

SPSL Calculator and Documentation Instructions

The form Std. 674 sample for Supplemental Paid Sick Leave (SPSL) payroll adjustments provide support to the departmental human resource offices with submitting requests for processing of these benefits with the use of the COVID19-[SPSLCalculator](#).

As a reminder, verify the “Total Pay to Issue” (which is the reduced monthly salary) against the amount owed to the employee. Using the SPSL calculator will help determine this difference.

<i>SPSL Days & Hours</i> <small>Paid at unreduced monthly rate</small>	<i>Work/Hol. Days & Hours</i> <small>Paid at reduced monthly rate</small>	<i>True Dock Days & Hours</i> <small>Docked at reduced monthly rate</small>
<input style="width: 100%;" type="text" value="0 hrs."/>	<input style="width: 100%;" type="text" value="168 hrs."/>	<input style="width: 100%;" type="text" value="0 hrs."/>
<input type="button" value="Hide Calculations"/>		

	Computation & Pay Period	Hours Breakdown	Days & Hours			Total Pay To Issue
<i>SPSL</i>	0 hrs.	= 0 hrs.	+ 8 = 0 days	= <input style="width: 100%;" type="text"/>	= \$0.00	\$0.00
<i>Wrk./Hol.</i>	168 hrs.	= 168 hrs.	+ 8 = 21 days	= <input style="width: 100%;" type="text"/>	= \$0.00	
<i>True Dock</i>	0 hrs.	= 0 hrs.	+ 8 = 0 days	= <input style="width: 100%;" type="text"/>	= \$0.00	

If the “Total Pay to Issue” is higher than the pay that has already issued, submit a 674 for the difference due the employee.

The calculator provides a feature to print the calculations as PDF document. Please include the PDF of the calculations with the submission of your form Std. 674.

Enter Employee Information

For monthly employees only, January 1, 2021 to September 31, 2021

Employee Name: <input style="width: 90%;" type="text"/>	Pay Period: <input style="width: 90%;" type="text" value="May-2021"/>
Employee SSN: <input style="width: 90%;" type="text"/>	AWWS: <input style="width: 90%;" type="text" value="N/A"/>
Unreduced Monthly Salary: <input style="width: 90%;" type="text"/>	TimeBase: <input style="width: 90%;" type="text" value="1"/>
Reduced Monthly Salary: <input style="width: 90%;" type="text"/>	

In the calendar below:

1. Edit SPSL hours by typing the desired number of hours.
2. Edit worked hours by typing the desired number of hours.
3. Type the desired number of true dock hours into the true dock cells.

In order to process your form Std.674 adjustment request, **Employment History must be documented to reflect the required 215 PAR transaction(s) with the effective date(s) of when the employee has been approved to start/end the benefit.**

Documents without this required information will not be processed until this step has been completed.

Please submit documents to ppsdepslaefmlaadi@sco.ca.gov and include “SPSL” in the subject line.

SPSL Calculator and Documentation Instructions

Calculator Sample:

Enter Employee Information

For monthly employees only, January 1, 2021 to September 31, 2021

Employee Name:	John Doe	Pay Period:	Apr-2021
Employee SSN:	999-99-9999	AWWS:	N/A
Unreduced Monthly Salary:	\$4,695.00	TimeBase:	1
Reduced Monthly Salary:	\$4,066.60		

In the calendar below:

1. Edit SPSL hours by typing the desired number of hours.
2. Edit worked hours by typing the desired number of hours.
3. Type the desired number of true dock hours into the true dock cells.

Save PDF

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		
8	8			8	8	8	8	8			8	8	8	8	8				8	8	8	8									

Reset Calendar

80 SPSL Hours
96 Work/Holiday Hours
0 True Dock Hours

SPSL Days & Hours
Paid at unreduced monthly rate
10 Days, 0 Hours
80 hrs.

Work/Hol. Days & Hours
Paid at reduced monthly rate
12 days, 0 hrs.
96 hrs.

True Dock Days & Hours
Docked at reduced monthly rate
0 days, 0 hrs.
0 hrs.

Hide Calculations

	Computation & Pay Period Hours Breakdown	Days & Hours	Total Pay To Issue
<i>SPSL</i>	80 hrs. = 80 hrs. + 8 = 10 days	= 10 Days, 0 Hours =	\$2,134.09
<i>Wk. /Hol.</i>	96 hrs. = 96 hrs. + 8 = 12 days	= 12 days, 0 hrs. =	\$2,218.15
<i>True Dock</i>	0 hrs. = 0 hrs. + 8 = 0 days	= 0 days, 0 hrs. =	\$0.00
			\$4,352.24

Clear Form

SPSL Calculator and Documentation Instructions

Form Std. 674 Sample:

Print
Clear

STATE OF CALIFORNIA
PAYROLL ADJUSTMENT NOTICE
 STD. 674 (REV. 06/2020)

(1) TO STATE CONTROLLER'S OFFICE: <input type="checkbox"/> ADMIN. & DISBURSEMENTS <input checked="" type="checkbox"/> PPSD/PAYROLL OPERATIONS PPSD UNIT DESTINATION: <input checked="" type="checkbox"/> PAYROLL <input type="checkbox"/> GARNISHMENTS <input type="checkbox"/> DISABILITY <input type="checkbox"/> RETIREMENT <input type="checkbox"/> W-2/Non USPS <input type="checkbox"/> BENEFIT DEDUCTIONS <input type="checkbox"/> MISC. DEDUCTIONS	(2) SOCIAL SECURITY NUMBER 999-99-9999	(3) NAME John Doe	(4) DOCUMENT NO. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4">POSITION NUMBER</th> </tr> <tr> <th>AGENCY</th> <th>UNIT</th> <th>CLASS</th> <th>SERIAL</th> </tr> <tr> <td>1 051</td> <td>220</td> <td>5157</td> <td>702</td> </tr> </table>	POSITION NUMBER				AGENCY	UNIT	CLASS	SERIAL	1 051	220	5157	702
POSITION NUMBER															
AGENCY	UNIT	CLASS	SERIAL												
1 051	220	5157	702												
(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW: <input checked="" type="checkbox"/> PAYMENT REQUEST <input type="checkbox"/> RETURN WARRANT ONLY ADJUSTMENT REQUEST <input checked="" type="checkbox"/> SALARY <input type="checkbox"/> TIME <input type="checkbox"/> TRANSFER OF FUNDS		PAY FREQUENCY <input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI MONTHLY <input type="checkbox"/> BI WEEKLY <input type="checkbox"/> INTERMITTENT REMARKS: EE used 10 days of SPSL in the 04/21 PP. Please issue 10 days of pay at the employees unreduced rate.													

(6)	P O S I T I O N	ISSUE DATE				PAY PERIOD		SALARY TYPE	SALARY FULL	TIME WORKED		APPT. FRAC.	GROSS TYPE	PMT. TYPE	PAY SUFFIX	ADJ. CODE	EARNINGS ID	SHIFT CODE	GROSS	NET PAY	ACCT. REC. OR WARRANT NO.	RELEASED	RETURNED	HOLD BY	CONTROLLER	
		MO.	DY.	YR.	T.	MO.	YR.			STD.	DYS.															HOURS
		DATES/HOURS ON DOCK: 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																								
A.	1	05	01	21	0	04	21	4066.60	1				1	0	0			4066.60	2100.36	99999999	x					
PAYMENT PER SCO WARRANT REGISTER																										
B.	1				0	04	21	4066.60		12			1	0	0											
PAYMENT SHOULD BE																										
C.																										
UNDERPMT.																										

(7) FORM COMPLETED BY: ► HR Specialist (AGENCY NAME) FROM: AGENCY	TELEPHONE NUMBER AND EXTENSION HR Contact Number EMAIL ADDRESS HR Specialist Email	I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES. AUTHORIZED SIGNATURE: _____ DATE: _____ Payroll information correct in accordance with B/C Rule 033.7.
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SPSL Calculator and Documentation Instructions

Scenario Two:

Employee used 10 days of SPLP in the April 2021 pay period. The employee receives an Earnings ID (EID PAR ITEM 350) that increases their salary total.

HR office will need to exclude the Furlough Hours (FH) deduction rate when requesting the pay adjustment on form Std.674.

Select PIMS HIST Salary (B)

```

x 07/01/20 350      -6712-005 |          07/13/20 201959999 B  C
- 05/01/20 350      -6712-005 |          06/09/20 351618009 B
- 01/31/20 345V     -6712-005 |          02/19/20 350508024 B
- 07/01/19 350C     -6712-005 |          06/09/20 351618009 B
- 07/01/19 350D     -6712-005 |          05/20/20 351418061 B
- 07/01/19 350D     -6712-005 |          03/19/20 350798029 B
- 07/01/19 SALC     -6712-005 |          03/19/20 350798029 B  C
- 07/01/19 SALD     -6712-005 |          02/25/20 350568019 B  C
- 07/01/19 SALD     -6712-005 |          12/16/19 193509999 B  C
- 03/01/19 345V     -6712-005 |          03/01/19 350608004 B
- 01/31/19 126      -6712-005 |          01/31/19 190319999 BA  C
- 07/01/18 SAL      -6712-005 |          07/10/18 181919999 B  C
- 07/01/18 GEN      -6712-005 |          07/06/18 181879999 B  C
- 07/01/17 SAL      -6712-005 |          07/13/17 171949999 B  C
-----H I S T O R Y   T Y P E S-----
A = APPT      C = EMP COND  E = REEMP COND  G = APPT CERT  I = GEN PAYROLL
B = SALARY    D = SERVICE    F = SEPARATION H = RETIREMENT J = SEP PAYROLL
SELECT DETAIL x SELECT HISTORY TYPES: b ----- OR MANUAL AUDITS -----
TT#          *          0  22.42  A
  
```

SPSL Rate = Base Pay: \$6,377.00 + 318.85 (8HH4/R&R Greater Bay Area) + 573.93 (8XP3/Plant Experience Recruitment) = \$7,269.78

EID 8FH1 (Furlough) will not be included in the SPSL Rate

Reduced Salary Rate = Base Pay: \$6377.00 + 318.85 (8HH4) + 573.93 (8XP3) - 588.60 (8FH1) = \$6,681.18

```

EMPLOYEE HISTORY TYPES PAGE 001 OF 001
SSA#          NAME
EFF 07/01/20  TRAN 350  POS#          L-6712-005 SPBAY 5800 TEN P TB FT
BPAY  6377.00 PR M  FREQ M PLUS          EXP 00/00/00 AN MA/X  AR A  AL RG CR
AC SAL 6377.00 SALTOT 6681.18 SALFUL 6681.18 PR S  SHD  SPAY 2ND AN 00/00
SAL INC CERT 000000 SAL INC DENIED  HAM SUBSTN  COMMTMT 00/00/00
FIRE SEAS          HEAR DECIS          / /  CTYPE
MHR          APT-TYP F GSI  EE-CBID R13 OP-CBID R13 PS-CBID
-----ESTABLISHED EARNINGS-----
L 8HH4  318.85 L 8PX3  573.93 L 8FH1  588.60
TT#          *          NUM          0  1.70  A
  
```

SPSL Calculator and Documentation Instructions

Calculator Sample:

Enter Employee Information

For monthly employees only, January 1, 2021 to September 31, 2021

Employee Name: <input type="text" value="John Dear"/>	Pay Period: <input type="text" value="Apr-2021"/>
Employee SSN: <input type="text" value="999-99-9999"/>	AWWS: <input type="text" value="N/A"/>
Unreduced Monthly Salary: <input type="text" value="\$7,269.78"/>	TimeBase: <input type="text" value="1"/>
Reduced Monthly Salary: <input type="text" value="\$6,681.18"/>	

In the calendar below:

1. Edit SPSL hours by typing the desired number of hours.
2. Edit worked hours by typing the desired number of hours.
3. Type the desired number of true dock hours into the true dock cells.

[Save PDF](#)

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		
																		8	8	8	8	8				8	8	8	8	8	
8	8			8	8	8	8	8			8	8	8	8	8																

[Reset Calendar](#)

80 SPSL Hours
96 Work/Holiday Hours
0 True Dock Hours

SPSL Days & Hours
Paid at unreduced monthly rate

80 hrs.

Work/Hol. Days & Hours
Paid at reduced monthly rate

96 hrs.

True Dock Days & Hours
Docked at reduced monthly rate

0 hrs.

[Hide Calculations](#)

	Computation & Pay Period Hours Breakdown		Days & Hours		Total Pay To Issue
<i>SPSL</i>	80 hrs. = 80 hrs. ÷ 8 = 10 days = <input style="width: 100px;" type="text" value="10 Days, 0 Hours"/>			= \$3,304.45	\$6,948.73
<i>Wk./Hol.</i>	96 hrs. = 96 hrs. ÷ 8 = 12 days = <input style="width: 100px;" type="text" value="12 days, 0 hrs."/>			= \$3,644.28	
<i>True Dock</i>	0 hrs. = 0 hrs. ÷ 8 = 0 days = <input style="width: 100px;" type="text" value="0 days, 0 hrs."/>			= \$0.00	

[Clear Form](#)

Form Std. 674 Sample:

Print
Clear

STATE OF CALIFORNIA
PAYROLL ADJUSTMENT NOTICE
STD. 674 (REV. 09/2020)

(1) TO STATE CONTROLLER'S OFFICE: <input type="checkbox"/> ADMIN. & DISBURSEMENTS <input checked="" type="checkbox"/> PPSD/PAYROLL OPERATIONS PPSD UNIT DESTINATION: <input checked="" type="checkbox"/> PAYROLL <input type="checkbox"/> GARNISHMENTS <input type="checkbox"/> DISABILITY <input type="checkbox"/> RETIREMENT <input type="checkbox"/> W-2/Non USPS <input type="checkbox"/> BENEFIT DEDUCTIONS <input type="checkbox"/> MISC. DEDUCTIONS	(2) SOCIAL SECURITY NUMBER 999-99-9999	(3) NAME John Dear	(4) DOCUMENT NO. POSITION NUMBER AGENCY UNIT CLASS SERIAL 1 051 220 6712 005 2
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(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:
 PAYMENT REQUEST
 RETURN WARRANT ONLY
 ADJUSTMENT REQUEST:
 SALARY TIME
 TRANSFER OF FUNDS

PAY FREQUENCY: MONTHLY SEMI MONTHLY BI WEEKLY INTERMITTENT
 REMARKS:
 EE used 10 days of SPSL in the 04/21 PP. Please issue 10 days of pay at the employees unreduced rate.

P	R	O	ISSUE DATE			PAY PERIOD		SALARY FULL	TIME WORKED		APPT. FRAC.	GROSS TYPE	GROSS	NET PAY	ACCT. REC. OR WARRANT NO.	RELEASED	RETURNED	HELD BY	CONTROLLER
			MO.	DY.	YR.	T.	MO.		YR.	STD.									
A.	1	05	01	21	0	04	21	6681.18	1			1	0	0	6681.18	4200.00	99999999	x	
B.	1				0	04	21	6681.18	12			1	0	0					
	1				0	04	21	7269.78	10			1	0	0					

(7) FORM COMPLETED BY: **HR Specialist**
 TELEPHONE NUMBER AND EXTENSION: **HR Contact Number**
 EMAIL ADDRESS: **HR Specialist Email**
 FROM: **AGENCY**

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES. Payroll information correct in accordance with B.C. Rule 633.7.
 AUTHORIZED SIGNATURE: _____ DATE: _____

SPSL Calculator and Documentation Instructions

Scenario Three:

Employee used 10 days of SPLP in the April 2021 pay period. The employee receives Earnings ID (EID PAR ITEM 350) that increases their salary total.

HR office will need to exclude the Personal Leave Program (PLP) deduction rate when requesting the pay adjustment on form Std.674.

Select PIMS HIST Salary (B)

EMPLOYEE HISTORY SUMMARY										PAGE 01 OF 06	
SSA#	EFF DATE	TRAN	AGY-UNT	CLAS-SER	SPB AGENCY	ENT DATE	PSD REF #	HISTORY TYPES	SPB ID		
x	10/01/20	350		-8958-003		10/05/20	342793002	B			
	09/01/20	120C		-8958-003		10/05/20	342793002	BA			
	09/01/20	120C		-8958-003		10/05/20	342793002	A			
	09/01/20	120C		-8958-003		09/17/20	342613006	A			
	07/01/20	350C		-8958-003		10/05/20	342793002	B			
	07/01/20	350C		-8958-003		10/05/20	342793002	B			
	07/01/20	350C		-8958-003		07/16/20	341983021	B			
	07/01/20	120C		-8958-003		10/05/20	342792003	B			
	07/01/20	120C		-8958-003		10/05/20	342793002	B			
	07/01/20	120C		-8958-003		07/03/20	341853005				
	06/01/20	350C		-8958-046		10/05/20	342793002	B			
	06/01/20	350C		-8958-046		06/23/20	341753004	B			
	07/01/19	GEN		-8958-046		12/12/19	193469999	B			
	07/01/19	SAL		-8958-046		12/04/19	193389999	B	C		
	06/18/19	350V		-8958-046		07/22/19	342033004	B			

-----H I S T O E S-----

A = APPT C = EMP COND E = REEMP COND G = APPT CERT I = GEN PAYROLL
 B = SALARY D = SERVICE F = SEPARATION H = RETIREMENT J = SEP PAYROLL
 SELECT DETAIL x SELECT HISTORY TYPES b OR MANUAL AUDITS

SPSL Rate = Base Pay: \$7,842.00 + 125.00 (8EPJ/Education) + 470.52 (8LG4/Longevity) = \$8,437.52

EID 8PH2 (PLP) will not be included in the SPSL Rate

Reduced Salary Rate = Base Pay: \$7,842.00 + 125.00 (8EPJ) + 470.52 (8LG4) - 723.82 (8PH2) = \$7,713.70

SSA#	NAME	EMPLOYEE HISTORY TYPES										PAGE 01 OF 001		
EFF	10/01/20	TRAN	350	POS#		-8958-003	SPBAY	4010	TEN	P	TB	FT		
BPAY	7842.00	PR	M	FREQ	M	PLUS	EXP	00/00/00	AN	MA/X	AR	AL	RG	CR
ACSAL	7842.00	SALTOT	7713.70	SALFUL	7713.70	PR	S	SHD	SPAY	2ND	AN	00/00		
SAL INC	CERT 000000	SAL INC	DENIED	HAM	SUBSTN	COMMTMT	00/00/00							
FIRE	SEAS	HEAR DECIS		/ /		CTYPE								
MHR	APT-TYP		F	GSI	EE-CBID	R07	OP-CBID	R07	PS-CBID					
-----ESTABLISHED EARNINGS-----														
L	8PH2	723.82	L	8EPJ	125.00	L	8LG4	470.52						

TT NUM 0 1,70 A

SPSL Calculator and Documentation Instructions

Calculator: Sample:

Enter Employee Information

For monthly employees only, January 1, 2021 to September 31, 2021

Employee Name:	Jane Doe	Pay Period:	Apr-2021
Employee SSN:	999-99-9999	AWWS:	N/A
Unreduced Monthly Salary:	\$8,437.52	TimeBase:	1
Reduced Monthly Salary:	\$7,713.70		

In the calendar below:

- Edit SPSL hours by typing the desired number of hours.
- Edit worked hours by typing the desired number of hours.
- Type the desired number of true dock hours into the true dock cells.

[Save PDF](#)

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			
																		8	8	8	8	8				8	8	8	8	8		
8	8				8	8	8	8	8				8	8	8	8																

[Reset Calendar](#)

80 SPSL Hours
96 Work/Holiday Hours
0 True Dock Hours

SPSL Days & Hours
Paid at unreduced monthly rate
10 Days, 0 Hours
80 hrs.

Work/Hol. Days & Hours
Paid at reduced monthly rate
12 days, 0 hrs.
96 hrs.

True Dock Days & Hours
Docked at reduced monthly rate
0 days, 0 hrs.
0 hrs.

[Hide Calculations](#)

	Computation & Pay Period Hours Breakdown				Days & Hours		Total Pay To Issue			
SPSL	80 hrs.	=	80 hrs.	+ 8 =	10 days	=	10 Days, 0 Hours	=	\$3,835.24	\$8,042.71
Wk./Hol.	96 hrs.	=	96 hrs.	+ 8 =	12 days	=	12 days, 0 hrs.	=	\$4,207.47	
True Dock	0 hrs.	=	0 hrs.	+ 8 =	0 days	=	0 days, 0 hrs.	=	\$0.00	

[Clear Form](#)

Form Std. 674 Sample

[Print](#)
[Clear](#)

STATE OF CALIFORNIA
PAYROLL ADJUSTMENT NOTICE
STD. 674 (REV. 09/2020)

(1) TO STATE CONTROLLER'S OFFICE: <input type="checkbox"/> ADMIN. & DISBURSEMENTS <input checked="" type="checkbox"/> PPSD/PAYROLL OPERATIONS	(2) SOCIAL SECURITY NUMBER 999-99-9999	(3) NAME Jane Doe	(4) DOCUMENT NO. AGENCY: 051, UNIT: 220, CLASS: 8958, SERIAL: 003
PPSD UNIT DESTINATION: <input checked="" type="checkbox"/> PAYROLL <input type="checkbox"/> GARNISHMENTS <input type="checkbox"/> DISABILITY <input type="checkbox"/> RETIREMENT <input type="checkbox"/> W-2/Non USPS <input type="checkbox"/> BENEFIT DEDUCTIONS <input type="checkbox"/> MISC. DEDUCTIONS	(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW: <input checked="" type="checkbox"/> PAYMENT REQUEST <input type="checkbox"/> RETURN WARRANT ONLY ADJUSTMENT REQUEST: <input checked="" type="checkbox"/> SALARY <input type="checkbox"/> TIME <input type="checkbox"/> TRANSFER OF FUNDS		
PAY FREQUENCY: <input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> INTERMITTENT		REMARKS: EE used 10 days of SPSL in the 04/21 PP. Please issue 10 days of pay at the employees unreduced rate.	

P	O	ISSUE DATE			PAY PERIOD		SALARY FULL	STD.	TIME WORKED		APPT. FRAC.	GROSS TYPE	TIME TYPE	PAY SUFFIX	ADJ. CODE	EARNINGS ID	SHIFT CODE	GROSS	NET PAY	ACCT. REC. OR WARRANT NO.	RELEASED	RETURNED	HELD BY	CONTROLLER
		MO.	DY.	YR.	T.	MO.			YR.	DYS.														
A.	1	05	01	21	0	04	21	7713.70	1			1	0	0			7713.70	4200.00	99999999	x				
B.	1				0	04	21	7713.70		12														
	1				0	04	21	8437.52		10														
C.																								

(7) FORM COMPLETED BY: **HR Specialist**
 TELEPHONE NUMBER AND EXTENSION: **HR Contact Number**
 EMAIL ADDRESS: **HR Specialist Email**
 FROM: **Agency Name**

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES.
 AUTHORIZED SIGNATURE: _____ DATE: _____
 Payroll information correct in accordance with B/C Rule 633.7.