



February 2023

Transaction Specialist Educational Forum Notes

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SCO KEY INITIATIVES:

SCOCONNECT: CAL EMPLOYEE CONNECT (CEC)/CONNECTHR – Moe Adam (ConnectHRhelp@sco.ca.gov)

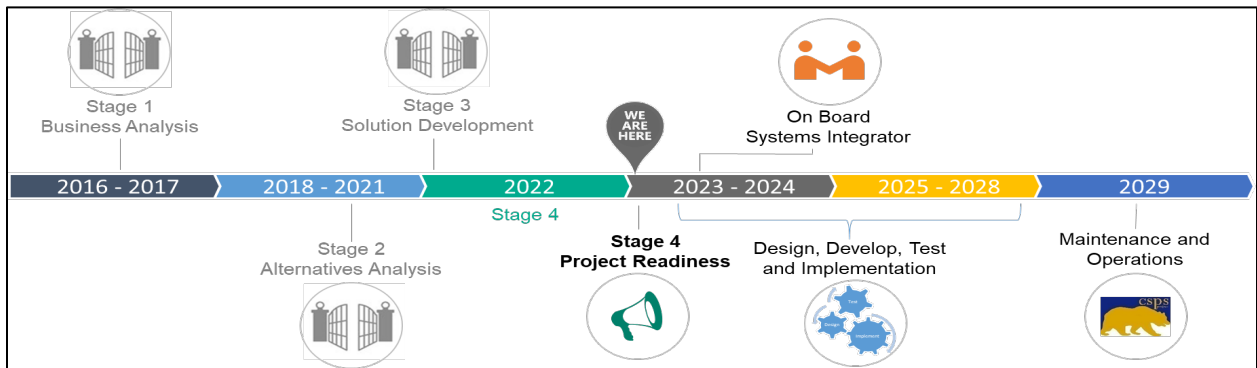
– CEC Phase II: Employee Services Features

- Multifactor Authentication (MFA) feature is now available to all CEC users
 - As of 1/31/23: 5,861 employees have enabled MFA
- Direct Deposit feature
 - Wave I (107 civil service and 8 CSU campuses), and Wave II departments (47 civil service and 8 CSU campuses) have been deployed for the Direct Deposit feature
 - Wave III department deployment is underway
 - As of 1/31/23: CEC has received 2,722 direct deposit transactions
- Address Change feature is coming soon

SCO – California State Payroll System (CSPS) Project – Jeana Smith (CSPSHelp@sco.ca.gov)

– OCM-The People Side of Change

- Helping the people affected by the change transition from the way we do HR and payroll today to the way we will do it in the new system.
- Focus on getting people ready.
- Communication and engagement is the key to success.
- OCM brings needed awareness of the project to enhance understanding of the changes it will bring.
- OCM leverages the Department Agency Readiness Teams (DARTs) to facilitate project readiness, acceptance and commitment to using the new system.



– Project Information

- **Objective:** To modernize and integrate the State’s Human Resource and Payroll systems
- **Goals:** Manager and Employee Self-service, Reduction in manual/paper submissions, Improved reporting capabilities, Efficiencies in processes/workflow
- **Scope:** Personnel, Benefits, Position Control, Time & Attendance, Travel & Business Expense and Payroll
- **Why CSPS:** Current system is 50 years old and not integrated; current system does not reflect or incorporate IT, HR, PR innovations over past 50 years.
- **Who will this impact:** State HR and Payroll staff and all state employees

– Status Updates

- We are currently evaluating bids from potential vendors for the CSPS Project
- We are holding a meeting with the DART Sponsors in Liaisons in early February to help them better understand the DART Coordinator and SME roles
- The OCM Agency Change Experts will be conducting initial outreach meetings with their departments in late February/early March

PROGRAM UPDATES:

Statewide Training Program – Michael Berlanda (PPSDTraining@sco.ca.gov)

– New Personnel Specialists’ Certificate Program

- 1st Trimester 2023
 - For registrations and course info: https://sco.ca.gov/ppsd_st_training.html
- New course development
 - Employment History Overview eLearning (Spring 2023)
- Fundamentals of Payroll and Payroll Input Process course status
- Website updates
- Training Coordinator Requests

Statewide Disability Program – Karin Johnson-Anderson (Contact SCCC @ (916) 372-7200)

– Topics

- Standard (Std.) Form 674D - definition of workloads (weekly processing dates)
 - Green Cycle Processing
- Government Code 19878
- Non-Industrial Disability Insurance (NDI) Leave: NDI Supplementation Calculator Demonstration
- Industrial Disability Leave (IDL)
 - Government Code 19871
 - SCIF date and tax withholdings
 - California Code of Regulations 599.757
 - California Code of Regulations 599.759
- IDL Supplementation Calculator Demonstration
- IDL Personnel Action Request (PAR) documentation
- Completing the Std. Form 674D
- General reminders

– Definition of Workloads

- **Regulars:** Request for pay when an employee is owed additional time in the current 12 month rolling period
- **Specials:** Transfer of hours from regular pay to disability pay or salary change in a rolling 12 month period
- **Complex:** Hours, pay, transfer of funds for pay periods over 12 months, one (1) day up to 36 months
- **Green Cycle:**
 - Hours owed in the current pay period
 - Green cycles are identified on the [Decentralized Payroll Calendars](#)
 - Documents can be submitted starting the day before green cycle begins (the day after Monthly Cutoff) and documents may be submitted up to five (5) days after the last no cycle following a green cycle
 - Use the appropriate dropdown in [ConnectHR](#)
 - E.g. Disability_Std_674D_GreenCycle_NDI/SDI/TD/IDL
 - Transfer of hours from regular pay to disability pay are not processed in green cycle (use the appropriate dropdown in ConnectHR Disability_Std_674D_NDI/SDI/TD/IDL)

– California Code Section 19878

(4) “Employee” means any of the following:

(A) A permanent or probationary full-time state officer or employee, regardless of period of service, who is a member of the Public Employees’ Retirement System or the State Teachers’ Retirement System in compensated employment on and after October 1, 1976. Commencing January 1, 1979, it also means a full-time state officer or employee, whether or not a member of such systems, who is an employee of the Legislature and is not a member of the civil service.

(B) A permanent or probationary part-time or intermittent state officer or employee, with at least the equivalent of six monthly compensated pay periods of service in the 18 months of pay periods immediately preceding the pay period in which the disability begins, who is a member of the Public Employees’ Retirement System or the State Teachers’ Retirement System, in compensated employment on or after January 1, 1979, or a part-time or intermittent employee of the Legislature, whether or not a member of the Public Employees’ Retirement System, in compensated employment on or after January 1, 1984.

(5) “Full pay” means the gross base salary earnable by the employee, and subject to retirement contribution on the date of the commencement of the employee’s disability.

(6) “Nonindustrial Disability Insurance Family Care Leave” has the same meaning as “family care leave” as defined in Section 3302 of the Unemployment Insurance Code. The definitions of terms in Section 3302 of the Unemployment Insurance Code that are relevant for purposes of the definition of “family care leave” in that section shall also apply. Commencing January 1, 2021, “Nonindustrial Disability Insurance Family Care Leave” shall also include for these purposes qualifying exigency leave as described in Section 3302.2 of the Unemployment Insurance Code.

(7) “Nonindustrial Disability Insurance Family Care Leave benefits” or “Family Care Leave benefits” means benefits authorized by Section 19878.5.

(b) If the provisions of this section are in conflict with the provisions of a memorandum of understanding reached pursuant to Section 3517.5, the memorandum of understanding shall be controlling without further legislative action, except that if those provisions of a memorandum of understanding require the expenditure of funds, the provisions shall not become effective unless approved by the Legislature in the annual Budget Act.

(Amended by Stats. 2019, Ch. 24, Sec. 9. (SB 83) Effective June 27, 2019.)

- Industrial Disability Leave (IDL) – Catharine Thongban (Contact SCCC @ (916) 372-7200)
 - California Code Section 19871
 - (a) Except as provided in Section 19871.2 or 19871.3, when a state officer or employee is temporarily disabled by illness or injury arising out of and in the course of state employment, he or she shall become entitled, regardless of his or her period of service, to receive industrial disability leave and payments for a period not exceeding 52 weeks within two years from the first day of disability. These payments shall be in the amount of the employees full pay less withholding based on his or her exemptions in effect on the date of his or her disability for federal income taxes, state income taxes, and social security taxes not to exceed 22 working days of disability subject to Section 19875. Thereafter, the payment shall be two-thirds of full pay. Payments shall be additionally adjusted to offset disability benefits, excluding those disability benefits payable from the State Teachers' Retirement System, the employee may receive from other employer-subsidized programs, except that no adjustment may be made for benefits to which the employee's family is entitled up to a maximum of three-quarters of full pay. Contributions to the Public Employees' Retirement System or the State Teachers' Retirement System shall be deducted in the amount based on full pay. Discretionary deductions of the employee including those for coverage under a state health benefits plan in which the employee is enrolled shall continue to be deducted unless canceled by the employee. State employer contributions to the Public Employees' Retirement System and state employer normal retirement contributions to the State Teachers' Retirement System shall be made on the basis of full pay and the state contribution pursuant to Sections 22871 and 22885 because of the employee's enrollment in a health benefits plan shall continue.
 - (b) If the provisions of this section are in conflict with the provisions of a memorandum of understanding reached pursuant to Section 3517.5, the memorandum of understanding shall be controlling without further legislative action, except that if the provisions of a memorandum of understanding require the expenditure of funds, the provisions may not become effective unless approved by the Legislature in the annual Budget Act.

(Amended by Stats. 2017, Ch. 857, Sec. 1. (SB 334) Effective January 1, 2018.)

- Check Current Withholdings Using PIMS – EAR

```

PLEASE SELECT TYPE OF INQUIRY DESIRED BY FILLING IN THE REQUIRED INFORMATION
TYPE  --SSA #--  -POSITION #-
PAR
EAR   xxxxx1234
RST
HIST
PSN

OR IF UPDATE IS DESIRED, ENTER PSD FILE REFERENCE #
AND FILL IN THE APPROPRIATE INFORMATION BELOW
TYPE  --SSA #--  -POSITION #-  ----TRANSACTION CODES----  -DOC-  EMLY
NUMBER  STATUS
PAR
EAR
RST
RQST
CORRECTED TRANS ID (960)  -  -  -

TI  »  0  9,10  B

```

```

EMPLOYEE ACTION REQUEST-SEPARATION/DISPOSITION
PROCESS DATE 00 / 00 / 00
SSA NUMBER          EMPLOYEE LAST NAME          FIRST AND INITIAL
FEDERAL: MARITAL   TOTAL   LOCK   FEDERAL ADDL DEDUCTION   STATE ADDL DEDUCTION
S                00     00     0.00                    0.00
STATE: MARITAL    REG   ADDL   EXEMPT FROM WITHHOLD/NON-TAXABLE WAGES
S                00     00     01  31  23
HW DEP AMT OTH INCOME DEDUCTIONS
N      0     0.00     0.00
MCP
WAVE NUMBER

EMPLOYEE ADDRESS          CITY AND STATE          ZIP CODE  BIRTHDATE
                          ADDRESS WITHHOLD
                          Y

TI  »  0  3,71  B

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- Check Withholding Change History Using PIMS – HIST

```

PLEASE SELECT TYPE OF INQUIRY DESIRED BY FILLING IN THE REQUIRED INFORMATION
TYPE    --SSA #--    -POSITION #-
PAR
EAR
RST
HIST    xxxxx1234    000000000000
PSN
000000000000 (Press ENTER to insert)

OR IF UPDATE IS DESIRED, ENTER PSD FILE REFERENCE #
AND FILL IN THE APPROPRIATE INFORMATION BELOW
TYPE    --SSA #--    -POSITION #--    ----TRANSACTION CODES----    -DOC-    EMLY
NUMBER    STATUS
PAR
EAR
RST
RQST
CORRECTED TRANS ID (960)    -    -    -

TI    »    0    10,34    B

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EMPLOYEE HISTORY SUMMARY                                PAGE 01 OF 01
SSA#    -    -    NAME                                HISTORY SPB
EFF DATE TRAN AGY-UNT-CLAS-SER  SPB AGENCY  ENT DATE PSD REF #  TYPES  ID
-    -    -    -    -    -    -    -    -    -    -    -
03/15/22 E03                                03/15/22 420748014    1
01/29/21 E03                                01/29/21 420298013    1
01/06/20 E03                                01/06/20 420068013    1
03/01/19 E03                                03/01/19 420608020    1
03/02/16 E04                                03/02/16 420628011    G    IJ 1
12/15/15 E04                                12/15/15 423498018    G    IJ 1
05/20/15 E03                                05/20/15 421408014    1
03/10/15 E03                                03/10/15 420698005    1
05/09/13 E04                                05/09/13 421298017    G    IJ 1
03/05/08 E03                                03/05/08 420658027    1
02/13/08 E05                                02/13/08 330442620    1
11/08/07 E01                                11/08/07 333122629    G    IJ 1
-
-
-----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 _ SELECT HISTORY TYPES: _ _ _ _ _ OR MANUAL AUDITS _

TI    »    0    4,2    B

```

- PIMS HIST – EAR Transaction Codes

CHECK ONE OR MORE BOX(ES) AND COMPLETE LISTED SECTIONS. RETURN COMPLETED FORM TO YOUR PERSONNEL OFFICE. USE BALLPOINT PEN AND PRINT CLEARLY.

B <input type="checkbox"/> 01	New Employee SECTIONS C, E, F, G, H, I	<input type="checkbox"/> 03	Withholding Allowance Change SECTIONS C, E, I	<input type="checkbox"/> 04	*Address Change	} SECTIONS C, F, I	<input type="checkbox"/> 05	Name Change (Attach substantiation) SECTIONS C, D, I	<input type="checkbox"/> 07	Birthdate Correction SECTIONS C, H, I
NAME CHANGE										

NOTE: Social Security Number and Last Name, First Name, and Middle Initial must be entered accurately chosen on Social Security card

Section 10.34.1: HIST – EAR HISTORY INQUIRY (Revised 09/22)

Display (continued): Unlike PAR History Summaries/History Types, EAR History Types cannot be accessed. Attempts to access history can result in three messages:

- 130-002 "No History Transaction Selected"
- 130-007 "No Selection Made - Please Make A Selection"
- 130-005 "Invalid Request – Cannot Select Employee Related History"

To return to the prompter screen, press the PA1 key.

PAR transaction codes 105, 440, 455 and 705 will post only on this screen (Item 445 – As of 03/07/2022, item 445 is no longer in use, all transactions prior will continue to show).

Transaction code E06 is reserved for PPSD future use.

Transaction code MIS indicates that more than one type of action was processed on the EAR document.

SSA#	EFF DATE	TRAN	AGY-UNT-CLAS-SER	SPB AGENCY	ENT DATE	PSD REF #	TYPES	HISTORY SPB ID
-	03/15/22	E03			03/15/22	420748014		1
-	01/29/21	E03			01/29/21	420298013		1
-	01/06/20	E03			01/06/20	420068013		1
-	03/01/19	E03			03/01/19	420608020		1
-	03/02/16	E04			03/02/16	420628011	G	IJ 1
-	12/15/15	E04			12/15/15	423498018	G	IJ 1
-	05/20/15	E03			05/20/15	421408014		1
-	03/10/15	E03			03/10/15	420698005		1
-	05/09/13	E04			05/09/13	421298017	G	IJ 1
-	03/05/08	E03			03/05/08	420658027		1
-	02/13/08	E05			02/13/08	330442620		1
-	11/08/07	E01			11/08/07	333122629	G	IJ 1

-----HISTORY TYPES-----

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 SELECT HISTORY TYPES: OR MANUAL AUDITS

TII 0 4,2 B

- Review Out of History Withholdings Using TAXI

```

*****
*          YEAR TO DATE INQUIRY          *
*****

PLEASE ENTER THE FOLLOWING INFORMATION:

          SSN:  xxx - xx - 1234

TAX YEAR:  _____  OR  BEGINNING PAY PERIOD: 12 / 2019
                               ENDING PAY PERIOD: 12 / 2019

          AGENCY CODES TO SELECT (OPTIONAL):
          _____ THRU _____
          _____ THRU _____
          _____ THRU _____
          _____ THRU _____
          _____ THRU _____

PRINT REQUEST (PF5 TO PRINT)  _ (X OR LEAVE BLANK)  ROUTE: _____
YEAR TO DATE SUMMARY:        _ (X OR LEAVE BLANK)
YEAR TO DATE DETAIL 2 SCREEN: _ (X OR LEAVE BLANK)
TOTALS ONLY:                  _ (X OR LEAVE BLANK)
PF2=SUMMARY PF3=DETAIL PF4=TOTALS PF5=PRINT PF6=REFRESH

TI  »                                0 13,35 B

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SSN:                2020 YEAR TO DATE DETAIL 1          RECORD 001 OF 007
POSITION NUMBER    PAY PER C PMT M A  <-- GROSS -->
<----- NAME ----->  AGY UNT CLAS SER  T DATE  T T S C C  C I  AMOUNT
                        -9662-082  0 12/19  1 0      0      7782.00
ISSUE DATE/  RET    R S    SALARY R    TIME  UNITS-PD      WARRANT
ORIG ISSUE  RATE   C T    RATE  G    BASE  DAYS/HR-PD    NET-PAY  A/R NMBR
01/01/2020  .13000  1 1    7782.00 K    99          4994.46  0 7550

<----- FEDERAL -----> <----- STATE 1 -----> FLEX DED
MS EX HW OTH-INCM  DEPNDNTS  DEDUCTION TAX-WHELD MS EX EA CD TAX-WHELD 636.41
M 02              475.62  M 02 00 CA 113.27  DEP CARE

<----- RETIREMENT -----> <--STATE 2--> <----- MEDICARE ---->
ID WHLD AMT  GROSS/SUB  CD TAX-WHELD EE-TX-GRS  TX-WHELD  TSA-403B  EARNED INC
3D  899.47*  7782.00      7145.59  103.61

<--SOCIAL SECURITY-->  DC-401K  DC-457B      MOVING EXP  MILEAGE
EE-TX-GRS  TX-WHELD      300.00

<--035 DED--> <--EPMC--> <--FEDERAL/STATE ARRS--> <----- SOC SEC/MED ARRS ----->
PT TX GROSS  ARREARS  CD ARR-TX-GR  DED-AMTS  CD  ARRS-GRS  DED-AMTS  ER-WHELD

PF1=INQUIRY PF2=SUMMARY PF4=TOTALS PF6=REFRESH PF7=PG UP PF8=PG DN PF10=DET 2

TI  »                                0 1,71 B

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- 599.757 Eligibility Period

Barclays California Code of Regulations
Title 2. Administration
Division 1. Administrative Personnel
Chapter 3. Department of Human Resources (Refs & Annos)
Subchapter 1. General Civil Service Rules
Article 11. Industrial Disability Leave

2 CCR § 599.757
§ 599.757. Eligibility Period.

(a) For the purpose of administering the Industrial Disability Leave benefit, the 52-week eligibility period shall be equivalent to 2080 hours for full time employees and prorated for employees on a different time base.

(b) For the purpose of administering the Industrial Disability Leave benefit, 22 working days of disability shall be equivalent to 176 hours for full time employees and prorated for employees on a different time base.

Credits

NOTE: Authority cited: Sections 19815.4(d), 19816 and 19877, Government Code.
Reference: Sections 19871 and 19872, Government Code.

HISTORY

1. Amendment filed 4-16-2014; operative 7-1-2014 (Register 2014, No. 16).
This database is current through 1/27/23 Register 2023, No. 4.
Cal. Admin. Code tit. 2, § 599.757, 2 CA ADC § 599.757

- 599.759 Supplementation

Barclays California Code of Regulations
Title 2. Administration
Division 1. Administrative Personnel
Chapter 3. Department of Human Resources (Refs & Annos)
Subchapter 1. General Civil Service Rules
Article 11. Industrial Disability Leave

2 CCR § 599.759
599.759 Supplementation

(a) Employees may choose to supplement their Industrial Disability Leave (IDL) benefits beginning with the 23d working day of disability should their disability last that long.

(b) Within 15 days of notification that an injury or illness has been determined to be work related and workers' compensation benefits are approved, the appointing power shall notify the employee of the option to supplement IDL benefits and provide the employee with the means to choose to supplement their IDL benefits. The employee

has 15 calendar days in which to choose to supplement their IDL payments. The 15 calendar day "election period" commences on the day the department informs the employee in writing that they are eligible and provides the means to choose to supplement the IDL benefits. Employees who fail to respond within 15 calendar days after notification shall be placed on IDL without supplementation, and forfeit the right to supplement IDL at any future time.

(c) Employees may elect to decrease the supplementation level on a prospective basis. The effective date of any change will be the first day of the following pay period.

(d) Leave credits needed for supplementation are drawn in the following order unless the employee requests a different order:

- (1) Sick Leave
- (2) Compensating Time Off (CTO)
- (3) Vacation/Annual Leave
- (4) Other leave credits (Personal Leave, Holiday Credit, etc.)

When an employee's leave credits fall below the selected supplementation amount, the supplementation will be reduced to the amount of available leave credits.

(e) Accounts receivables that the State has not already deducted from IDL pay or any other pay for the pay period will be taken from the supplementation pay, if there is a sufficient amount to do so. All established mandatory and voluntary deductions will be withheld from supplementation pay, if not already taken from another payment in the pay period and if there is sufficient gross pay. Partial deductions cannot be taken from supplementation.

Credits

NOTE: Authority cited: Sections 19815.4(d), 19816 and 19877, Government Code. Reference: Sections 19870, 19871 and 19872, Government Code.

HISTORY

1. Amendment of section heading and section filed 4-16-2014; operative 7-1-2014 (Register 2014, No. 16).

This database is current through 1/27/23 Register 2023, No. 4.

Cal. Admin. Code tit. 2, § 599.759, 2 CA ADC § 599.759

- IDL Supplemental Calculator

[Home](#) -> [State and Local](#) -> [State Departments](#) -> [Human Resources](#) -> Industrial Disability Leave Supplementation Calculator

Industrial Disability Leave Supplementation Calculator

This Page Contains Information relevant to Personnel, Payroll and Accounting Offices

If you have Microsoft (Macintosh or PC) or a spreadsheet software application that can read an XLS file, you can download a spreadsheet for IDL Supplementation calculations. This may be useful to State Personnel Offices if there were different tax rates used during the calendar year when the salary rate reduction program is being used.

** If you have questions about Americans with Disabilities Act Standards for Accessible Design, please contact (916) 372-7200 or PPSDWebmaster@sco.ca.gov*

Applications

Tax Year	IDLS Calculator*
2023	Excel
2022 eff. 7/1/22	Excel
2022	Excel
2021 eff. 9/1/21	Excel
2021 eff. 7/1/21	Excel
2021	Excel

- Detailed instructions for each fillable field can be found by clicking the “Click for General Instructions” button found on the top of the calculator.

CALIFORNIA STATE CONTROLLER'S OFFICE IDL SUPPLEMENTATION CALCULATOR - 2023

EFF. 1/1/2023

Click for General Instructions

Salary Information

Original Salary Rate: Reduced Sal Rate: Salary Per: (M or H)

Collective Bargaining Unit: (R01-R021, U)

OPEB CBID:

Pay Frequency (M, S, or B): Pay Period Days: (21/22)

Time Base Fraction: Locked-in Pay Not: Subj to Retirement

Retirement/SDI Information

Retirement ID: Pay Period: /

Apply Exclusion Amt: (Yes, No, Blank) (MM) (YY)

(for Semimonthly only) 1/1/2019 Fed Tax Rates Effective Date

SDI: YES 1/1/2019 State Tax Rates Effective Date

Federal/State Tax Information

Federal Filing Status: Fed Exemptions: (M, S) (1-99)

Federal HW: Fed Claim Deps:

Federal Other Income: Fed Deductions:

State Marital Status: Reg Allowances: (M, S, H) (1-99)

Additional State Allowances (1-99): Iss Mon and Yr: (1-99)

(MM) (YY)

- Always use OPEB CBID found on PIMS – PAR and mirror the tax withholdings as of the SCIF date exactly as they appear in Pay HIST

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PERSONNEL ACTION REQUEST-PAR 1 TRANS CODES 565
PSD FILE REF# DOC# SEQ #: OF PAGE NUMBER
SSN: - - EMPLOYEE NAME:

-----POSITION NUMBER----- DEPT CLAS EE OPEB CNTY OTHER BIRTH PERS
AGENCY UNIT CLASS SERIAL CODE TYPE CBID CBID CODE POS DATE FLAG
          9662 920 R06 R06 / /
EFFECTIVE DATE AND HOURS EH REMARKS -----ESTABLISHED EARNINGS-----
01 / 05 / 23 OFF EIDL#
-----SALARY----- PAY BASED ON -----PLUS SALARY-----
RATE TOTAL PER FREQ SALARY GSI SALARY EXPIRATION DATE
8422.00 8422.00 M M 8422.00 00 / 00 / 00
ANNIVERSARY ALTER PR S SHIFT SPCL W W G -----PAY LETTER-----
DATE RANGE DIFF PAY NUMBER EXPIRATION DATE
MA / X K 2 - 00 / 00 / 00
---TIME BASE---- APPT --APPOINTMENT EXPIRATION-- CERT TYPE OF
CODE OR FRACTION TENURE MOS DATE HOURS NUMBER LIST
FT P 00 / 00 / 00
PROBATIONARY PERIOD MCR -----APPROVAL----- SEX PRIOR STATE
CODE ENDING DATE CODE FORM DATE DATE CODE SERVICE
N 00 / 00 / 00 00 / 00 / 00 M

TI 0 2,80 A

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<<-----FEDERAL TAX----->>
GROSS W/H FD EX HW MISC GROSS
5736.43 228.46 M N .00
OTH INCM DPNDNTS DEDUCTS SD .00
.00 2000.00 .00 EID
<<-----STATE TAX----->> 1-
GROSS W/H CA EX EXT .00
5736.43 136.64 M 00 00 2-
<<-----SDI----->> .00

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- IDL PAR Processing 565 Transaction
 - PAM Section 5.33 Documentation of Worker’s Compensation: PAM Section 5.33 contains detailed instructions for each field on the PAR when keying the 565 transaction

Section 5.33: DOCUMENTATION OF WORKERS’ COMPENSATION (TD, IDL, IDL/S, EIDL)
(Revised 05/93)

This section provides documentation instructions for Workers’ Compensation:

- Temporary Disability (TD)
- Industrial Disability Leave (IDL)
- Industrial Disability Leave with Supplementation (IDL/S)
- Enhanced Industrial Disability Leave (EIDL)

Exceptions: Pending Workers’ Compensation approval of TD or IDL, IDL/S, EIDL is not covered in this section. Refer to PAM page section 5.29.

Approved – Workers’ Compensation for TD or IDL, IDL/S, EIDL for:

- An employee on NDI and TD benefits simultaneously, refer to PAM page section 5.32.
- A CCC employee covered by Federal Funds, refer to PAM page 5.29.

How to Document

Approved – Workers’ Compensation for TD or IDL, IDL/S, EIDL must be documented on employment history records.

- Use the charts on PAM page section 5.34 through 5.39 to determine items to complete on each transaction.
- Several transactions may be processed as a package, refer to PAM page section 5.100 for instructions.
- For out-of-sequence transactions, refer to Section 9 for instructions.
- Additional positions approved by SCIF must reflect the appropriate disability status; therefore, documentation must be processed for each position.

Payroll Documentation – Specific periods of Workers’ Compensation TD or IDL, IDL/S, EIDL must be reported to Payroll Operations by the appropriate Form 674/674D.

- PAR keying errors - 565 transaction
 - SCIF date for additional time lost on a previous claim
 - Employment History remarks missing or incomplete
 - Waiting period not noted as being waived
 - Missing 13A for EIDL or 13B for IDLS in the 957 field





- 674D Completion
 - An updated fillable PDF version of the 674D can be found on the [DGS website](#). This is the preferred document for submission
 - Ensure all documents are typed or printed in blue or black ink, complete and legible prior to uploading to ConnectHR (PPM Section A 012: Form Completion)

Search Forms

Enter the form number, form title, or agency name within the search box.

Be sure to download the PDF, Word, or Excel form before filling in.

Q 674

FORM #	AGENCY	TITLE	LINK
STD 674	CONTROLLER, STATE	Payroll Adjustment Notice	
STD 674 AR	CONTROLLER, STATE	Payroll Adjustment Notice - Accounts Receivable (A/R)	
STD 674 D	CONTROLLER, STATE	Industrial/Non-Industrial Disability Pay Request	
my CalPERS 674	PUBLIC EMPLOYEES' RETIREMENT SYSTEM	Form for Dependent Parent Identified as Eligible for Survivor Continuance	

1-4 of 4 Results

Section A 012: FORM COMPLETION (Revised 02/16)

The following are general instructions that apply to the completion of all payroll related forms.

1. All documents must be typed or printed in ink (**Please use blue or black ink**).
2. All documents must have an authorized signature (see Section I 500).
3. Only the ORIGINAL document is submitted to Payroll Operations. Any exception to this (additional copies) will be noted in the specific section.
4. "Employee name" always means initials and surname.

Detailed instructions are given in the special section for each type of transaction.

Incorrect information--wrong SSN, misspelled name, incorrect position, etc.--that does not agree with Employment History for each pay period will usually reject or suspend causing delay in issuing payments.

It is the responsibility of each department to maintain accurate records and process necessary documentation on a flow basis.

- If an employee was employed by more than one (1) agency in the same pay period, a 674D must be completed by each agency certifying time. Upload to ConnectHR as one packet for processing.

Section E 412: SUBMISSION OF FORM STD. 674D (Revised 07/17)

Most IDL pay requests can be documented on the Miscellaneous Payroll/Leave Actions form, STD. 671 and keyed via the PIP Miscellaneous Detail screen. See Section E 006 for PIP Exceptions that must be documented on the Industrial/Nonindustrial Disability Pay/Adjustment Request, form STD. 674D.

Employment History must be updated via PAR when placing an employee on IDL (refer to PAM Section 5.33). In order for Payroll Operations to process the form STD. 674D, it is imperative the information on Employment History is accurate as this is the foundation for auditing and verification purposes.

After Employment History has been updated, a form STD. 674D, must be submitted for each pay period and position number.

SIGNATURE AUTHORIZATION

REFERENCES (Revised 06/96)

SAM 8580.1
Board of Control Rule 660

Section I 500 INTRODUCTION (Revised 04/21)

Personnel and payroll documents must have an authorized signature from the agency or campus certifying that the information on the document is correct.

Section I 501: AGENCY/CAMPUS RESPONSIBILITY (Revised 04/21)

Agencies and campuses must designate and regulate who is authorized to sign personnel and payroll documents ensuring compliance with SAM 8580.1.

- The new 674D contains additional check boxes to indicate “Amended,” “Inquiry,” and “Separated.”

STATE OF CALIFORNIA - CONTROLLER'S OFFICE
INDUSTRIAL/NON-INDUSTRIAL/STATE DISABILITY PAY/ADJUSTMENT REQUEST
STD. 674D (REV. 3/2022)

TO: STATE CONTROLLER - PPSD / DISABILITY UNIT

Save Form **Print Form** **Reset Form**

Amended Inquiry Separated

DOCUMENT NUMBER _____ OF _____

4. POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1.				
2.				

1. CBID **2. SOCIAL SECURITY NUMBER** **3. F.I. M.I. LAST NAME**

5. PAY PERIOD **6. ENTER NUMBER OF HOURS AND CODE** - Intervening activity/working while on Disability [W=Worked or leave used; C=Industrial Disability (IDL); L=Dock during the regular period of pay; F=NDI-FCL]
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

7. INDUSTRIAL DISABILITY (IDL)	9. PAYMENT PER CONTROLLER	11. ADDITIONAL INFORMATION																																																																																																																																																																				
<p>a. EMPLOYEE ON IDL FROM: _____ THROUGH: _____</p> <p>b. <input type="checkbox"/> EMPLOYEE ENTITLED TO ENHANCED IDL</p> <p>c. AVERAGE HOURS COMPUTED FOR INTERMITTENT EMPLOYEE: _____</p> <hr/> <p>8A. NON-INDUSTRIAL DISABILITY (NDI)</p> <p>a. EMPLOYEE ON NDI a.1 <input type="checkbox"/> NDI - FCL FROM: _____ THROUGH: _____</p> <p>b. AVERAGE HOURS WORKED DURING PREVIOUS 18 MONTHS FOR INTERMITTENT EMPLOYEE WAS: _____</p> <p>c. <input type="checkbox"/> EMPLOYEE ON ANNUAL LEAVE PROGRAM ELECTED _____ % SUPPLEMENTATION</p> <hr/> <p>8B. STATE DISABILITY INSURANCE (SDI)</p> <p>a. EMPLOYEE ON SDI FROM: _____ THROUGH: _____</p> <p>b. <input type="checkbox"/> EMPLOYEE ELECTED SUPPLEMENTATION</p> <p>c. SDI WEEKLY RATE: \$ _____</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="3">ISSUE DATE</th> <th rowspan="2">PT</th> <th colspan="2">TIME WORKED</th> <th rowspan="2">WARRANT OR A/R NUMBER</th> <th rowspan="2">RET</th> </tr> <tr> <th>MO</th> <th>DY</th> <th>YR</th> <th>DAYS</th> <th>HOURS</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="4">10. PAYMENT SHOULD BE</th> </tr> <tr> <th rowspan="2">TYPE</th> <th rowspan="2">PT</th> <th colspan="2">TIME WORKED</th> <th rowspan="2">TIMEBASE FRACTION</th> </tr> <tr> <th>DAYS</th> <th>HOURS</th> </tr> </thead> <tbody> <tr> <td>REGULAR</td> <td>0</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>SUPPLEMENTAL</td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>NDI</td> <td>T</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>IDL FULL</td> <td>6</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>IDL 2/3</td> <td>N</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>IDL / S</td> <td>U</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>SHIFT</td> <td> </td> <td>SHIFT CODE</td> <td>HOURS</td> <td>SHIFT RATE</td> </tr> <tr> <td>REGULAR</td> <td>2</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>IDL FULL</td> <td>6</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>IDL 2/3</td> <td>N</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	ISSUE DATE			PT	TIME WORKED		WARRANT OR A/R NUMBER	RET	MO	DY	YR	DAYS	HOURS																																																																																	10. PAYMENT SHOULD BE				TYPE	PT	TIME WORKED		TIMEBASE FRACTION	DAYS	HOURS	REGULAR	0				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														<p><i>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.</i></p> <p>12. AUTHORIZED SIGNATURE _____ DATE SIGNED _____</p> <p>_____ <small>(PRINT OR TYPE NAME)</small></p> <p>13. CONTACT PERSON (if other than authorized signature) _____</p> <p>14. TELEPHONE NUMBER _____</p> <p>15. EMAIL ADDRESS _____</p>
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- Common 674D errors
 - If Item 6 does not match Item 10, indicate reason in Item 11 (Excess Hours, AWWs, etc.)
 - Item 10 must certify all payment types (0, 6, N, T, U, 2, 8) that appear in pay history
 - Item 10 must total days possible in pay period or dock must be entered in Item 6
 - Average hours computed in Item 7 must be completed for INT employees
- Common 674D (IDL) errors
 - Verify the employee has received the first 176 hours of the claim paid as IDL Full prior to requesting IDL 2/3
 - IDL Supplementation is payment type “U” and must be certified on the “IDL/S – U” line
 - Shift (PT 2 and 8) must be certified in Item 10 if it appears in pay history

- General Reminders – Karin Johnson-Anderson (Contact SCCC (916) 372-7200)
 - EID not on PAR and Premium Pay – For employees on a disability leave who are entitled to receive an EID not on the PAR or Premium Pay such as overtime, a 674 must be completed and uploaded using Disability-Std.674 EIDs not locked on PAR option in ConnectHR.
 - Effective January 16, 2023, all Health Care Stipends must be requested on a 674 and uploaded to Premium Pay through ConnectHR.
 - CalHR is the policy maker
 - SCIF approves workers compensation claims
 - EDD approves SDI and NDI claims
 - SCO processes documents requested by agencies which align with CalHR’s policies, GC, and CCOR
 - Document Inquiries – Refer to the [Weekly Processing Dates](#) found on the State Controller’s website. If the original document submission date is prior to the date being worked resubmit the Std. 674D and check the “Inquiry” box at the top of the form
 - Inquiries sent with an original submission date after the date being worked on the [Weekly Processing Dates](#) will not be processed
 - Special handling instructions should be noted on the 674D Item 11
 - Include the employee's complete social security number (SSN)
 - [ConnectHR Directory](#)
 - Prior to submission choose the correct document dropdown and verify employee information is correct
 - Upload a copy of the PR250 with the corrected document
 - Documents will not be processed received through email
 - All documents including PR250 corrections must be uploaded through ConnectHR
 - Submit multiple pay periods for the same employee and disability type as a package. Only upload one (1) employee per submission
 - Utilize the ConnectHR Confirmation email as receipt that SCO has received the document
 - Statewide Disability direct links of resources will soon be available on the SCO website under the [Statewide Civil Service Disability Program](#)
 - Share this information with your peers!

PPSD General Reminders

- Utilize ConnectHR to submit documents or upload data – include SSN
- Include the employee's complete social security number (SSN) when sending documents through ConnectHR
- Check [Weekly Processing Dates](#) before sending inquiries
- Update [California Personnel Office Directory \(CPOD\)](#)
- The [PPSD Register](#) – PPSD's Monthly Newsletter
- Check out recommended Human Resources [subscriptions](#)
- Review Communication from State Policy and Instructional Departments for Business Process impacts
- It is recommended that the Human Resources (HR) staff follow [Section M](#) of the Payroll Procedures Manual (PPM) for certifying payroll, which requires HR staff to validate that both mandatory and voluntary deductions have been withheld appropriately and to certify the employee's payroll is accurate.
- Share this information with your Human Resources Team!

SCO EMAIL SUBSCRIPTION SERVICE:

- To ensure you're receiving essential PPSD notifications, please subscribe to our email subscriptions listed below. Also, we invite you to share this information with anyone who would be interested in PPSD notifications.
 - [California Leave Accounting System \(CLAS\) Letters](#)
 - [State Controller's Office Letters \(Personnel / Payroll Operations\)](#)

SCO RESOURCES:

- Websites:
 - Human Resources (HR): https://sco.ca.gov/ppsd_state_hr.html
 - State Employees: https://sco.ca.gov/ppsd_se_payroll.html

SCO KEY INITIATIVES:

- [SCOConnect](#)
- [California State Payroll System Project](#)

CONTACTS:

- Affordable Care Act (ACA) Email acasupport@sco.ca.gov
- [Cal Employee Connect \(CEC\) - Help and Feedback](#)
- [ConnectHR - Help and Feedback](#)
- California Leave Accounting System (CLAS) Email CLAS@sco.ca.gov
- Decentralized Security & ViewDirect Access - (916) 619-7234 or DSA@sco.ca.gov
- HR Suggestions Email (All HR Staff) PPSDHRSuggestions@sco.ca.gov
- Management Information Retrieval System (MIRS) Email ppsdmir@sco.ca.gov
- [Statewide Customer Contact Center](#) (916) 372-7200

FORUM QUESTIONS:

The following questions were submitted during the forum:

Question: For Permanent Intermittent employees, are they required to meet their required paid hours in the control period to be eligible for continuation of medical benefits?

Answer: A Permanent Intermittent employee may be eligible to enroll in dental and vision benefits if they were credited with a minimum of 480 paid hours at the end of a control period, or at least 960 paid hours in two consecutive control periods. The control periods are January 1 to June 30, and July 1 to December 31.

Question: Are there any plans for DGS to fix the way documents work? So many don't work properly. Including the 618, which doesn't even auto populate the calculations anymore.

Answer: Please contact workcomp@calhr.ca.gov with this question. Thank you.

Question: When keying FMLA in CLAS do we key SL01 8 and FM01 8 or SLFM8 and FM01 8?

Answer: The leave benefit ID code for FMLA is FM paired with 01 which is the usage transaction, which you would use to key the amount taken. This is to document the entire leave. If using leave benefits to supplement the pay, you would pair the leave benefit you are using along with the FM transaction code.

Question: Can you be on a SPC for a year and send up the 674D to txr funds? Can you do the same thing on an S49?

Answer: If EE is under regular NDI then it is not possible for whole year. Only FCL is possible up to whole year. If EE is under S49 in EH then it should send up 674D during green cycle for SCO to key payment request.

Question: When do we key the SPC/A03? Day after FCL is exhausted?

Answer: Yes, key the SPC/A03 day after FCL is exhausted.

Question: SPC are BOB on the 42nd day shorts that one day. SPC should be keyed on 43rd day?

Answer: EE is not eligible for NDI or FCL benefit for any day on or after. SPC should be keyed on 43rd day.

Question: If they say, 9 months, to exhaust the 42 days. I could have an employee out on a S49 for 9 months?

Answer: Yes, leave it out until exhaust 42 days or 9 months, whichever comes first.

Question: Will we get better direction on processing NDI-FCL? If someone uses their NDI-FCL intermittently for bonding throughout their child's first year of birth, do we just key new sets of SPCs each time they go off? And do we use the original salary that the employee had when the NDI-FCL was originally approved or would you use the salary that the employee has at the start of each SPC?

Answer: Refer to Payroll Letter #19-010 for further information on processing NDI-FCL. When FCL intermittently use through whole year, just need to key SPC beginning and SPC return only. Do not key each time they go off. Use the original FCL approved salary rate.

Question: How do we key PIMS Hist when EE has FCL approvals but takes it intermittently?

Answer: Refer to Payroll Letter #19-010 for further information on processing NDI-FCL.

Question: Should there be one SPC/S49 transaction to place them out and one SPC/A03 transaction at the end of the usage, or SPC/S49/A03 for each begin/end of usage (similar to SPSL)

Answer: Refer to Payroll Letter #19-010 for further information on processing NDI-FCL.

Question: How do we key the SPC if on NDI-FCL like 2 days in a month or not?

Answer: Refer to Payroll Letter #19-010 for further information on processing NDI-FCL.

Question: You can't key the SPC to end NDI and the SPC to start NDI-FCL on the same day though?

Answer: Refer to Payroll Letter #19-010 for further information on processing NDI-FCL.