

Since we are almost always dealing with these benefits on a retroactive basis, it is important that they be turned in as soon as possible. Please see attached samples.

The maximum a recipient can be paid for any specific day is their full County salary. If the County has paid you in full using benefit time, we are required by law to deduct from your pay any amount EDD pays you for that same day, and give you back a portion of your benefit time.

Here is a generic example of how integration works:

Jane's normal payrate is \$15.00 per hour, or \$1200.00 for an 80-hour pay period. She is off for the entire pay period, but she only has 40 hours of sick leave, so we also use 40 hours of vacation and she is paid her full salary. She gets a check from SDI for \$600.00 for the same two-week pay period. We would have to deduct \$600.00 from her next paycheck, and would give her back \$600.00 worth of time. The time used was half sick and half vacation, so we will buy \$300.00 of sick leave and \$300.00 of vacation. Her hourly rate is \$15.00 per hour, so \$300.00 will buy 20.00 hours each of sick leave and vacation.

This procedure must continue for as long as you continue to use any benefit time and are paid any portion of your County salary.

**If you run out of benefit time:**

- In most cases, if you run out of benefit time there will be an amount remaining from your SDI checks that we need to integrate when you return to work. You will be notified of the exact dollar amount of the remaining integration if this occurs. You must continue turning statements in to us until you receive notification.
- You will need to coordinate with your department to request a Medical Leave of Absence.
- Your bi-weekly health insurance premiums will be due to the Payroll office. You will receive a separate letter from this office informing you of the amounts due and the schedule for payment.

**PLEASE TURN THEM IN DIRECTLY TO COUNTY PAYROLL**

- ❖ WE ACCEPT THE SDI STATEMENTS/OR PRINT OUT IN THE FOLLOWING METHODS:
  - FAX: 707 445-7449
  - SCAN AND EMAIL TO [CTYPAYROLL@CO.HUMBOLDT.CA.US](mailto:CTYPAYROLL@CO.HUMBOLDT.CA.US)
  - TAKE A PICTURE AND EMAIL IT TO [CTYPAYROLL@CO.HUMBOLDT.CA.US](mailto:CTYPAYROLL@CO.HUMBOLDT.CA.US)
  - TAKE A COPY TO 825 5<sup>TH</sup> STREET ROOM 126

**This also applies to PORAC, we will require a copy of the check stub they send you.**

SSN: [REDACTED] NAME: [REDACTED]

RECEIVED

JUL 22 2015

HUMBOLDT COUNTY  
PAYROLL DEPARTMENT

--- PLEASE DISREGARD THE FORM ON THE BACK OF THIS STUB - DO NOT RETURN

KEEP THIS STATEMENT FOR YOUR RECORDS.

DATE ISSUED: 07/14/15  
CLAIM EFFECTIVE DATE: 02/09/15

SSN: [REDACTED] NAME: [REDACTED]  
WEEKLY RATE: \$621.00 WEEKLY RATE IS FOR 7-DAYS

THIS IS YOUR NOTIFICATION OF AUTHORIZED BENEFIT PAYMENT(S) FOR THE PERIOD LISTED BELOW. EXCEPT FOR THE MANDATORY 7-DAY WAITING PERIOD, YOU WILL BE PAID FOR EVERY DAY YOU ARE ELIGIBLE FOR BENEFITS, INCLUDING WEEKENDS.

IF YOU ARE NOT PAID FOR ANY DAYS, YOU WILL BE NOTIFIED WHICH DAYS WERE NOT PAID AND WHY THEY WERE NOT PAID IN THE MESSAGE AREA BELOW. THE OFFICE PROCESSING YOUR CLAIM IS:

EMPLOYMENT DEVELOPMENT DEPARTMENT (800) 480-3287  
PO BOX 8190  
CHICO CA 95927-8190

YOUR BENEFIT PAYMENT COVERS THE FOLLOWING PERIOD(S): 06/29/15 THROUGH 07/12/15.

NO. OF DAYS	BENEFIT AMT.	AMT. DEDUCTED	AMT. PAID
14	\$1242.00	\$0.00	\$1242.00

MESSAGE-AREA

IMPORTANT NOTICE: IF YOU DO NOT UNDERSTAND ANY FORM SENT TO YOU BY THIS OFFICE, CONTACT US FOR ASSISTANCE AT THE TELEPHONE NUMBER SHOWN ABOVE.

SAMPLE

EMPLOYMENT DEVELOPMENT DEPT D012348  
PO BOX 8190  
CHICO CA 95927-8190

3455

07/13/15



PLEASE READ THE IMPORTANT MESSAGE AND THE REVERSE SIDE OF THIS FORM  
YOUR PAYMENT IS BEING MADE VIA DEBIT CARD. IF YOU DO NOT ALREADY HAVE A CARD IT SHOULD ARRIVE IN NO MORE THAN 5 BUSINESS DAYS FROM THIS NOTICE. IF BEYOND THAT CONTACT EDD.

[REDACTED]



### Claim Payment History

### Claim Information

Claimant Name: [Redacted]  
Social Security Number [Redacted]  
EDD Customer Account Number: [Redacted]  
EDD Client Number: [Redacted]

Claim ID: [Redacted]  
Claim Effective Date: [Redacted]  
Expected Return to Work Date: [Redacted]

### Claim Benefit Summary

The following is a summary of your benefit information for this claim. The Remaining Benefit Amount shown below does not establish your right to benefits. State Disability Insurance benefits are paid to you only when you meet all conditions of eligibility.

Daily Benefit Amount (\$): 40.71

Maximum Benefit Amount (\$): 14,820.00

Weekly Benefit Amount (\$): 285.00

Issued Benefit Amount (\$): 3,093.18

Remaining Benefit Amount if eligible (\$): 11,726.82

### Payment and Determination History

Period	Date Issued	Action(s) Taken	Reason	Days	Reduction (\$)	Paid (\$)
06-29-2015 - 07-12-2015	07-13-2015	Qualification	Automatic payment	14	0.00	570.00
06-15-2015 - 06-28-2015	06-29-2015	Auto-Payment		14	0.00	570.00
06-01-2015 - 06-14-2015	06-15-2015	Auto-Payment		14	0.00	570.00
05-18-2015 - 05-31-2015	06-01-2015	Auto-Payment		14	0.00	570.00
05-04-2015 - 05-17-2015	05-18-2015	Payment		14	0.00	570.00
04-27-2015 - 05-03-2015	05-12-2015	Payment		7	0.00	243.18
04-27-2015 - 05-03-2015		Less/Reduction	Pay reduced for work performed	7	41.82	0.00
04-20-2015 - 04-26-2015	04-27-2015	Waiting period		7	0.00	0.00

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