

SUPPLEMENT TO MILITARY PAY WORKSHEET

1. Name (Last, First, Middle Initial)	Campus/ Laboratory	Employee No.	Date
2. Campus/Laboratory Department		Appointment Type:	
3. Military Service Branch	Military rank	Military Leave for anti-terrorist and homeland defense campaigns Beginning Date:	
		Supplemental Military Pay Beginning Date: Ending Date: (Not to exceed tour of active duty, or two years, retroactive to Dec. 14, 2001(lifetime limit); or until June 30, 2010, whichever occurs first):	
<p>MONTHLY MILITARY GROSS PAY: (Enter base pay and all allowances that apply. Attach LES.) 4. BASE PAY ALLOWANCES BAQ Foreign Language Proficiency: Hazardous Duty: Medical/Dental Officers: Flight Pay: Active Duty Reserve Foreign Duty: Medical Officers: Diving Pay: Other: Clothing Allowance: Other: 5. TOTAL MONTHLY GROSS MILITARY PAY: _____</p>			
<p>GROSS SUPPLEMENTAL PAY: (To be completed by the Department) 6. UC "REGULAR" GROSS PAY - Paid Monthly Semi-Monthly Biweekly Line 9 Line 8 Line 7 7. Biweekly Computation: Biweekly Regular Gross \$ _____ 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 Pay is due. Otherwise enter difference between lines 10 and 11.)</p>			
<p>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")</p>			

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OPTIONAL 16. Voluntary Employee Deductions: Voluntary employee deductions will continue to be withheld unless canceled by submittal of the appropriate cancellation forms. Indicate below which cancellation forms you need. Your department will provide the appropriate forms. _____
Disability/Dental/Optical/Legal Insurance _____ Medical (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 wish to cancel direct deposit. (Attach direct deposit cancellation form.) Please forward my check to:

18. Certification: I understand that 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 in order to accurately calculate the amount of 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.)