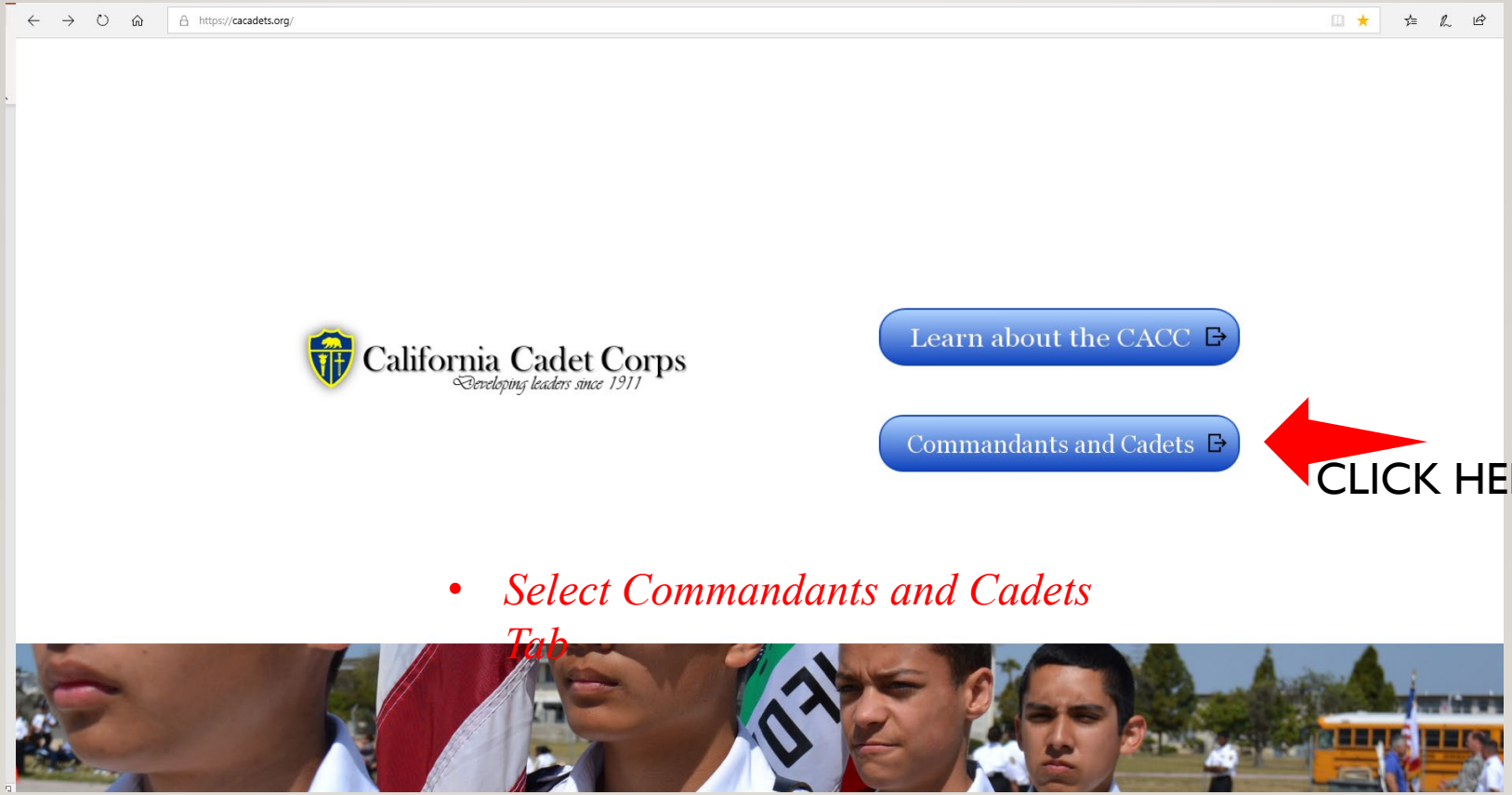
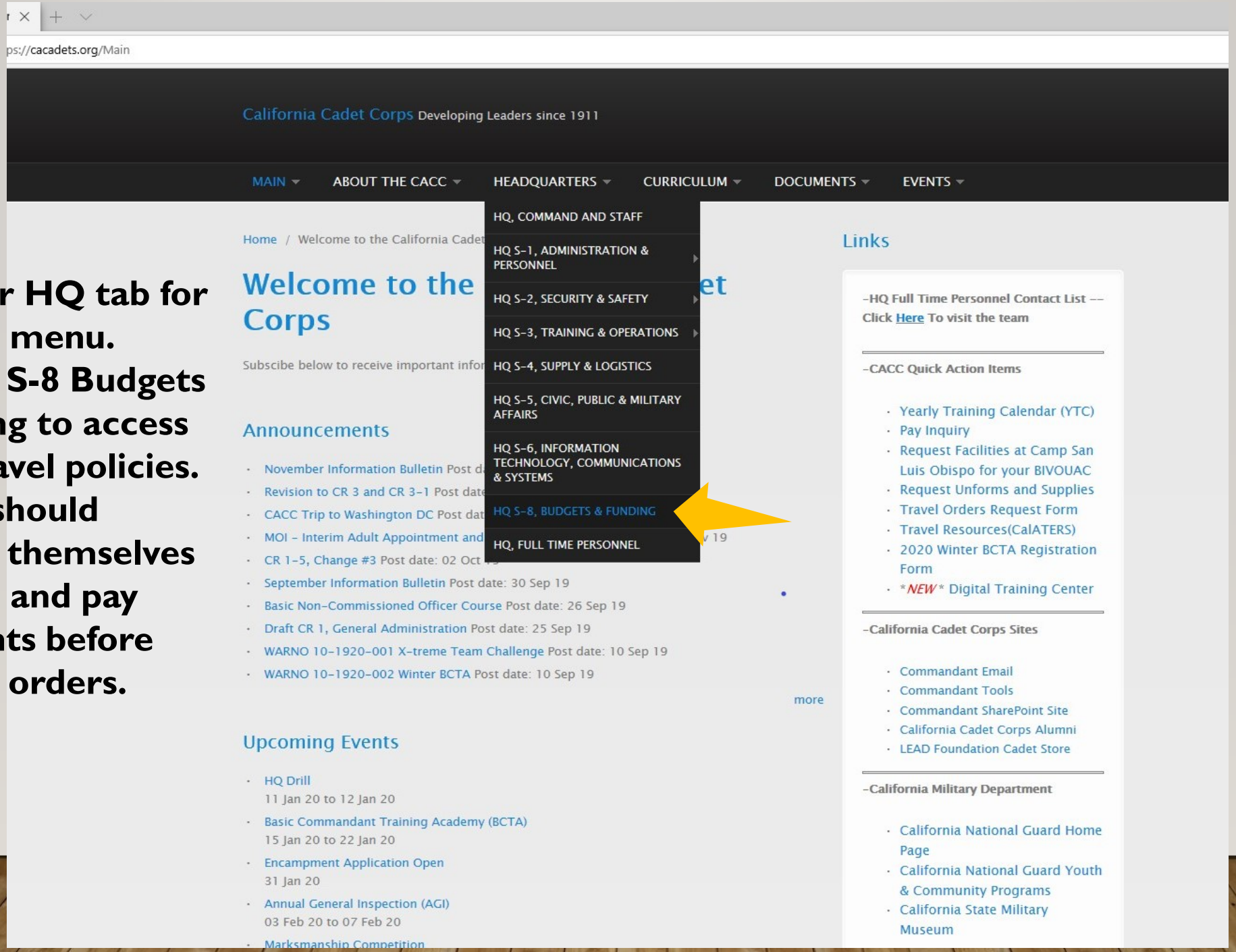
CALIFORNIA CADET CORPS

REQUESTING ORDERS

MEMBERS SHOULD START BY VISITING OUR WEBSITE AT: HTTPS://CACADETS.ORG/



- **Toggle over HQ tab for drop down menu.**
- **Select HQ S-8 Budgets and Funding to access pay and travel policies.**
- **Members should familiarize themselves with travel and pay entitlements before requesting orders.**



Headquarters S-8, Budgets, Funding and Travel

S-8 Function

The budgeting and finance office is responsible for ensuring that both state funds and non-state funds are planned and executed to support leadership priorities. The S-8 also ensures that funds are spent wisely, legally, and in compliance with all policy and procedure.

Pay and Travel Entitlements for CACC Personnel Information Doc: CLICK HERE

S-8 Contacts

STAFF	CADET STAFF
S-8: Ms Deborah Shuford	S-8: N/A
S-8 Assistant:	
Email: **Deborah.shuford@cacadets.org**	

S-8 Actions

- Pay
- Travel

Please review for travel entitlements.

Travel

Not Normally Authorized: With the exceptions below, effective 1 May 2019, travel for CACC members will no longer be reimbursed. To defray the costs to the member, and in lieu of travel reimbursement, members will be authorized ESAD pay while traveling for assigned missions as follows:

Overnight Travel

If the member is placed on paid orders, then the member may be paid (ESAD) for 1 additional day. For example, if a member travels 5 hours to drill on Friday, and then returns after drill on Sunday, they will be paid (ESAD) for 2 days total (Friday Travel + Saturday Drill).

Same Day Travel

For same-day travel, members may only be paid (ESAD) for one day.

Exceptions: Exceptions to policy must be pre-approved and stated on a member's orders. CALATERs claims must be filed when travel is authorized. These include, but are not limited to:

1) Members require rental of a State-funded rental car for Cadet Transport (Claim required)

2) Members assigned as XO, AXO, or to the recruiting task force

3) Members conducting AGI inspections, or staying overnight in a hotel

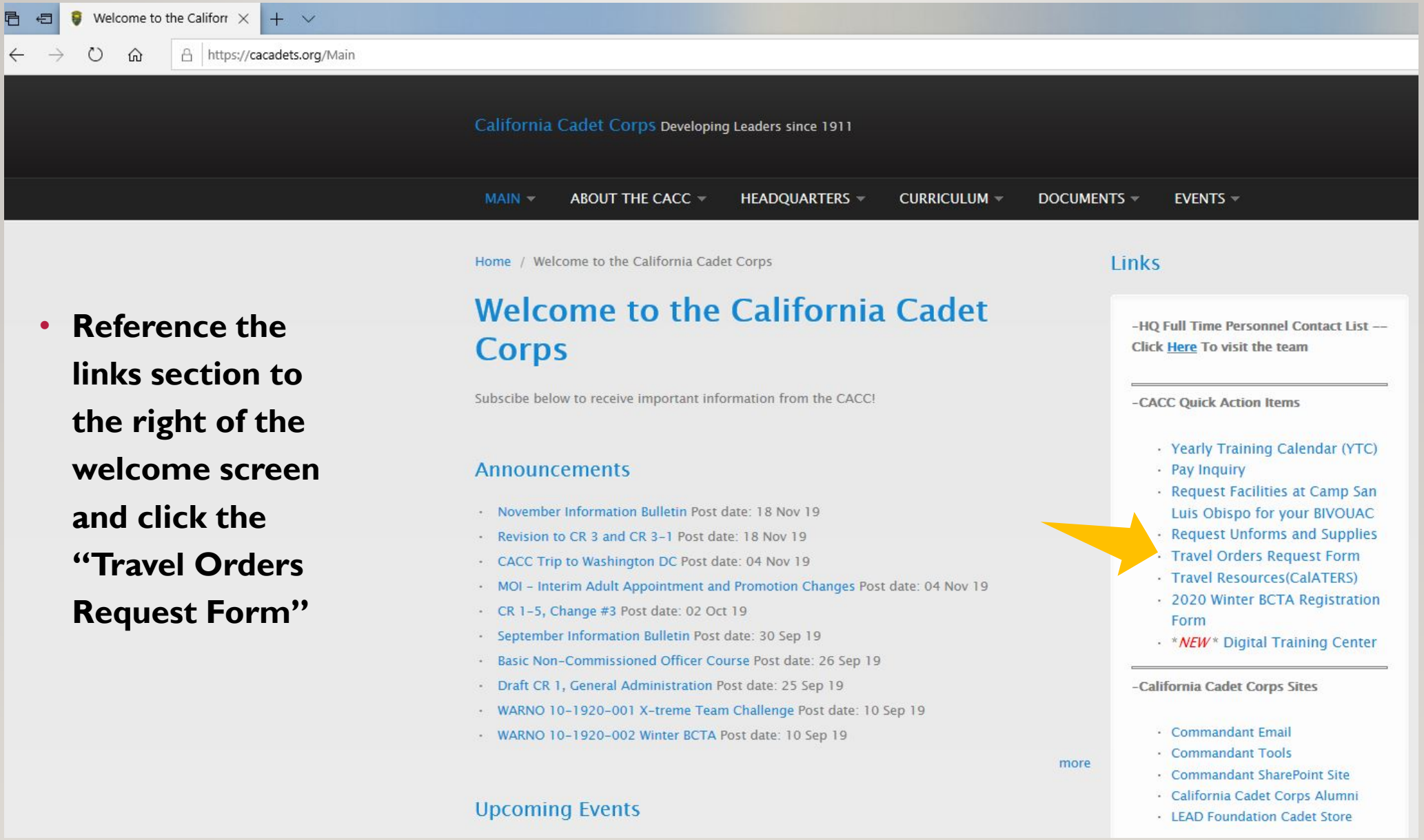
CALATERs Reimbursement: If you are one of the exceptions above then CALATERs claims must be filed. The CACC website https://cacadets.org/HqS8/Travel explains step-by-step how to submit these. Submit them electronically to Ms Debbie Shuford and mail original documentation to

CACC, Attn: Debbie Shuford
10 Sonoma Ave., Bldg 1402
San Luis Obispo, CA 93405)

Do not mail them to Sacramento, your voucher won't get actioned

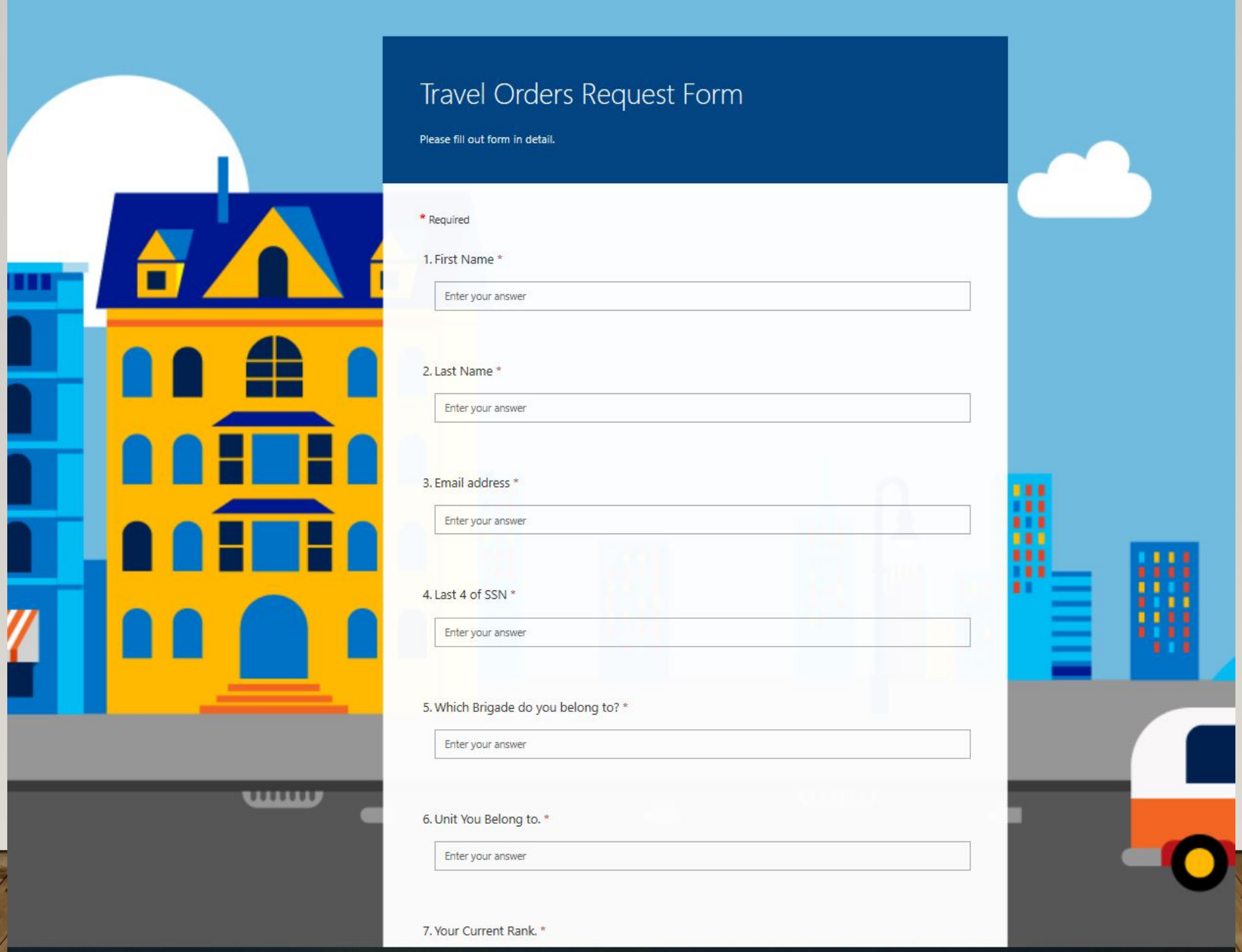
Required Forms:

- ❑ Final Rental Car Agreement (with actual amounts listed)
- ❑ Fuel Receipts (Can't be photocopied, must be taped to piece of paper)
- ❑ Orders authorizing Travel
- ❑ Other forms (if required) are listed on the J8 Section of the website



- **Reference the links section to the right of the welcome screen and click the "Travel Orders Request Form"**

Complete each box providing accurate and current information.



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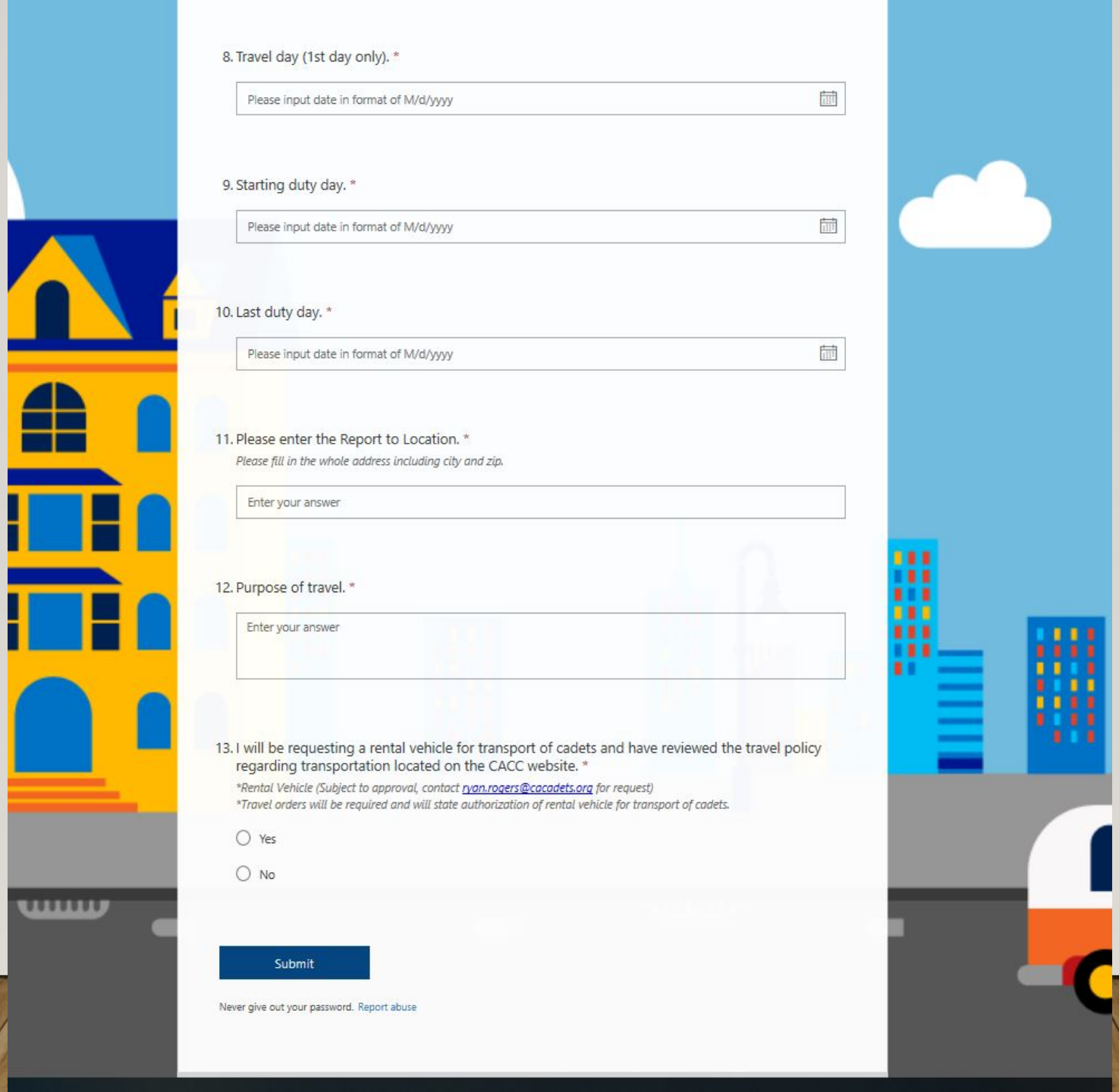

Orders will be produced based upon receipt of members travel request submission. Once finalized orders will be emailed to the members CACC email account.

STATE OF CALIFORNIA – MILITARY DEPARTMENT
HEADQUARTERS, CALIFORNIA CADET CORPS
10 Sonoma Avenue, Building 1301
Camp San Luis Obispo, California 93405

State Order 122-C-1 30 April 2019

SMITH, JOHN M., 1234, CW2, CACC, HQCACC, 10 SONOMA AVENUE, SAN LUIS OBISPO, CA 93405

You are ordered to State Active Duty in support of the California Cadet Corps for the period indicated below:

Travel Dates: 2 May 2019, 5 May 2019

Period of Duty: 3 May 2019 to 5 May 2019

Purpose: State IMA's and CACC Drill

Authority: Section 502.5 of the California Military Veterans Code (MVC)

Additional Instructions: Duty is paid status at W-2 grade with less than 2 years from 2 May through 5 May 2019. Open bay barracks and meals provided at CSLO.

Format: 802

BY ORDER OF THE ADJUTANT GENERAL:

STATE OF CALIFORNIA MILITARY DEPARTMENT
GRACE E. EDINBORO
COL, CACC
Executive Officer
OFFICIAL COPY

DISTRIBUTION:
Special

Reference Pay Entitlement Memo

ESAD Pay

ESAD Pay Forms: ESAD pay shall be requested on either the FM14 for work performed at Camp SLO, or on the CACC Remote Timecard (RTC) for work performed away from CSLO. Both Forms are located on the website at https://cacadets.org/Pay#overlay-context=Main.

ESAD Pay Amounts: All CACC personnel, and personnel paid with CACC funds will be paid Base Pay with no longevity. BAH is not authorized. Current basic pay tables may be found at DFAS at https://www.dfas.mil/militarymembers/payentitlements/Pay-Tables.html. To calculate the daily pay rate, locate assigned grade with <2 years longevity and divide the monthly rate by 30.

Required Orders: All CACC personnel submitting for pay and/or travel reimbursement, must have orders authorizing pay and/or authorizing travel. Orders request forms may be submitted from the website homepage and require 2 weeks' advance notice.

Pay Form Submission: Signed ESAD Pay forms (FM14s or RTC) must be submitted for RAPTR Input to Ms. Nicole Plaza, Personnel@cacadets.org. Forms must be submitted NLT 2 business days prior to the last working day of the month. Forms received after will be input during the following pay cycle (30 days later). Forms that are not signed by the supervisor will not be input for pay. It is the individual's responsibility to get these forms endorsed.

Once you have attended an event that qualifies for pay as noted in the Pay Entitlement Policy and your received orders, you may complete the OTAG Form 14 for pay input. Please note for pay input members must be appointed to CACC, members must also have a member profile established and current. To establish a member profile members will need to complete the following forms:

- STD 686-Employee Action Request
- STD 699-Direct Deposit Enrollment Authorization

Please note pay forms are made available on our website: https://cacadets.org/HQS8

As noted, it is the member's responsibility to notify personnel of any changes to bank account information and or a change of address by completing the forms noted. Forms may be mailed to CACC HQ headquarters:

California Cadet Corps
Attn: Nicole Plaza
10 Sonoma Avenue, Bldg. 1402
San Luis Obispo, CA. 93405

Or emailed through encryption to Nicole.Plaza@cacadets.org

ps://cacadets.org/Main

California Cadet Corps Developing Leaders since 1911

MAIN ABOUT THE CACC HEADQUARTERS CURRICULUM DOCUMENTS EVENTS

- HQ, COMMAND AND STAFF
- HQ S-1, ADMINISTRATION & PERSONNEL
- HQ S-2, SECURITY & SAFETY
- HQ S-3, TRAINING & OPERATIONS
- HQ S-4, SUPPLY & LOGISTICS
- HQ S-5, CIVIC, PUBLIC & MILITARY AFFAIRS
- HQ S-6, INFORMATION TECHNOLOGY, COMMUNICATIONS & SYSTEMS
- HQ S-8, BUDGETS & FUNDING
- HQ, FULL TIME PERSONNEL

Home / Welcome to the California Cadet

Welcome to the et Corps

Subscibe below to receive important infor

Announcements

- November Information Bulletin Post d
- Revision to CR 3 and CR 3-1 Post date
- CACC Trip to Washington DC Post dat
- MOI - Interim Adult Appointment and v 19
- CR 1-5, Change #3 Post date: 02 Oct
- September Information Bulletin Post date: 30 Sep 19
- Basic Non-Commissioned Officer Course Post date: 26 Sep 19
- Draft CR 1, General Administration Post date: 25 Sep 19
- WARNO 10-1920-001 X-treme Team Challenge Post date: 10 Sep 19
- WARNO 10-1920-002 Winter BCTA Post date: 10 Sep 19

more

Upcoming Events

- HQ Drill
  11 Jan 20 to 12 Jan 20
- Basic Commandant Training Academy (BCTA)
  15 Jan 20 to 22 Jan 20
- Encampment Application Open
  31 Jan 20
- Annual General Inspection (AGI)
  03 Feb 20 to 07 Feb 20
- Marksmanship Competition

Links

-HQ Full Time Personnel Contact List -- Click Here To visit the team

-CACC Quick Action Items

- Yearly Training Calendar (YTC)
- Pay Inquiry
- Request Facilities at Camp San Luis Obispo for your BIVOUAC
- Request Unforms and Supplies
- Travel Orders Request Form
- Travel Resources(CalATERS)
- 2020 Winter BCTA Registration Form
- *NEW* Digital Training Center

-California Cadet Corps Sites

- Commandant Email
- Commandant Tools
- Commandant SharePoint Site
- California Cadet Corps Alumni
- LEAD Foundation Cadet Store

-California Military Department

- California National Guard Home Page
- California National Guard Youth & Community Programs
- California State Military Museum

Headquarters S-8, Budgets, Funding and Travel

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S-8 Actions

- Pay
- Travel

Complete sections listed under new employee for initial enrollment or sections listed under boxe #3 or #4 when applicable.

Print Form | Reset Form

STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE

EMPLOYEE ACTION REQUEST

STD. 686 (REV 3/2018) (FRONT)

Who is authorized to receive your pay warrant in case of death? Contact your personnel office to update your designee's name or address (Form STD. 243). See also retirement beneficiary information on reverse side of employee copy.

PERSONNEL OFFICE USE

A | 01 AGENCY | 02 UNIT | 03 KEYED BY | 04 DATE KEYED

CHECK ONE OR MORE BOX(ES) AND COMPLETE LISTED SECTIONS. **RETURN COMPLETED FORM TO YOUR PERSONNEL OFFICE. USE BALLPOINT PEN AND PRINT CLEARLY. NO CARBON REQUIRED.**

B | 01 ☒ **New Employee** SECTIONS C, E, F, G, H, I | 03 ☐ **Withholding Allowance Change** SECTIONS C, E, I | 04 ☐ ***Address Change** } SECTIONS C, F, I | 05 ☐ **Name Change** (Attach substantiation) SECTIONS C, D, I | 07 ☐ **Birthdate Correction** SECTIONS C, H, I

NOTE: Social Security Number and Last Name, First Name, and Middle Initial must be entered exactly as shown on Social Security card.

C | 01 SOCIAL SECURITY NUMBER | 02 EMPLOYEE LAST NAME | 03 FIRST NAME AND MIDDLE INITIAL

NAME CHANGE

D | FORMER NAME (Last, First, and Middle)

WITHHOLDING ALLOWANCE CHANGE OR NEW EMPLOYEE ***IMPORTANT*** Before completing Section E, you must read Internal Revenue Service (IRS) Form W-4 and the applicable state tax form. (For California, use Form DE-4)

E

I. FEDERAL AND STATE ALLOWANCE – For Tax Purposes Only. If no tax should be withheld, complete Part IV or V only.

01 ☐ **NONRESIDENT ALIEN** (See reverse, employee copy)

02 MARITAL STATUS FOR TAX PURPOSES ONLY (Check one)

☐ **SINGLE**

☐ **MARRIED**

03 ☐ **TOTAL** - Number of allowances you are claiming

NOTE: Employers may be required to notify IRS of the number of allowances claimed.

II. SPECIAL TREATMENT OF STATE ALLOWANCES - Complete boxes 04 thru 06 if you wish your State withholding to be different than what you claim for Federal withholding. *IF BOXES ARE NOT COMPLETED, CURRENT SPECIAL TREATMENT (IF ANY) WILL BE CANCELLED.*

04 MARITAL STATUS FOR TAX PURPOSES ONLY (Check one)

☐ **SINGLE**

☐ **MARRIED**

☐ **HEAD OF HOUSEHOLD**

05 ☐ **REGULAR ALLOWANCE(S)** Total you are claiming

06 ☐ **ADDITIONAL ALLOWANCE(S)** Total you are claiming

NOTE: Employers may be required to notify the Employment Development Department (EDD) if more than 10 allowances are claimed.

III. ADDITIONAL DEDUCTIONS – Complete box(es) 06 and/or 07 if you wish additional Federal and/or State tax withheld from your wages. Part I (and Part II, if your State allowance claim differs from your Federal) must be completed. The first deduction will be made from your earnings for the pay period in which this form is processed. IF BOXES ARE NOT COMPLETED, CURRENT DEDUCTIONS (IF ANY) WILL BE CANCELLED.

I hereby authorize the State Controller to deduct monthly from my wages the additional Federal and/or State tax amount specified below. I understand that if boxes are not completed, current deductions, if any, will be cancelled.

06 **FEDERAL** ADDITIONAL DEDUCTION

07 **STATE** ADDITIONAL DEDUCTION

IV. EXEMPTION FROM WITHHOLDING – Check box 08 if you are eligible to claim exemption from withholding. No Federal or State income tax will be withheld from your wages. DO NOT COMPLETE PARTS I, II, OR III. (See General Information on reverse, employee copy.)

08 ☐ *I claim exemption from withholding because of no tax liability*: Last year I did not owe any income tax and had a right to a full refund of ALL income tax withheld, AND this year I do not expect to owe any income tax and expect to have a right to a full refund of ALL income tax withheld.

NOTE: This exemption will automatically expire on February 15 of next year unless you file a new certification by January 31 of next year.

V. NONTAXABLE WAGES – Check box 09 if wages you will receive are not subject to income tax withholding.

09 ☐ I claim that the wages I will be receiving from the State are either a 1) MINISTER OF A CHURCH in the exercise of his/her ministry, 2) NONIMMIGRANT ALIEN wages, or 3) DECEASED EMPLOYEE WAGES. Indicate reason (See General Information on reverse, employee copy.)

ADDRESS CHANGE OR NEW EMPLOYEE *See reverse, employee copy

F | 01 EMPLOYEE ADDRESS (Street, Rural Route, or P.O. Box) | 02 CITY | STATE | 03 ZIP CODE

04 EMPLOYMENT LIST

☐ Check this box and enter your phone number(s) if your address is changing and your name appears on any departmental employment list. (See back, employee copy)

WORK PHONE

HOME PHONE

NEW EMPLOYEE - THIS INFORMATION MAY BE USED TO LOCATE PRIOR PUBLIC EMPLOYMENT SERVICE FOR STATE SERVICE CREDITS AND/OR RETIREMENT SYSTEM BENEFITS

G | 01 LAST EMPLOYED BY CALIFORNIA STATE AGENCY OR CAMPUS OF: | 02 LAST NAME (if different) | 03 SEPARATED MO | 03 SEPARATED YR | 04 LAST EMPLOYED BY CALIFORNIA PUBLIC AGENCY OF: (City, County, Public School, Utility, etc.) | 05 LAST NAME (if different) | 06 SEPARATED MO | 06 SEPARATED YR

NEW EMPLOYEE OR BIRTHDATE CORRECTION

H | BIRTHDATE MO | DAY | YR

EMPLOYEE SIGNATURE

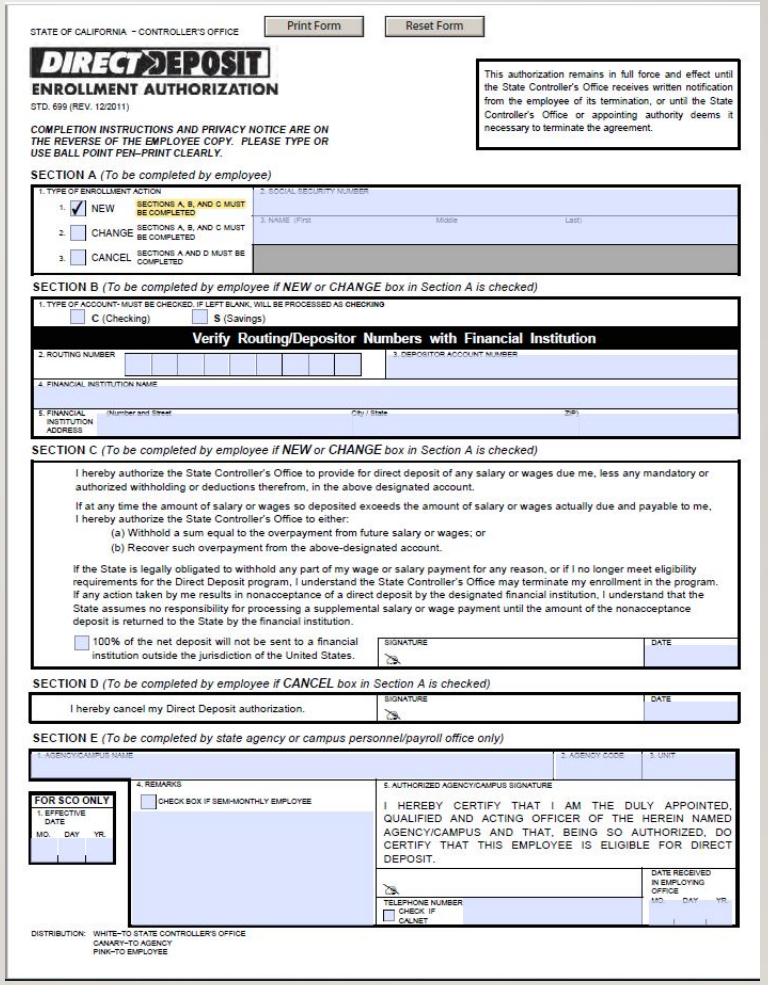
I *I certify that the above information is true and correct and that I have read the IRS Form W-4 and the applicable State form. Under the penalties of perjury, I certify that the number of withholding exemptions and allowances claimed on this certificate does not exceed the number to which I am entitled. If claiming exemption from withholding, I certify that I incurred no tax liability for last year and that I anticipate that I will incur no liability this year. I authorize my employer via the State Controller's Office to refund any overcollection of current/prior year Social Security and Medicare taxes; I certify that I shall not claim a tax refund or credit for these overcollections.*

EMPLOYEE'S SIGNATURE | DATE

PERSONNEL OFFICE USE

J | REVIEWER'S SIGNATURE | DATE | PHONE NUMBER

COMPLETE SECTIONS LISTED UNDER NEW FOR INITIAL ENROLLMENT OR SECTIONS LISTED UNDER BOX #2 OR #3 WHEN APPLICABLE.



STATE OF CALIFORNIA - CONTROLLER'S OFFICE

Print Form | Reset Form

DIRECT DEPOSIT

ENROLLMENT AUTHORIZATION

STD. 699 (REV. 12/2011)

This authorization remains in full force and effect until the State Controller's Office receives written notification from the employee of its termination, or until the State Controller's Office or appointing authority deems it necessary to terminate the agreement.

COMPLETION INSTRUCTIONS AND PRIVACY NOTICE ARE ON THE REVERSE OF THE EMPLOYEE COPY. PLEASE TYPE OR USE BALL POINT PEN–PRINT CLEARLY.

SECTION A *(To be completed by employee)*

1. TYPE OF ENROLLMENT ACTION
1. ☑ NEW — SECTIONS A, B, AND C MUST BE COMPLETED
2. ☐ CHANGE — SECTIONS A, B, AND C MUST BE COMPLETED
3. ☐ CANCEL — SECTIONS A AND D MUST BE COMPLETED

2. SOCIAL SECURITY NUMBER
3. NAME (First, Middle, Last)

SECTION B *(To be completed by employee if **NEW** or **CHANGE** box in Section A is checked)*

1. TYPE OF ACCOUNT- MUST BE CHECKED, IF LEFT BLANK, WILL BE PROCESSED AS CHECKING
☐ C (Checking) ☐ S (Savings)

Verify Routing/Depositor Numbers with Financial Institution

2. ROUTING NUMBER
3. DEPOSITOR ACCOUNT NUMBER
4. FINANCIAL INSTITUTION NAME
5. FINANCIAL INSTITUTION ADDRESS (Number and Street, City / State, ZIP)

SECTION C *(To be completed by employee if **NEW** or **CHANGE** box in Section A is checked)*

I hereby authorize the State Controller's Office to provide for direct deposit of any salary or wages due me, less any mandatory or authorized withholding or deductions therefrom, in the above designated account.

If at any time the amount of salary or wages so deposited exceeds the amount of salary or wages actually due and payable to me, I hereby authorize the State Controller's Office to either:
(a) Withhold a sum equal to the overpayment from future salary or wages; or
(b) Recover such overpayment from the above-designated account.

If the State is legally obligated to withhold any part of my wage or salary payment for any reason, or if I no longer meet eligibility requirements for the Direct Deposit program, I understand the State Controller's Office may terminate my enrollment in the program. If any action taken by me results in nonacceptance of a direct deposit by the designated financial institution, I understand that the State assumes no responsibility for processing a supplemental salary or wage payment until the amount of the nonacceptance deposit is returned to the State by the financial institution.

☐ 100% of the net deposit will not be sent to a financial institution outside the jurisdiction of the United States.

SIGNATURE | DATE

SECTION D *(To be completed by employee if **CANCEL** box in Section A is checked)*

I hereby cancel my Direct Deposit authorization.

SIGNATURE | DATE

SECTION E *(To be completed by state agency or campus personnel/payroll office only)*

1. AGENCY/CAMPUS NAME | 2. AGENCY CODE | 3. UNIT

FOR SCO ONLY
1. EFFECTIVE DATE MO. DAY YR.

4. REMARKS
☐ CHECK BOX IF SEMI-MONTHLY EMPLOYEE

5. AUTHORIZED AGENCY/CAMPUS SIGNATURE

I HEREBY CERTIFY THAT I AM THE DULY APPOINTED, QUALIFIED AND ACTING OFFICER OF THE HEREIN NAMED AGENCY/CAMPUS AND THAT, BEING SO AUTHORIZED, DO CERTIFY THAT THIS EMPLOYEE IS ELIGIBLE FOR DIRECT DEPOSIT.

DATE RECEIVED IN EMPLOYING OFFICE MO. DAY YR.

TELEPHONE NUMBER
☐ CHECK IF CALNET

DISTRIBUTION: WHITE–TO STATE CONTROLLER'S OFFICE
CANARY–TO AGENCY
PINK–TO EMPLOYEE

All highlighted sections should be completed.

Forms should be turned into the proper chain of command for signature (reference pay entitlement policy) and submitted to HQ personnel no later than the 25th of the month. Forms received without signature or without prior orders will not be processed. Again members should ensure they have a RAPTR profile for pay input and that profile information is accurate.

Forms received after this date or events occurring after the 25th will be processed in the next month's pay cycle.

CALFORNIA NATIONAL GUARD
CaESADS MANUAL ATTENDANCE RECORD

PART I

LAST NAME:	FIRST NAME:	RANK:	HOME STREET ADDRESS *(Must match MilPDS/SIDPERS)*:
SMITH	JOHN	CW2	1212 Walla Ln.

SSN:	UNIT:	CONTACT PHONE:	CITY:	STATE:	ZIPCODE:
XXX-XX-1234	CACC	(805) 782-6742	San Diego	CA	92093

DEPLOYED LOCATION: CSLO

FULL TIME STATUS

☐ TRADITIONAL / M-DAY ☐ TECHNICIAN ☐ AGR ☐ CIVILIAN
☐ TITLE 10 / TITLE 32 ORDERS ☐ CSMR ☐ SAD ☑ CACC

PART II

ATTENDANCE CODE REFERENCE
C CIVILIAN G AGR M MEDICAL (On duty) P PERMANENT STATE ACTIVE DUTY TE TECH (In leave/LWOP collecting ESAD or Fire Pay)
D TITLE 32 I IDT N TITLE 10 Q NOT PRESENT, NOT AUTHORIZED PAY X NOT PRESENT, AUTHORIZED PAY
E ESAD K CONTRACTOR O MEDICAL (Off duty) T TECHNICIAN

	MISSION #	INCIDENT#	ATTENDANCE CODE	FIRE CODE (if applicable)	DUTY PREFORMED	START DATE	END DATE	ENTERED IN CaESADS	SM INITIALS
1	N/A	N/A	E		IMA's & CACC Drill	2 May 19	5 May 19		JS
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

GENERAL INSTRUCTIONS

The use of California Emergency State Active Duty System (CaESADS) for state emergencies is mandatory. This form is used as manual backup for tracking attendance, personnel accountability, pay codes and as documentation for pay discrepancies. Certifying offices will not certify any member's duty in CaESADS until a initialed and signed copy of this form is received. OTAG Form 14s are due no later than 1200hrs on the last day of the pay cycle (15th and the last day of the month). Late forms will be entered during the following pay cycle resulting in a minimum delay of two weeks in receipt of pay.

FOR HQ CACC USE
PAYROLL #
NOTES:

DISPOSITION: OTAG Form 14s will be maintained by the certifying office for seven years following completion of the associated mission(s).

Certifying Official - Name and Signature | Date

OTAG FORM 14, 20150409 (Previous editions obsolete)

QUESTIONS???