

**"Difference in Pay" CSU Salary Supplement Program  
Military Work Sheet**

This work sheet must be completed by both the employee and the Human Resources/Payroll office prior to reporting for active duty. The employee completes numbers 1 through 6, 13 and 14; the campus completes numbers 7 through 10. Numbers 11 and 12 require completion by both parties. The employee should be apprised of and complete any additional documentation as a result of necessary discretionary deduction changes.

- 1) NAME \_\_\_\_\_ 2) SSN # \_\_\_\_\_
- 3) CSU CAMPUS \_\_\_\_\_ ACADEMIC YEAR EMPLOYEE? (Y/N) \_\_\_\_
- 4) MILITARY RANK \_\_\_\_\_
- 5) DATE MILITARY LEAVE BEGINS \_\_\_\_\_ ENDS \_\_\_\_\_
- 6) MILITARY GROSS PAY  
BASE PAY: \_\_\_\_\_

ALLOWANCES:

BAQ:	
Hazardous Duty:	
Flight Pay:	
Foreign Duty:	
Diving Pay:	
Clothing Allowance:	
Foreign Language Proficiency:	
Medical/Dental Officers	
Active Duty Reserve Medical Officers:	
Other:	
Other:	
Other:	

TOTAL GROSS MILITARY PAY: \_\_\_\_\_

- 7) CURRENT CSU GROSS SALARY: \_\_\_\_\_
- 8) ADJUSTED CSU GROSS SALARY: \_\_\_\_\_  
(CSU gross salary minus military gross pay)

9) ESTIMATED MANDATORY DEDUCTIONS:

Estimated Federal Taxes (27.5%): \_\_\_\_\_  
 Estimated State Taxes (6%): \_\_\_\_\_  
 Estimated Social Security (6.2%): \_\_\_\_\_  
 Estimated Medicare (1.45%): \_\_\_\_\_  
 Total Mandatory Deductions: \_\_\_\_\_

10) ADJUSTED NET CSU SALARY: \_\_\_\_\_

11) MAINTAINED PAYROLL CSU DEDUCTIONS:  
 (These deductions will be maintained automatically.)

Employee:

Check those deduction(s) you wish maintained.

Human Resources/Payroll Office:

Complete all deduction organization codes and deduction amounts.

	DEDUCTION	DEDUCTION ORGANIZATION CODE	CSU CONTRIBUTION AMOUNT	EMPLOYEE DEDUCTION
	Health Benefits			
	Dental			N/A
	Vision			N/A
	Life Insurance (employer paid)			N/A
	Long Term Disability (employer paid)			N/A

12) DISCRETIONARY CSU DEDUCTIONS:

Employee:

Check those deductions you wish maintained, providing there are sufficient funds. If there are insufficient funds, it is your responsibility to make the appropriate arrangements.

Human Resources/Payroll Office:

Complete all deduction organization codes and employee deduction amounts.

	DEDUCTION	DEDUCTION ORGANIZATION CODE	DEDUCTION AMOUNT
	Tax Sheltered Annuity (403b)		
	Deferred Comp (457b)		
	Thrift Plan (401k)		
	Aflac Group Critical Illness		

	California Casualty		
	Hyatt Legal (MetLaw Legal Plan)		
	Standard Voluntary Life		
	Standard Voluntary AD&D		
	Standard Voluntary Long Term Disability		
	Parking		
	Health Care Reimbursement Account		
	Dependent Care Reimbursement Account		
	Union Dues		
	Union offered insurance		
	Credit Union Deduction		
	Spousal/Child Support		
	Bona Fide Association(s)		
	Other (list)		
	Other (list)		

NOTE: The employee is responsible for contacting the appropriate source for any changes to discretionary deductions.

13) IF YOU HAVE DIRECT DEPOSIT, DO YOU WISH TO CONTINUE? \_\_\_\_\_ YES \_\_\_\_\_ NO  
(If no, submit Form 699 to cancel.)

14) FORWARD MY CSU PAY WARRANT TO:

I understand the provisions of HR 2004-21. I understand that it is my responsibility to estimate, if necessary, and document, if possible, my military pay allowance for purposes of determining my adjusted CSU pay, and that I am responsible for returning to the California State University any overpayments made to me and hereby authorize the CSU to offset from my future earnings amounts that will reimburse CSU for any overpayments. I further understand that failure to return to CSU employment following military service will result in my repaying CSU for the adjusted CSU pay received during military service.

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EMPLOYEE'S PRINTED NAME

COPIES FOR:  
Employee  
Campus  
State Controller's Office

Reference: HR 2004-21AttB