

PAYROLL ADJUSTMENT NOTICE

STD. 674 (REV. 10-2000)

DOCUMENT NO. 1 OF 2

(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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>AGENCY</th> <th>UNIT</th> <th>CLASS</th> <th>SERIAL</th> </tr> <tr> <td>1 XXX</td> <td>XXX</td> <td>XXXX</td> <td>901</td> </tr> <tr> <td>2 XXX</td> <td>XXX</td> <td>XXXX</td> <td>902</td> </tr> </table>	AGENCY	UNIT	CLASS	SERIAL	1 XXX	XXX	XXXX	901	2 XXX	XXX	XXXX	902																																																		
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2 XXX	XXX	XXXX	902																																																														
(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW: <input type="checkbox"/> PAYMENT REQUEST <input type="checkbox"/> RETURN WARRANT ONLY ADJUSTMENT REQUEST <input 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 5A - PAY PERIOD TRANSFER PACKAGE (1 OF 2) PLEASE TRANSFER PARTIAL HOURS FOR EID OF5 FROM 4/09 PP TO 5/09 PP.																																																															
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> </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 I O N	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.	PAYMENT PER SCO WARRANT REGISTER	1	05	08	09	0	04	09	4	29.00			35.00							1015.00	679.32	01-123456	X		
		1	05	08	09	0	04	09	4	18.15			15.00							272.25	189.40	01-123456	X		
		2	05	08	09	0	04	09	4	.75			35.00							26.25	19.50	01-123456	X		
B.	PAYMENT SHOULD BE	1				0	04	09	4	29.00			35.00							1015.00					
		1				0	04	09	4	18.15			2.00							36.30					
		2				0	04	09	4	.75			35.00							26.25					
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. <small>Payroll information correct in accordance with B/C Rule 660.</small>
FROM: YOUR AGENCY		AUTHORIZED SIGNATURE _____ DATE _____