

Instructions: *This worksheet must be completed prior to reporting for active duty. The employee completes Sections I, part of III and IV; Human Resources completes Section II and part of III. The employee will be apprised of any additional documentation if 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 | |
| <p>MILITARY RANK: _____</p> <p>DATE MILITARY LEAVE BEGINS: _____ ENDS _____</p> <p>MILITARY GROSS PAY: \$ _____</p> <p>BASE PAY: \$ _____</p> <p>ALLOWANCES:</p> <p>BAQ: _____</p> <p>Hazardous Duty: _____</p> <p>Flight Pay: _____</p> <p>Foreign Duty: _____</p> <p>Diving Pay: _____</p> <p>Clothing Allowance: _____</p> <p>Foreign Language Proficiency: _____</p> <p>Medical/Dental Officers: _____</p> <p>Active Duty Reserved Medical Officers: _____</p> <p>Other: _____</p> <p>Other: _____</p> <p>Other: _____</p> <p style="text-align: right;">TOTAL GROSS MILITARY PAY: _____</p> | | | |

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