PAYROLL ADJUSTMENT NOTICE —ACCOUNTS RECEIVABLE (A/R)

STD. 674 A/R (REV. 12/2005)

DOCUMENT NUMBER
ATTACHMENT I-1 SAMPLE 4

(1) TO STATE CONTROLLER'S OFFICE:

- [ ] ADMIN. & DISBURSEMENTS
- [x] PPSD/PAYROLL SERVICES

PPSD UNIT DESTINATION:

- [x] PAYROLL
- [ ] BENEFITS
- [ ] DISABILITY
- [ ] W-2/Non USPS
- [ ] RETIREMENT
- [ ] DEDUCTIONS

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

CHANGE METHOD OF COLLECTION

- [x] FROM AGENCY COLLECTION TO PAYROLL DEDUCTION - ***BALANCE TO BE COLLECTED*** $ 359.95 NET
- [ ] FROM PAYROLL DEDUCTION TO AGENCY COLLECTION - ***BALANCE TO BE COLLECTED*** $ _____ NET
- [ ] REVERSE PAYROLL DEDUCTION A/R
  PLEASE REFUND AMOUNT COLLECTED $ _____ NET
- [ ] OVER-COLLECTION OF PAYROLL DEDUCTION A/R - PAY PERIODS OF DEDUCTION _____
  PLEASE REFUND AMOUNT COLLECTED $ _____ NET
- [ ] REVERSE AGENCY COLLECTION A/R

REMARKS:

Please change A/R # 45678 for the 1/09 pp from agency collection to payroll deduction. Recover A/R in 10 pay periods.

(5) ESTABLISH/CORRECT/ADJUST AS INDICATED BELOW:

- [x] ACCOUNTS RECEIVABLE
- [ ] REDEPOSIT WITH A/R
- [ ] TRANSFER OF FUNDS WITH A/R

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 DAY	ISSUE DATE YR.	PAY PERIOD T	PAY PERIOD MO.	PAY PERIOD YR.	SALARY TYPE	SALARY FULL	TIME WORKED STD.	TIME WORKED DAYS	TIME WORKED HOURS	APPT. FRAC.	GROSS TYPE	PMT. TYPE	PAY SUFFIX	ADJ. CODE	EARNINGS I.D.	SHIFT CODE	GROSS	NET PAY	ACCT. REC. OR WARRANT NO.	RELEASED	RETURNED	HELD BY CONTROLLER
A PMT. PER SCO WRNT. REG.		03	06	09	0	01	09	1	3062.00					1	0		2			-460.00	-359.95	A/R #45678			
B PMT. S/B																									

C OVERPAYMENT TO BE RECOVERED BY:

- [ ] AGENCY COLLECTION
- [x] PAYROLL DEDUCTION *(Specify type)*
  - [ ] 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD
  - [x] 10 (NO.) DEDUCTIONS BEGINNING WITH PAY PERIOD 04/09
  - [ ] 2% OF SALARY RATE OR 1/12 OF ACCOUNTS RECEIVABLE NET

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674 A/R, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND.

Payroll information correct in accordance with B/C Rule 660.

(7) COMPLETED BY: YOUR NAME

TELEPHONE NUMBER AND EXTENSION: (xxx) XXX-XXXX

FROM (Agency Name): YOUR AGENCY

AUTHORIZED SIGNATURE

DATE SIGNED