. [A	FER		· -									ork schedule before, during, and after Disability													strial Disability (102) of Dock during the regular period of pay (2-00ck),														
Т	МО	YR		1		2	3	4	5	6	7	8	9	10	11	13	2 13	14	4 1	5 16	17	11	8 19	2	20 21	2	2	23	24	25	26	27	28	3 2	29 3	0	31		
0	08	13																		v.			4٧	/ 4	W 4W	/ 4	w	4W			4W	4W	4٧	V 4	w				
7 IND	ISTR	IAI DIS	DISABILITY (IDL) 9. PAYMENT PER CONTROLLER 11															11. ADDITIONAL INFORMATION																					
a. EMPLOYEE ON IDL FROM: THROUGH:								Ťŕ		ISSUE				TIME V	V()RI	KED	WAR	RANT	OR	T	REDUCE NDI GROSS NOT TO EXCEED SALARY																		
Though.									ļ,	МО	7			PT			OURS		A/R NUMBER																				
												08 20 13				22			co	nple	te																		
b. EMPLOYEE ENTITLED TO ENHANCED IDL											<u> </u>				\top			†	_					11															
c. AVERAGE HOURS COMPUTED															+			╁					+	$\ \cdot \ $															
FOR INTERMITTENT EMPLOYEE:										-				4	_		-					-	$\ \cdot \ $																
8A. NON-INDUSTRIAL DISABILITY (NDI)																																							
a. E	MPLC	YEE ON	YEE ON NDI FROM: THROUGH:																																				
			08/10/2013 08/29/2013 10. PAYMENT SHOULD BE															_																					
b. AVERAGE HOURS WORKED DURING PREVIOUS 18 MONTHS FOR INTERMITTENT EMPLOYEE WAS:									ľ	0. P	ATNE	NI SHO	OLD	TIME WORKED								٦L																	
									-	TYPE			\top	PT	DAYS		OURS	TIME	BASE	FRAC	TION						hat the employee named above is entitled to this pay												
c. X EMPLOYEE ON ANNUAL LEAVE PROGRAM											R	EGU	LAR			0	12		4							 based on the appropriate government codes and/or employee has been notified of the impending account receivable. Prior to submitting this 													
-																								1	TD 674			-		_	ven a	reasc	nabl	e tir		_			
I	ELECTED											UPP	LEMEN	TAL										1	2. AUT	HOR	IZE	D SIG	INATU	JRE					DAT	ESIG	INED	1	
											<u> </u>	IDI			Т		20	20						<u> </u>	your signature							Aug					30, 2013		
8B. ST.	ATE D	ISABIL	ITY	INSURA	NCE ((SDI)						DL FI	ULL			6								╛,	our r	nam	1e												
a. E	MPLC	YEE ON	SD	SDI FROM: THROUGH: IDL 2/3 N (PR											your name (PRINT OR TYPE NAME)																								
											_	IDL/S			_	U								13. CONTACT PERSON (If other than authorized signature)															
b. EMPLOYEE ELECTED SUPPLEMENTATION												SH	IFT			SHIFT CODE	НС	OURS		RATE	Ē	complete if required																	
											R	REGULAR				2									14. TELEPHONE NUMBÉR														
c. S	SDI WEEKLY RATE: \$										II	IDL FULL				6									999)														
											II	DL 2	/3			N								- ↓															
																							4	15. EMA			RESS												
																							1	comp	lete	5													