

PAYROLL ADJUSTMENT NOTICE

STD. 674 (REV. 10-2000)

DOCUMENT NO.

(1) TO STATE CONTROLLER'S OFFICE: <input type="checkbox"/> ADMIN. & DISBURSEMENTS <input checked="" type="checkbox"/> PPSD/PAYROLL OPERATIONS PPSD UNIT DESTINATION: <input checked="" type="checkbox"/> PAYROLL <input type="checkbox"/> GARNISHMENTS <input type="checkbox"/> DISABILITY <input type="checkbox"/> RETIREMENT <input type="checkbox"/> W-2/Non USPS <input type="checkbox"/> BENEFIT DEDUCTIONS <input type="checkbox"/> MISC. DEDUCTIONS	(2) SOCIAL SECURITY NUMBER 999-99-9999	(3) NAME EE Name	(4) POSITION NUMBER																																																																	
				AGENCY 1 XXX	UNIT XXX	CLASS XXXX	SERIAL 900																																																													
(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW: <input checked="" type="checkbox"/> PAYMENT REQUEST <input type="checkbox"/> RETURN WARRANT ONLY ADJUSTMENT REQUEST <input type="checkbox"/> SALARY <input checked="" type="checkbox"/> TIME <input type="checkbox"/> TRANSFER OF FUNDS		PAY FREQUENCY <input type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI MONTHLY <input type="checkbox"/> BI WEEKLY <input checked="" type="checkbox"/> INTERMITTENT REMARKS: <p style="text-align: center;">SAMPLE 10 - ADJUSTMENT TO REGULAR HOURS - OUT OF HISTORY</p> <p style="text-align: center;">EMPLOYEE WAS UNDERPAID IN THE 5/2008 PP. CANNOT KEY. PAY PERIOD OF REQUEST IS OUT OF HISTORY.</p>																																																																		
		DATES/HOURS ON DOCK: <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31																															
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(6)	P	O	S	I	T	ISSUE DATE			PAY PERIOD		SALARY TYPE	SALARY FULL	TIME WORKED			APPT. FRAC.	GROSS TYPE	PMT. TYPE	PAY SUFFIX	ADJ. CODE	EARNINGS ID	SHIFT CODE	GROSS	NET PAY	ACCT. REC. OR WARRANT NO.	RELEASED	RETURNED	HELD BY CONTROLLER	
						MO.	DY.	YR.	T.	MO.			YR.	STD.	DYS.														HOURS
A.						06	05	08	0	05	08	4	12.36			152	00	1	0	0				1878.72	1459.46	01-111111	X		
PAYMENT PER SCO WARRANT REGISTER																													
B.									0	05	08	4	12.36			160	00	1	0	0				1977.60					
PAYMENT SHOULD BE																													
C.																													
UNDERPMT.																													

(7) FORM COMPLETED BY: YOUR NAME <small>(AGENCY NAME)</small>	TELEPHONE NUMBER AND EXTENSION (XXX) XXX-XXXX	I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES: Payroll information correct in accordance with B/C Rule 660. AUTHORIZED SIGNATURE _____ DATE _____
FROM: YOUR AGENCY		