STATE OF CALIFORNIA

PAYROLL ADJUSTMENT NOTICE

STD. 674 (REV. 10-2000)

DOCUMENT NO.

(1) TO STATE CONTROLLER'S OFFICE:

__ ADMIN. & DISBURSEMENTS

✓ PPSD/PAYROLL OPERATIONS

PPSD UNIT DESTINATION:

- ☐ PAYROLL
- ☐ GARNISHMENTS
- ☑ DISABILITY
- ☐ RETIREMENT
- ☐ W-2/Non USPS
- ☐ BENEFIT DEDUCTIONS
- ☐ MISC. DEDUCTIONS

(2) SOCIAL SECURITY NUMBER: 888-88-8888

(3) NAME: COMPLETE

(4) POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1	XXXX	XXX	XXXX	XXX
2				

(5) **CORRECT/ISSUE PAYMENT AS INDICATED BELOW:**

- ☑ PAYMENT REQUEST
- ☐ RETURN WARRANT ONLY

ADJUSTMENT REQUEST

- ☐ SALARY ☐ TIME
- ☐ TRANSFER OF FUNDS

PAY FREQUENCY: ☐ MONTHLY ☐ SEMI MONTHLY ☐ BI WEEKLY ☐ INTERMITTENT

REMARKS:

1. PER GC 19863 EMPLOYEE ABSENT ON TD FROM 08/13/14 THRU 08/31/14
A. 5562/ 176 = 31.60 B. 2322.56/ 31.60=73.49 ROUND TO 73 HRS.= 9 DAYS 1 HR
C. EMPLOYEE ENTITLED TO 3 DAYS 7 HRS AS FULL SUPPLEMENTATION
D. DATES AND HOURS WORKED NONE/ A/R NONE
II SCIF DAILY RATE 122.24 WAGE LOSS N/A ABATEMENT N/A

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		08	31	14					IDL & SUP		9				N			IDL		2275.36	1926.21	COMPELET			
									SCIF		9	1 00								2322.56					
									TOTAL		18	1 00								4567.89					
B. PAYMENT SHOULD BE									IDL & SUP		9				N			IDL		2275.26	1926.21				
									SCIF		9	1 00								2322.56					
									SUPPL		3	7 00								964.08					
									TOTAL		22									5561.94					
C. UNDERPMT.																									

(7) FORM COMPLETED BY: ▶

(AGENCY NAME)

FROM:

TELEPHONE NUMBER AND EXTENSION ( )

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.

AUTHORIZED SIGNATURE ▶

DATE