

SECTION 763: INSTRUCTIONS FOR COMPLETING SICK PAY STATUS CHANGE,
STATE ACCOUNTING FORM D-52

1. Purpose. The Sick Pay Status Change, SAFORM D-52 is used for all sick pay coded with Type Pay Code "2" to support sick pay, which is not subject to FICA, paid after the 6th calendar month following the last calendar month in which the employee was working.
2. Prepared By. Department payroll office with information provided by department personnel office.
3. Frequency. As required.
4. Distribution. Completed SAFORM D-52 is attached to the Regular/Hourly Payroll Change Schedule submitted by the department to Central Payroll to support sick pay that is excludable from FICA.

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ITEM NO.	DATA AND DATA INSTRUCTIONS
1	DEPARTMENT - Enter the title of the department in which the employee is employed.
2	DIVISION - Enter the title of the division in which the employee is employed.
3	EMPLOYEE NAME - Enter the last name, first, and middle initial of the employee.
4	SOCIAL SECURITY NO. - Enter the employee's social security number.
5	PAYROLL NO./DISTRIBUTION CODE - Enter the payroll number and distribution code from which the employee is paid.
6	PERIOD OF SICK PAY - Enter the starting and ending date for the period of sick pay.
7	LAST DAY EMPLOYEE WAS PHYSICALLY AT WORK BEFORE CONTINUOUS SICK LEAVE BEGAN - Enter the last day that the employee was physically at work before continuous sick leave began.
8	CALCULATION - Show calculation of sick pay excludable from FICA paid after the 6th calendar month following the last calendar month in which the employee was working.
9	AUTHORIZED SIGNATURE OF EXPENDING AGENCY - This form must be signed by an authorized person of the expending agency.

STATE OF HAWAII
Accounting Manual

EXHIBIT A: SAMPLE FORM KEYED TO INSTRUCTIONS FOR SAFORM D-52

STATE OF HAWAII
SICK PAY STATUS CHANGE

DEPARTMENT ①	DIVISION ②	
EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL) ③	SOCIAL SECURITY NO. ④	PAYROLL NO./DIST. CODE ⑤
PERIOD OF SICK PAY ⑥		
FROM: (MONTH/DAY/YEAR)	TO: (MONTH/DAY/YEAR)	
LAST DAY EMPLOYEE WAS PHYSICALLY AT WORK BEFORE CONTINUOUS SICK LEAVE BEGAN: _____ <div style="text-align: right;">⑦ (MONTH/DAY/YEAR)</div>		
CALCULATION: <div style="text-align: center; margin-top: 100px;">⑧</div>		
<div style="text-align: center; margin-bottom: 5px;">⑨</div> _____ AUTHORIZED SIGNATURE OF EXPENDING AGENCY DATE		

INSTRUCTIONS:

- (A) One (1) copy of this form must be attached to the Regular/Hourly Payroll Change Schedule for each amount of Sick Pay coded with TYPE PAY Code "2".
- (B) If calculation of Sick Pay for the current pay period is the same as for the prior pay period, a photocopy of the prior pay period's form may be used, with the current "Period of Sick Pay" manually updated to the right of the dates shown for the prior pay period.