

SUPPLEMENT TO MILITARY PAY WORKSHEET
Effective July 1, 2014 to June 30, 2018

1. Employee Name (Last, First, Middle Initial)	Employee Number:	Date:
2. Campus/Lab:	Campus/Lab Dept	Appointment Type:
3. Military Service Branch:	Military Rank:	Date Military Leave Begins:
Supplemental Military Pay: Not to exceed tour of active duty, or two years, retroactive to December 14, 2001 (lifetime limit), or until June 30, 2018, whichever comes first.	Date Supplement Military Pay Begins:	Date Supplement Military Pay Ends:
<p>MONTHLY MILITARY GROSS PAY (Enter base pay and all allowances that apply. Attach Leave Earnings Statement.)</p> <p>4. 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>5. TOTAL GROSS MILITARY PAY: \$ _____</p>		

SUPPLEMENT TO MILITARY PAY WORKSHEET

Effective July 1, 2014 to June 30, 2018

GROSS SUPPLEMENTAL PAY (To be completed by the Department)

- | 6. UC "REGULAR" GROSS PAY – Paid | Monthly
Line 9 | | Semi-Monthly
Line 8 | Biweekly
Line 7 |
|--|-------------------|--------|------------------------|--------------------|
| 7. Biweekly Computation: | | | | |
| Biweekly Computation | \$ _____ | x 26 = | \$ _____ / 12= | \$ _____ |
| 8. Semi-Monthly Computation: | | | | |
| Semi-Monthly Regular Gross | \$ _____ | x 24 = | \$ _____ / 12= | \$ _____ |
| 9. Monthly Regular Gross: | \$ _____ | | | |
| 10. UC Monthly "Regular" Gross Pay (From Line 7, 8, or 9) | | | \$ _____ | |
| 11. Total Monthly Gross Military Pay (From Line 5) | | | \$ _____ | |
| 12. Gross Supplemental Pay | | | \$ _____ | |

(If line 11 is greater than line 10, enter zero. No Supplemental Payment is due. Otherwise enter difference between lines 10 and 11.)

PERSONNEL ACTION FORM ENTRY: (To be completed by the Department)

- 13.** If Paid Monthly - enter amount from Line 12 onto Personnel Action Form associated with a Description of Service Code of "SMP."
- 14.** If Paid Biweekly - enter amount from line 12 \$ _____ x 12 = \$ _____ / 26 = \$ _____
(Enter on Personnel Action Form with a Description of Service Code "SMP")
- 15.** If Paid Semi-Monthly - enter amount from line 12 \$ _____ x 12 = \$ _____ / 24 = \$ _____
(Enter on Personnel Action Form with a Description of Service Code "SMP")

SUPPLEMENT TO MILITARY PAY WORKSHEET
Effective July 1, 2014 to June 30, 2018

OPTIONAL

16. Voluntary Employee Deductions:

Voluntary employee deductions will continue to be withheld unless cancelled by submittal of the appropriate cancellation forms. Indicate below which cancellation forms you need. Your department will provide the appropriate forms.

- Dental/Vision
- Life Insurance
- Disability
- Medical - Indicate Plan Name: _____
- Accident & Disability
- Life Insurance
- Direct Deposit
- Parking
- Union Dues
- Other (Please list below)

OPTIONAL

17. Disbursement Instructions

- I wish to continue with direct deposit.
- I would like to enroll in direct deposit (Attach direct deposit enrollment form)
- I would like to cancel direct deposit (Attach direct deposit enrollment form)

Please forward my check to:

18. Certification:

I understand it is my responsibility to document or estimate my military pay and allowances for the purpose of determining the amount of supplemental military pay received from the University; that I must submit my actual Military Leave and Earnings Statement (LES) for all months for which I receive supplemental military pay due to me; and that I am responsible for returning to the University of California any overpayments made to me.

Employee's Signature	Date	Department Approval	Date
Person Holding Power of Attorney on Behalf of			
Employee (Attach documentation)			