

STATE OF CALIFORNIA

PAYROLL ADJUSTMENT NOTICE

STD 674 (REV. 5-98)

DOCUMENT NO. _____

(1) TO: STATE CONTROLLER'S OFFICE: <input checked="" type="checkbox"/> DISBURSEMENTS AND SUPPORT <input type="checkbox"/> PPSD/PAYROLL OPERATIONS PPSD UNIT DESTINATION: <input type="checkbox"/> PAYROLL <input checked="" 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 COMPLETE	(3) NAME COMPLETE	(4) POSITION NUMBER <table border="1"><tr><th>AGENCY</th><th>UNIT</th><th>CLASS</th><th>SERIAL</th></tr><tr><td>1</td><td>COMPLETE</td><td></td><td></td></tr><tr><td>2</td><td></td><td></td><td></td></tr></table>				AGENCY	UNIT	CLASS	SERIAL	1	COMPLETE			2																																																	
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2																																																																
(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 type="checkbox"/> TRANSFER OF FUNDS		PAY FREQUENCY <input type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI MONTHLY <input type="checkbox"/> BI WEEKLY <input type="checkbox"/> INTERMITTENT REMARKS: PLEASE REDEPOSIT AND REISSUE WITH THE FOLLOWING GARNISHMENTS: 038: \$500.00 339-002: \$75.00																																																														
DATES/HOURS ON DOCK:		<table border="1"><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><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><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)	POSITION	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.		11	01	98	0	10	98		2993.00	1					0							02-111111	X		
	PAYMENT PER SCO WARRANT REGISTER																								
B.					0	10	98		2993.00	1					0										
	PAYMENT SHOULD BE																								
C.																									
	OVERPMT																								
	UNDERPMT																								

(7) FORM COMPLETED BY: COMPLETE	TELEPHONE NUMBER AND EXTENSION () COMPLETE	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 BC Rule 660	
FROM: COMPLETE		AUTHORIZED SIGNATURE COMPLETE	DATE COMPLETE