

DOCUMENT NUMBER _____

(1) TO STATE CONTROLLER'S OFFICE: ADMIN. & DISBURSEMENTS
 PPSD/PAYROLL SERVICES
 PPSD UNIT DESTINATION: _____

(2) SOCIAL SECURITY NUMBER: 999-99-9999

(3) NAME: COMPLETE

(4) POSITION NUMBER: AGENCY: XXX UNIT: XXX CLASS: XXXX SERIAL: XXX

CHANGE METHOD OF COLLECTION

FROM AGENCY COLLECTION TO PAYROLL DEDUCTION - BALANCE TO BE COLLECTED 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 PLEASE REFUND AMOUNT COLLECTED NET \$ _____

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

ACCOUNT'S RECEIVABLE

REVERSE A/R

REDEPOSIT WITH A/R

TRANSFER OF FUNDS WITH A/R

NET \$ _____

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
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A	PMT. PER SCO WRNT. REG.	POSITION	ISSUE DATE			PAY PERIOD		SALARY TYPE	SALARY FULL	TIME WORKED		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								
			MO.	DAY	YR.	T	MO.			YR.	STD. DAYS														HOURS							
B	PMT. S/B								COMPLETE																							

C OVERPAYMENT TO BE RECOVERED BY:

AGENCY COLLECTION

PAYROLL DEDUCTION (Specify type)

1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD

2% OF SALARY RATE OR 1/12 OF ACCOUNTS RECEIVABLE NET

(NO.) DEDUCTIONS BEGINNING WITH PAY PERIOD _____ MM/YY _____

TELEPHONE NUMBER AND EXTENSION () _____

FROM (Agency Name) _____

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 A/R, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND.

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

AUTHORIZED SIGNATURE _____ DATE SIGNED _____

STATE OF CALIFORNIA
PAYROLL ADJUSTMENT NOTICE
 STD. 674 (REV. 10-2000)

DOCUMENT NO. _____

(1) TO STATE CONTROLLER'S OFFICE: _____ (2) SOCIAL SECURITY NUMBER: 999-99-9999 (3) NAME: COMPLETE

ADMIN. & DISBURSEMENTS
 PPSP/PAYROLL OPERATIONS
 PPSP UNIT DESTINATION:
 PAYROLL
 GARNISHMENTS
 DISABILITY
 RETIREMENT
 W-2/Non USPS
 BENEFIT DEDUCTIONS
 MISC. DEDUCTIONS

(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:
 TOTAL STATE SALARY \$\$\$\$\$
 LESS MILITARY PAY \$\$\$\$\$
 TOTAL STATE OWES EE \$\$\$\$\$
 LESS STATE PAID EE \$\$\$\$\$
 TOTAL ADJUSTMETN \$\$\$\$\$ (note if EE was over paid use 674AR)

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
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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.	ST.													
A.							Complete				0											
							Complete				7											
B.							Complete															
C.																						

(7) FORM COMPLETED BY: _____ TELEPHONE NUMBER AND EXTENSION: _____
 (AGENCY NAME) _____

FROM: _____ 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 650. AUTHORIZED SIGNATURE _____ DATE _____