

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

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, 2012 to June 30, 2014

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")

