

PAYROLL ADJUSTMENT NOTICE

STD. 674 (REV. 10-2000)

DOCUMENT NO.

(1) TO STATE CONTROLLER'S OFFICE: 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:12.5%;">AGENCY</th> <th style="width:12.5%;">UNIT</th> <th style="width:12.5%;">CLASS</th> <th style="width:12.5%;">SERIAL</th> <th style="width:12.5%;"></th> <th style="width:12.5%;"></th> </tr> <tr> <td>1 XXX</td> <td>XXX</td> <td>XXXX</td> <td>002</td> <td></td> <td></td> </tr> </table>				AGENCY	UNIT	CLASS	SERIAL			1 XXX	XXX	XXXX	002																																																						
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1 XXX	XXX	XXXX	002																																																																			
(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 checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI MONTHLY <input type="checkbox"/> BI WEEKLY <input type="checkbox"/> INTERMITTENT REMARKS: SAMPLE 11 - LESS DOCK FOR A FRACTIONAL EMPLOYEE EMPLOYEE HAS LESS DOCK AND IS DUE ADDITIONAL TIME. CANNOT KEY. THIS IS AN EXCEPTION FOR A FRACTIONAL EMPLOYEE.																																																																				
		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>4</td><td>4</td><td>4</td><td>4</td><td></td><td></td><td></td><td></td><td>4</td><td>4</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																	4	4	4	4					4	4						
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(6)	P	O	S	I	T	I	O	ISSUE DATE			PAY PERIOD			S	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															
								MO.	DY.	YR.	T.	MO.	YR.			STD.	DYS.	HOURS															
A.								12	01	08	0	11	08	1	2153.00		12			1/2	1	0	0			587.18	401.11	01-158916	X				
B.											0	11	08	1	2153.00		16			1/2	1	0	0			782.91							
C.																																	

(7) FORM COMPLETED BY: YOUR NAME (AGENCY NAME) FROM: YOUR AGENCY	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. AUTHORIZED SIGNATURE _____ DATE _____ Payroll information correct in accordance with B/C Rule 660.
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