DOCUMENT NO.

TO STATE CONTROLLER'S OFFICE:

✓ ADMIN. & DISBURSEMENTS

__ PPSD/PAYROLL OPERATIONS

PPSD UNIT DESTINATION:

- [x] PAYROLL
- [ ] GARNISHMENTS
- [ ] DISABILITY
- [ ] RETIREMENT
- [ ] W-2/Non USPS
- [ ] BENEFIT DEDUCTIONS
- [ ] MISC. DEDUCTIONS

(2) SOCIAL SECURITY NUMBER	(3) NAME		(4) POSITION NUMBER AGENCY	UNIT	CLASS	SERIAL
999-99-9999	EE Name	1	XXX	XXX	XXXX	900
		2				

(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:

- [ ] PAYMENT REQUEST
- [x] RETURN WARRANT ONLY

ADJUSTMENT REQUEST

- [ ] SALARY
- [ ] TIME
- [ ] TRANSFER OF FUNDS

PAY FREQUENCY

- [x] MONTHLY
- [ ] SEMI MONTHLY
- [ ] BI WEEKLY
- [ ] INTERMITTENT

REMARKS:

SAMPLE 6 - RETURN WARRANT ONLY

PLEASE REDEPOSIT WARRANT. EMPLOYEE IS NOT ENTITLED TO PAY.

DATES/HOURS ON DOCK:

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

(6)	POSITION	ISSUE DATE MO.	ISSUE DATE DY.	ISSUE DATE YR.	PAY PERIOD T.	PAY PERIOD MO.	PAY PERIOD YR.	SALARY TYPE	SALARY FULL	TIME WORKED STD.	TIME WORKED DYS.	TIME WORKED HOURS	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
A. PAYMENT PER SCO WARRANT REGISTER		07	03	09	0	06	09	4	46.17			24 00		1	1		0	OT6		1108.08	871.32	02-111111		X	
B. PAYMENT SHOULD BE																									
C. UNDERPMT.																									

FORM COMPLETED BY: YOUR NAME

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

(AGENCY NAME)

DM: YOUR AGENCY

AUTHORIZED SIGNATURE ▶