

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

STD. 674D (REV. 6/2013)

TO: STATE CONTROLLER - PPSP / DISABILITY UNIT

1. CBID**complete****2. SOCIAL SECURITY NUMBER****222-22-2222****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 | |
|---|----|----|--|---|---|---|---|---|---|---|----|----|-------|----|----|----|-------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| | 05 | 13 | | | | | | | | | W4 | W8 | W 5.5 | | | | W 4.5 | | W4 | W5 | | | W8 | | W4 | | W8 | | | H8 | W5 | | | | |

7. INDUSTRIAL DISABILITY (IDL)

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: THROUGH:

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:
05/06/2013 05/30/2013b. ☒ EMPLOYEE ELECTED SUPPLEMENTATIONc. SDI WEEKLY RATE: \$ **COMPLETE****9. PAYMENT PER CONTROLLER**

| ISSUE DATE | | | | TIME WORKED | | WARRANT OR A/R NUMBER | RET |
|------------|----|----|----|-------------|-------|-----------------------|-----|
| MO | DY | YR | PT | DAYS | HOURS | | |
| 5 | 24 | 13 | 0 | 3 | | COMPLETE | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

10. PAYMENT SHOULD BE

| TYPE | PT | TIME WORKED | | TIMEBASE FRACTION |
|--------------|----|-------------|-------|-------------------|
| | | DAYS | HOURS | |
| REGULAR | 0 | 11 | | |
| SUPPLEMENTAL | | | | |
| NDI | T | | | |
| 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**WORKING WHILE ON SDI**

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****DATE****YOUR NAME**

(PRINT OR TYPE NAME)

13. CONTACT PERSON (If other than authorized signature)**COMPLETE IF NEEDED****14. TELEPHONE NUMBER**

(999) 999-9999

15. EMAIL ADDRESS**YOUR EMAIL**