



Instructions: *This worksheet must be completed prior to reporting for active duty. The employee completes Sections I and part of III; Human Resources completes Section I and part of III. The employee will be apprised of any additional documentation of necessary for discretionary deduction changes.*

SECTION I. EMPLOYEE INFORMATION

Employee Name:			Employee ID:
Department/College Name:	<input type="checkbox"/> Staff	<input type="checkbox"/> Faculty	CBID:
Academic Year Employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
MILITARY RANK: _____			
DATE MILITARY LEAVE BEGINS: _____ ENDS _____			
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 Reserved Medical Officers:	_____		
Other:	_____		
Other:	_____		
Other:	_____		
TOTAL GROSS MILITARY PAY: _____			

SECTION II. PAYROLL SERVICES

CURRENT CSU GROSS SALARY:	\$ _____
ADJUSTED CSU GROSS SALARY: (CSU gross salary minus military gross pay)	\$ _____
ESTIMATED MANDATORY DEDUCTIONS:	
Estimated Federal Taxes (27.5%):	_____
Estimated State Taxes (6%):	_____
Estimated Social Security (6.2%):	_____
Estimated Medicare (1.45%):	_____
Total Mandatory Deductions:	_____
ADJUSTED NET CSU SALARY:	_____

SECTION III: EMPLOYEE AND PAYROLL SERVICES

MAINTAINED PAYROLL CSU DEDUCTIONS

Employee: Check those deductions you wish maintained.

Payroll Services: Complete all deduction organization codes and deduction amounts.

DEDUCTION	DEDUCTION ORGANIZATION CODE	CSU CONTRIBUTION AMOUNT	EMPLOYEE DEDUCTION
<input type="checkbox"/> Health Benefits	_____	_____	_____
<input type="checkbox"/> Dental	_____	_____	N/A
<input type="checkbox"/> Vision	_____	_____	N/A
<input type="checkbox"/> Life Insurance	_____	_____	N/A
<input type="checkbox"/> Long-Term Disability	_____	_____	N/A

DISCRETIONARY CSU DEDUCTIONS

Employee: Check those deductions you wish maintained, provided there are sufficient funds. If there are insufficient funds, it is your responsibility to make the appropriate arrangements. Note: The employee is responsible for contacting the appropriate source for any changes to discretionary deductions.

Payroll Services: Complete all deduction organization codes and deduction amounts.

DEDUCTION	DEDUCTION ORGANIZATION CODE	DEDUCTION AMOUNT
<input type="checkbox"/> Deferred Compensation	_____	_____
<input type="checkbox"/> United Way Supplemental	_____	_____
<input type="checkbox"/> Sanders & Assoc. Insurance	_____	_____
<input type="checkbox"/> Standard Voluntary Life	_____	_____
<input type="checkbox"/> A+ Auto Insurance	_____	_____
<input type="checkbox"/> Parking	_____	_____
<input type="checkbox"/> Union Dues	_____	_____
<input type="checkbox"/> Union-Offered Insurance	_____	_____
<input type="checkbox"/> Credit Union Deductions	_____	_____
<input type="checkbox"/> Spousal/Child Support	_____	_____
<input type="checkbox"/> Other	_____	_____

SECTION IV. PAYROLL WARRANT

If you have Direct Deposit, do you wish to continue? YES NO

Forward my CSU pay warrant to:

I understand the provisions of the Military Leave Information Sheet. 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 and 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 Benefits Services State Controller's Office