

**WORKSHEET—Supplement to Military Pay**  
**EFFECTIVE: July 1, 2018 through June 30, 2022**  
**University of California**  
**(R6/18)**

PERSONAL INFORMATION		
EMPLOYEE NAME	EMPLOYEE NUMBER	DATE
LOCATION	DEPARTMENT	APPOINTMENT TYPE (Staff or Faculty)
MILITARY SERVICE BRANCH	MILITARY RANK	DATE MILITARY LEAVE BEGINS
SUPPLEMENT TO MILITARY PAY Not to exceed tour of active duty, or two years, retroactive to December 14, 2001 (lifetime limit), or until June 30, 2022, whichever comes first.	SUPPLEMENT TO MILITARY PAY START DATE	SUPPLEMENT TO MILITARY PAY END DATE

**MONTHLY MILITARY GROSS PAY (Enter base pay and all allowances that apply)**  
**ATTACH LEAVE EARNINGS STATEMENT**

1. **MILITARY GROSS PAY:** \$ \_\_\_\_\_

2. **BASE PAY:** \$ \_\_\_\_\_

**ALLOWANCES:**

BAQ: \_\_\_\_\_

Hazardous Duty: \_\_\_\_\_

Flight Pay: \_\_\_\_\_

Foreign Duty: \_\_\_\_\_

Driving Pay: \_\_\_\_\_

Clothing Allowance: \_\_\_\_\_

Foreign Language Proficiency: \_\_\_\_\_

Medical/Dental Officers: \_\_\_\_\_

Active Duty Reserved Medical Officers: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

3. **TOTAL MILITARY GROSS PAY:** \$ \_\_\_\_\_

**GROSS SUPPLEMENTAL PAY (To be completed by employee's department)**

4. UC "REGULAR" GROSS PAY - PAID	BIWEEKLY (Use Line 5)	SEMI-MONTHLY (Use Line 6)	MONTHLY (Use Line 7)
5. BIWEEKLY COMPUTATION	\$ _____ x26 = \$ _____	\$ _____ /12 = \$ _____	\$ _____
6. SEMI-MONTHLY COMPUTATION	\$ _____ x24 = \$ _____	\$ _____ /12 = \$ _____	\$ _____
7. MONTHLY REGULAR GROSS PAY	\$ _____		
8. UC MONTHLY "REGULAR" GROSS PAY (From Line 5, 6 or 7)	\$ _____		
9. TOTAL MONTHLY GROSS MILITARY PAY* (From Line 3)	\$ _____		
10. GROSS SUPPLEMENTAL PAY	\$ _____		

*\*(If line 9 is greater than line 8, enter zero. No Supplemental Payment is due. Otherwise enter difference between lines 8 and 9.)*

**PERSONNEL ACTION FORM ENTRY (To be completed by employee's department)**

11. If paid **Monthly**: Enter \$ from Line 9 onto Personnel Action Form associated with a Description of Service Code of "SMP."

12. If paid **Biweekly**: Enter \$ from Line 9  
(Enter on Personnel Action Form with a Description of Service Code of "SMP.")

\_\_\_\_\_ x12 = \_\_\_\_\_/26 = \_\_\_\_\_

13. If paid **Semi-Monthly**: Enter \$ from Line 9  
(Enter on Personnel Action Form with a Description of Service Code of "SMP.")

\_\_\_\_\_ x12 = \_\_\_\_\_/24 = \_\_\_\_\_

**OPTIONAL VOLUNTARY EMPLOYEE DEDUCTIONS**

14. 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 and/or contact information.

- Medical (Indicate Plan Name): \_\_\_\_\_
- Dental
- Vision
- Life Insurance
- Disability
- Accident & Disability
- Parking
- Union Dues
- Other (Please list): \_\_\_\_\_

**OPTIONAL DIRECT DEPOSIT**

15. 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)
  - Forward my check to:  
\_\_\_\_\_

**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 SIGNATURE	DATE	DEPARTMENT HEAD SIGNATURE	DATE
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Person holding Power of Attorney of behalf of Employee (Attach documentation)