

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	UNIT	CLASS	SERIAL																																																														
				1 XXX	200	XXXX	001																																																														
(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW: <input type="checkbox"/> PAYMENT REQUEST <input type="checkbox"/> RETURN WARRANT ONLY ADJUSTMENT REQUEST <input checked="" type="checkbox"/> SALARY <input type="checkbox"/> TIME <input checked="" 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 2 - TRANSFER AND ADJUSTMENT PLEASE TRANSFER OVERTIME TO CORRECT POSITION AND ADJUST RATE. EMPLOYEE WAS PROMOTED 4/13/09.																																																																		
DATES/HOURS ON DOCK: <table border="1" style="display: inline-table; 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></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																																	2 XXX 200 XXXX 901 3 XXX 201 XXXX 901			
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(6)	P	O	S	I	T	I	O	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													
								1	2	3	4	5	6			7	8	9													
A.								05	08	09	0	04	09	4	46.17			15	00	1	1	0	OT6		692.55	587.92	02-222222	X			
B.											0	04	09	4	46.17			5	00	1	1	0	OT6		230.85						
											0	04	09	4	48.60			10	00	1	1	0	OT6		486.00						
C.																															

(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. <small>Payroll information correct in accordance with B/C Rule 660.</small>
FROM: YOUR AGENCY	AUTHORIZED SIGNATURE	DATE