SUPPLEMENT TO MILITARY PAY WORKSHEET Effective July 1, 2012 to June 30, 2014

 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:				
•	-	· ·				
0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
Supplemental Military Pay: No exceed tour of active duty, or two	1	Date Supplement Military Pay Ends:				
retroactive to December 14, 2001	years, Fay begins.	Elius.				
(lifetime limit), or until June 30, 20	18,					
whichever comes first.						
MONTHLY MILITARY GROSS PAY (Enter base pay and all allowances that apply. Attach Leave Earnings						
Statement.)						
4. BASE PAY: \$						
4. υλοείλιι γ	-					
ALLOWANCES:						
BAQ:						
Hazardous Duty:						
Flight Pay:						
Foreign Duty:						
Diving Pay:						
Clothing Allowance:						
Foreign Language Profic	iency:					
Medical/Dental Officers	:					
Active Duty Reserved M	edical Officers:	<u></u>				
Other:		<u></u>				
Other:						
5. TOTAL GROSS MILITARY	PAY: \$					

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GRO:	SS SUPPLEMENTAL PAY (To be co	mpleted by th	e Departn	nent)		
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			\$		
bety	ne 11 is greater than line 10, enter ween lines 10 and 11.) SONNEL ACTION FORM ENTRY: (If Paid Monthly - enter amount fro Description of Service Code of "SN	To be complet	ed by the	Departme	nt)	
14.	If Paid Biweekly - enter amount fro (Enter on Personnel Action Form w					26 = \$
15.	If Paid Semi-Monthly - enter amou (Enter on Personnel Action Form w					.4 = \$

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OP1	NAL							
16.	oluntary Employee Deductions:							
	luntary employee deductions will continue to be withheld unless cancelled by submittal of the propriate cancellation forms. Indicate below which cancellation forms you need. Your department provide the appropriate forms.							
	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)							
OP1								
17.	sbursement Instructions I wish to continue with direct deposit.							
	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)							
	I would like to cancel direct deposit (Attach direct deposit emoliment form)							
	Please forward my check to:							
18	ertification:							
10.	inderstand it is my responsibility to document or estimate my military pay and allowances for the properties of determining the amount of supplemental military pay received from the University; that I ust submit my actual Military Leave and Earnings Statement (LES) for all months for which I receive pplemental military pay due to me; and that I am responsible for returning to the University of all fornia any overpayments made to me.							
	nployee's Signature Date Department Approval Date							
	erson Holding Power of Attorney on Behalf of Employee ttach documentation)							