State Controller's Office

Payroll Procedures Manual

# Section D
# Attendance Reporting

Rev. 07/2026

## Table of Contents

REFERENCES:

| | |
|---|---|
| G.C. | 18003 |
| SUAM (CSU) | 6300 |
| G.C. | 12475 |
| SAM | 8512, 8534, 8539 |

## Section D 001: INTRODUCTION (Revised 03/97)

This explains "regular time" attendance reporting requirements and reconciliation of attendance.

"Regular time" is the normal time required for an employee to perform the duties of a position according to the work week group definition of the class. Usually, it is a 40 hour work week; it is NOT overtime/extra hours.

The USPS has 21 or 22 work days in each "pay period." Beginning and ending dates vary. See Section D 200 for listing of inclusive dates. Departments/campuses have the full responsibility for accurate preparation of attendance reports.

There are three types of pay plans not using the 21/22 day pay periods academic employees (see F 001), statutory officers (effective date of appointment prior to January 1, 2012) (see I 600), and biweekly employees (see D 201).

Official department/campus record of attendance/absence may be maintained on forms other than the Time and Attendance Report, Form 672.

## Section D 002: MAXIMUM TIME FOR PAY PERIOD EACH POSITION (Revised 11/14)

No state employee may be paid more than 21/22 days in a pay period unless paid as "extra hours." Shift employees must be reported on dock if sufficient excess credit or leave credit have not been accrued and the normal shift is less than 21/22 days (see Section D 106).

NOTE: If the employee is paid on a monthly basis (regular pay) or is cashing out leave time on a monthly basis (lump sum or other leave time cash out) the payroll history system (HIST) may reflect either the actual number of days for the full pay period or if a full pay period, 99 may be reflected. If the full pay period is paid and 99 is reflected, this is NOT an indication that we paid 99 days, it is an indication that the maximum number of days for the given pay period were paid. Please review the appropriate calendar (civil service or academic) to find the actual number of days that would equal a full pay period for that specific period.

PAR/PPTs submitted to Personnel Operations will show the regular time the employee is to be paid in the pay period in which the transaction is effective (including holiday, sick leave, vacation, compensable time off, etc.). The time shown in the second status/position must not be more than the difference between the normal 21/22 days in the pay period and the number

of days paid in the first status/position. Additional time worked will be considered as excess hours.

A separating employee will be paid for the time worked during the pay period plus vacation/extra hours. If the total time including lump sum payments exceeds the normal 21/22 days in the pay period, the excess will be applied to the following pay period. A new employee appointed to the same position in the same pay period will not be paid more than the difference between the normal number of workdays and the number of days paid to the former employee for that pay period.

EXCEPTION: If one of the employees is paid from blanket funds, payments may overlap.

## Section D 003: TIME AND ATTENDANCE REPORT FORM 672 (Revised 02/26)

GENERAL INFORMATION

The Time and Attendance Report, Form 672 is used to request Regular Pay for positive pay employees (rolls 3 - 8) and certify attendance for negative roll reporting units (rolls 1 and 2). Refer to Section M, Monthly Payroll Certification (MPC) System for keying attendance certification for negative roll reporting units.

The Form 672 can also be used to request all types of miscellaneous pays (e.g., overtime, holiday pay, shift differential and premium pays) for negative and positive roll employees (refer to Section G for document completion and PIP exceptions for miscellaneous pays).

Two versions of the 672, one with a calendar (PD672C) and one without the calendar (PD672), will be available on Mobius View prior to the beginning of each pay period.

The form will be prepopulated based on the following Employment History information as of cutoff in the previous month:

- Social Security Number
- Employee Name
- Position Number
- Time Base Fraction
- CBID

Separate Forms 672 will be available for each:

- Pay Period Type
- Agency Code
- Reporting Unit Code
- Roll Code

Within each Form 672, the employees will be sorted by ascending class code, then serial number, then Social Security Number order.

The last page for each agency/unit/roll code with totals completed must be signed by an authorized person, dated at the top of "date keyed," and retained by the department/campus for post audit purposes.

Agencies and Campuses can retrieve the PD 672 via Mobius View under the following Report ID and Report Name:

**Mobius View**

| Report ID: | Report Name: |
|---|---|
| PD672 | (PPS) Payroll – Employee Time Accounting 672 Forms |
| PD672C | (PPS) Payroll – Employee Time Accounting 672 Forms with Calendar |

Please note that this report is only viewable on Mobius View. It is not viewable on ViewDirect. Effective August 1, 2022, the printed version of the PD 672 will cease to be printed.

For questions regarding paperless PD 672 or PD 672C reports on Mobius, please contact DSA@sco.ca.gov.

If you need a blank 672 document, please use the STD. 672, which can be found on the Department of General Services website.

ADDING AN EMPLOYEE

Social Security Number, Name, Class Code and Serial Number of employee(s) to be added to the prepopulated Form 672 must be typed or printed in ink after the last preprinted name on the last page of the attendance for the reporting unit.

1. Enter an "X" in the OK (indicator) Box
2. Complete ERN ID, DAYS, HOURS and/or RATE as required
3. Enter Alternate Fund Code, if applicable.

Holidays shall be counted and reported as workdays if the employee is entitled to them.

Attendance must be certified on a separate line entry for each employee by:

- Position Number
- Time Base Fraction
- Salary Rate:
  - Always shown for Trade Rate employees.
  - Show for negative only if monthly payroll reflects two payments.

SEPARATIONS/DELETIONS

An employee who separates but is carried on attendance for accrued leave and overtime prior to the effective dates on the PAR/PPT shall be reported on Form 672 through the effective date of separation.

If an employee separates and receives lump sum, the employee shall be reported as separated in the current pay period. If employee's name appears on Form 672 in the following pay period, the name must be lined off.

If Human Resources (HR) keys a permanent separation and the final lump sum separation pay does not issue, HR must submit a STD. 674 through ConnectHR to request processing of the lump sum payment.

The STD. 674 must be uploaded in ConnectHR using the dropdown selection:

**"CS Payroll – Std. 674 Perm Separation No Final Pay."**

This ConnectHR submission notifies the SCO AB2410 team that a separation has been keyed and the final pay did not issue.

The SCO AB2410 team will monitor and process documents submitted through this ConnectHR workflow daily.

Samples STD. 674 are in ***D-1 Index Payroll Adjustment Notice - Form STD. 674 Samples***

If PAR/PPT was "X" immediate pay, enter the time for the pay period in the days/hours columns with the notation "sep" in the rate column (abbreviation for separated). Time shown in the days/hours columns is NOT to be included in the page/unit totals.

If an employee is documented to/from disability leave by PAR/PPT, show the time worked to/after the date returned from each disability. Sick leave and vacation for payments to supplement TD are NOT to be entered on attendance but should be reported, per instructions for TD (see Disability E 300).

## Section D 004: POSTIVE ATTENDANCE ROLL CODES 3-8 (Revised 12/00)

"Positive" attendance is for employees whose warrants/payments are written AFTER the close of the pay period. Payment is made based on ACTUAL time worked rather than on the anticipated time as in the case of negative attendance.

For monthly and daily salary rate employees **(roll codes 5 and 8)**, if the total hours exceed the number of possible hours in a workday for an employee, hours must be converted to days and remaining hours.

Enter the total regular days, hours/hundredths in applicable columns for all employees. Refer to the PPM section D 013 for Form 672 completion requirements.

Payroll for positive attendance will be prepared from the Forms 672; delay in submitting or keying the attendance will cause a subsequent delay in payments.

"Positive Attendance Reconciliation Totals" for employees paid monthly **(roll codes 3 and 5)** will print on the warrant register in the "monthly days" and/or the "monthly hours" boxes. Totals will consist of time paid in a cycle for all roll codes 3 and 5 earnings for the pay period just ended.

"Positive Attendance Reconciliation Totals" for employees paid semimonthly or biweekly **(roll codes 4, 6, 7, and 8)** will be reflected on the Payroll Warrant Register in the "other days" and/or "other hours" boxes. Totals will consist of time paid in a cycle for all roll codes 4, 6, 7, and 8 earnings for the pay period just ended.

If the totals on the Form 672 (including supplemental pay) agree with the "Positive Attendance Reconciliation Totals" on the Payroll Warrant Register, it is an indication that the payroll issued is correct.

If the totals on the Form 672 do not agree with the "Positive Attendance Reconciliation Totals" on the Payroll Warrant Register, it is an indication that a line by line reconciliation is required. A Pay Adjustment Request, form STD. 683, may be keyed via PIP. See Section D 004.1. A Payroll Adjustment Notice, form STD. 674, (see Section D 010) may be necessary.

## Section D 004.1: PAY ADJUSTMENTS (Revised 04/15)

Adjustments to intermittent regular pay previously issued are processed via PIP using a Form STD. 683 (available on DGS web site or from DGS Stores). See PPM Section K for PIP System Instructions.

## Section D 004.2: EXCEPTIONS TO FORM STD. 683 (Revised 07/09)

A form STD. 683 cannot be used for the following conditions:

- Pay period prior to current month plus 12 months (submit STD. 674).
- When an overtime payment is issued without Payment Suffix F, (e.g., Earnings ID OT6 or OT9), do not use form STD. 683 to adjust the payment to reflect special computed rate with Payment Suffix F (e.g., Earnings ID OF6) submit form STD. 674.
- Mid-month salary increase where salary adjustment is due for partial hours in the pay period (e.g., 100 hours issued in the pay period. Employee is due a salary adjustment for only 60 of those hours.) – submit a form STD. 674.
- Payment type other than 0, 1, 2, Y, or L – submit a form STD. 674.
- Regular Pay for Negative Attendance Payroll (Roll 1 and 2) – see PPM Section D 010.
- A/Rs – adjustment is less than original payment – see PPM Section I 001.

## Section D 004.3: COMPLETION OF FORM STD. 683 (Revised 07/09)

| Item # | Completion Requirements |
|---|---|
| 1-5 | Must be completed. |
| 6-8 | For your use. |
| 9-13 | Must be completed.<br>NOTE: Position Number (Items 1, 2, 12 and 13) must match position number of payment being adjusted. |
| 14 | For your use. |
| 15 | Salary Rate per Warrant Register. |
| 16-17 | As applicable per Warrant Register<br>NOTE: If pay has already been adjusted, combine totals. |
| 18 | As applicable per Warrant Register. |
| 19 | Must be completed per Warrant Register. |
| 20 | As applicable per Warrant Register. |
| 21 | Required with Payment Type Ø only. |
| 22-24 | Complete pay as should be. |
| 25 | Complete if applicable. |
| 26-28 | Total of columns 22, 23, 24. |

NOTE: The form STD. 683 is only used for PIP Keying. DO NOT submit to SCO for processing.

## Section D 005: SPECIAL EMERGENCY ROLL CODE 0 (Revised 12/00)

"Special Emergency" attendance is for employees appointed under the procedures for:

- Special Emergency
- Short Term (limited or temporary)
- Short Term Exempt
- Retired Annuitant (for separation pay)

Immediate Pay appointment/separation PAR/PPT documents processed for these types of employees generate the payments.

Payments are based on the **Time To Be Paid** that the department/campus enters on the PAR/PPT appointment document.

The **Time To Be Paid** entered on the PAR/PPT appointment document also suffices as the certification of attendance.

Form 672 (Time and Attendance Report) to certify the attendance for these appointments is not required.

## Section D 006: NEGATIVE ATTENDANCE ROLL CODES 1 AND 2 (Revised 07/22)

### Explanation

"Negative" attendance is for employees paid on the "monthly" payroll. This payroll is prepared in advance of the close of the pay period and is based on anticipated time worked through the end of the pay period.

After a negative employee is entered on the Employment History Data Base, warrants will automatically be issued each pay period unless there is a PAR/PPT to change Employment History or a Form STD. 603 to change the time to be paid.

### Payroll Reconciliation - Certification of Attendance

Full time worked by a monthly salary rate employee shall be certified by entering a check mark "√" in the STD box for full month (standard) pay for each position and time base.

If the employee did not work a standard 21/22 workday pay period, enter the number of days to be paid in the NON STD TIME DAYS box and number of hours/hundredths in the NON STD TIME HOURS box.

### Box Totals

If the total hours for an EMPLOYEE exceeds the number of hours possible in a workday, the hours must be converted to days and remaining hours; e.g., 10 hours = 1 day 2 hours.

For a fractional time base employee, show total time worked as the number of employee's FRACTIONAL DAYS in the NON STD TIME DAYS box and the remaining ACTUAL HOURS in the NON STD TIME HOURS box. Do not show more hours for one day than is possible for a specific fraction. Example: an employee with a fractional timebase of 3/5 has a possible 4.8 hours for

one day. If certifying hours for this employee, the hours must be less than 4.8 as 4.8 hours in this case is equal to one day.

Complete "ATTENDANCE TOTALS FOR THIS UNIT" (SUM OF PAGE TOTALS) box on the last page of the report for each reporting unit/roll code. If more than one page is used, the "ATTENDANCE TOTALS THIS PAGE ONLY" must be completed for EACH PAGE.

Enter:

1. The number of employees with check marks ("√") in the TIME WORKED STD box.
2. Total days shown in the NON STD TIME DAYS box.
3. Total hours/hundredths in the NON STD TIME HOURS box. Do NOT convert the hours into days.

If the Form 672 totals agree with the totals on the monthly payroll warrant register, complete Box A - NO EXCEPTIONS at the top of the form located below the "Authorized Signature" line.

If the totals on the attendance do NOT agree with the monthly payroll totals, check the appropriate EXCEPTIONS box:

- Box B - EXCEPTIONS - NO WARRANTS FOR REDEPOSIT
  or
- Box C - EXCEPTIONS - WITH WARRANTS FOR REDEPOSIT

When Form 672 for negative attendance has "Box B or C – EXCEPTIONS" indicated, a Report of Exceptions, form STD. 666, must be attached (see Section D 007).

The Form 672 and certification of attendance for every agency, reporting unit, roll code must be completed promptly after the close of the pay period.

Keying Certification of Attendance

Failure to key the certification of attendance could result in future payrolls being withheld. Departments and campuses must key the certification of attendance via the Monthly Payroll Certification (MPC) System for all reporting units that have NO EXCEPTIONS or EXCEPTIONS WITH OR WITHOUT warrants for redeposit. Agency/Campus will certify attendance and update MPC for Exception reporting units WITH WARRANTS FOR REDEPOSIT, after verifying the redeposit(s) via the online pay history (HIST) system. Refer to PPM Section M, Monthly Payroll Certification (MPC) for keying instructions and exception conditions.

Retroactivity

After the close of a pay period, if a PAR/PPT indicates a change from one position to another position, an incorrect warrant may have been issued under the old position. The payment will not process until the agency/campus updates the MPC as well as enters the appropriate time to be paid via the ETC (Employee Time Certification) process. If the disposition of the warrant is determined to have been released to the employee, a transfer of funds (and supplemental warrant, if required) will be made once the department/campus has updated the certification status on the Monthly Payroll Certification (MPC) System. If the incorrect warrant is returned/redeposited, correct warrants for each position/time base will be issued once the

agency/campus updates the MPC and processes the related attendance certification via the ETC.

*IMPORTANT – If MPC is updated prior to the redeposit and the new payment was to be the result of an update to employment history (PAR/PPT), a Std. 674 may then be required to set up the payment.

Retroactive adjustments will not process until a comparison of the form STD. 666 and certification of attendance indicate the disposition of warrants for the pay periods involved by the retroactive documents.

An employee may be appointed/transferred retroactively to a different class and attendance was certified in the former class and received payment. If a PAR/PPT has been processed which certified the employee was working in the new class beginning with the effective date on the document, a new certification is NOT required.

Supplemental warrants for ADDITIONAL time/money from documentation received after monthly payroll cutoff day or new appointment, may be issued in "green cycles." Green cycles are the cycles (usually 3) following monthly payroll cutoff through the last cycle for the pay period. Green cycle payments must be entered on form STD. 666 as they are an exception to the original monthly payroll. No payments for the pay period will be issued after green cycle until the MPC System has been updated.

## Section D 007: REPORT OF EXCEPTIONS TO PAYROLL FORM STD. 666 (Revised 07/22)

Report of Exceptions, form STD. 666, (available on DGS web site or from DGS Stores) is only for reconciling negative attendance.

Departments/campuses are responsible for withholding and returning any warrant for more time/money than actually earned. For specific completion instructions on returning a warrant(s) on the form STD. 666, refer to Section I 314.

NOTE: If the warrant being returned has a credit union deduction, the employee should be notified that although the deduction may be posted to their credit union account, that specific deduction will be reversed as a necessary part of the redeposit process.

All payments for a pay period, issued in green clearance for Roll Codes 1 and 2, are always an exception to the monthly payroll and must be entered on form STD. 666.

Complete the following items in lower left corner on form STD. 666:

1. Agency/reporting unit
2. Pay period type, month, year
3. Total time reported (Item 11): Total time from the attendance report in Column 5; from the monthly payroll warrant register in Column 6.

For each employee for whom there is a difference between the time worked in a position and the time paid on the monthly payroll warrant register, a line entry must be completed as follows:

- Social security number
- Employee name
- *Class, Serial
- Actual time employed per attendance report standard or days, hours/hundredths, *time base if applicable
- Time paid per warrant register standard or days, hours/hundredths, *time-base if applicable
- Net amount - only complete if returning the warrant on the form STD. 666
- Warrant number - only complete if returning the warrant on the form STD. 666
- Disposition of warrant - complete only with codes 1, 2, and 3; otherwise, leave blank
  - Code 1 - only if releasing the warrant
  - Code 2 - only if returning the warrant
  - Code 3 - only if warrant was redeposited by Controllers
- Remarks reference the reason that caused the difference (e.g., 603, Sep., etc.)

If the employee receives a green clearance warrant, a two line entry is required. List the employee at the top of form STD. 666 certifying time and below in Columns 6 through 9 verifying disposition of the green clearance warrant.

If a warrant is being returned on form STD. 666 as an exception to monthly payroll and there should also be a garnishment deduction, a form STD. 674 must be attached. Refer to Section I 317 for specific completion instructions.

**EXCEPTION:**

If the employee's warrant is returned for redeposit and reissue and a garnishment was withheld for a specific amount: e.g., child/spousal support (038) or support arrearages (339 002), the original garnishment warrant may be released if the same garnishment warrant will be reissued.

However, it is **extremely** important that verification be made to ensure that sufficient disposable earnings are available to withhold the garnishment when the payment is rescheduled. This includes verifying that another garnishment (with higher priority) has not been established subsequently, that would prevent the original garnishment from being

* If there is a difference in position number or time base between the actual time worked and time paid or time to be paid, a two line entry is required.

withheld again. Also, your actions should be documented if other staff handle your desk; and we suggest you notify your Accounting Office.

Once the second garnishment warrant is received, it **must** be returned to Division of Disbursements and Support (DDS) to satisfy the original redeposited warrant. If the second garnishment warrant is mistakenly released, it is the personnel/payroll office's responsibility to resolve the overpayment with the employee and/or payee. If unresolved, DDS will establish an account receivable against the department/campus for the amount of the garnishment deduction.

Columns 5 and 6 must be totaled and shown in Item 10, Total of Differences. These totals will then be subtracted from Item 11, Total Time Reported, and the difference will be entered in Item 12, Reconciliation, at the foot of each column. The final totals under Column 5 must be identical to the totals under Column 6 (Note: Do not include green clearance warrant totals from Column 6 in Items 10 and 11 since the totals are not included in the monthly payroll warrant register totals).

IMPORTANT: An entry of time worked on form STD. 666 and entry to the ETC (Employee Time Certification) is only the certification of time, IT IS NOT A REQUEST FOR PAYMENT. Necessary documentation must also be processed. Documents which have not been processed but which are required for payments (e.g., 603, PAR/PPT, 674), should be processed as soon as possible to ensure timely payments.

## Section D 008.1: WARRANTS TO BE HELD (Revised 03/15)

Each payroll cycle, the Operations Support Unit prepares a LIST OF WARRANTS TO BE HELD. This list is electronically transmitted to the Division of Disbursements Warrant Desk. Based on this information the paper warrants requested are held for redeposit. For any retained (stripped) Direct Deposit payments a copy of the payments to be held list for the agency reporting unit is sent to the agency so that they are aware that the advice slip should not be provided to the employee.

No reconciliation is to be made on these listings and departments/campuses should not return them to Payroll Operations as they are informational only.

## Section D 009: SUPPLEMENTAL FORM EMPLOYEE TIME CERTIFICATION FORM STD. 966 (Revised 12/00)

This form is used to certify retroactive additions or corrections to negative (roll 1 and 2) time (CONDITION SUSP A). Verify special conditions (i.e., garnishments, direct deposits, stipulations) that may require special consideration when processing the form STD. 966.

Key via PIP for the following conditions:

- Retroactive Dock
- Retroactive PAR/PPT
- Retroactive Corrections to CD 666

See PPM Section K for PIP System instructions.

## Section D 009.1: FORM STD. 966 PIP EXCEPTIONS (Revised 12/00)

Pay period is PRIOR to current month plus 12 previous months - Submit form STD. 674.

For CURRENT pay period - follow regular MPC procedures.

## Section D 009.2: COMPLETION OF FORM STD. 966 (Revised 04/15)

| Item # | Completion Requirements |
|---|---|
| 1 | Agency Code |
| 2 | Unit |
| 3 | Payment Type |
| 4-5 | Month/Year (Cannot be current pay period) |
| 6-8 | For your use. |
| 9 | Social Security Number |
| 10 | First and middle initials |
| 11 | Last name |
| 12 | Class Code |
| 13 | Serial Number |
| 14 | Enter "1" if certifying a full month.<br>NOTE: A full month will display as 99 days on HIST or the suspended record listing. |
| 15-16 | Complete if NOT certifying a full month |
| 17 | Must match time base shown on suspended pay record (if applicable). |
| 18 | For your use. |

## Section D 010: PAYROLL ADJUSTMENT NOTICE FORM STD. 674 (Revised 03/02)

A Payroll Adjustment Notice, form STD. 674 (available on DGS web site or from DGS Stores) is a multi-use document for the following attendance/warrant processes:

- Certification of time (includes time worked while on Temporary Disability Leave)
- Return warrants for redeposit and, if applicable, the request for reschedule
- Return warrants for garnishment/notification of garnishment to be rescheduled
- Request transfer of funds
- Inquiry
- Request payments that cannot be keyed on the Payroll Input Process (PIP) System (refer to PPM D 009)

NOTE: Form STD. 674D should be used to request payment for an employee who is working while on NDI or IDL (see Disability Section E).

## Section D 011: COMPLETION OF FORM STD. 674 (Revised 06/26)

Form STD. 674 must be completed as follows:

| | |
|---|---|
| 1 | Select the applicable Division and/or Unit destination of the form STD. 674. |
| 2 | Complete employee's social security number. |
| 3 | Complete employee name (first and middle initial and last name). |
| 4 | Complete employee's position number(s) (agency, reporting unit, class, and serial) for the payment(s) being requested or adjusted. |
| 5 | "X" applicable box(es).<br>Payroll Frequency: "X" applicable box(es). |
| REMARKS: | Complete a full explanation of action to be taken.<br>Dates/Hours on Dock if applicable, enter the dock hours (partial hours in hundredths) in the numbered date boxes (e.g., #1 equals the 1st of the month) |
| 6A | PAYMENT PER CONTROLLER WARRANT REGISTER - must be completed for payments already issued and released for the pay period and payment type involved.<br>EXCEPTIONS: CSU final settlement and year end requests and disability pay requests must show all warrants issued and released for the pay period.<br>To reflect a summarized warrant in Item 6A, refer to PPM Section D 012.<br>DO NOT complete for warrants that have been previously returned.<br>To return a payroll warrant(s), refer to PPM, Section I 310 for specific completion instructions. |
| POSITION | Complete Position Identifier from Item 4 - Position Number (e.g., "1" or "2") if the request affects more than one position number. |
| ISSUE DATE | Complete. |

| | |
|---|---|
| PAY PERIOD | Complete pay period type, month and year. |
| SALARY TYPE | May be completed. |
| SALARY RATE | Complete. |
| TIME WORKED | Complete if applicable. |
| APPT. FRAC. | Complete appointment fraction if less than full time; otherwise, leave blank. |
| GROSS TYPE | Complete. |
| PMT TYPE | Complete. |
| PAY SUFFIX | Complete if applicable |
| ADJ. CODE | Complete. |
| EARNINGS ID | Complete if applicable. |
| SHIFT CODE | Complete if applicable. |
| GROSS | Complete. |
| NET PAY | Complete. |
| ACCT. REC. or WARRANT NO. | Complete. |
| "RELEASED BOX" | Complete for released warrants only.<br>IMPORTANT: If the "Released" box is X'd and the warrant is attached, the ADD will return the documentation for verification. |
| "RETURNED BOX" | Complete for returned warrants only.<br>IMPORTANT: If the "Returned" is X'd and the warrant is not attached, ADD will return the documentation for verification.<br>REMINDER: DO NOT complete "Payment Per Controller Warrant Register" information for previously returned warrants. |
| "HELD BY CONTROLLER" BOX | Complete only if the warrant was held by Controller's Office. |
| 6B | DO NOT COMPLETE if pay is to be keyed decentrally via PIP.<br>If pay needs to be processed by Payroll Operations, complete position # identifier from Item 4 - Position number if pay request affects more than one position; pay period type, month and year, salary type, salary full, time worked (if applicable), appointment fraction (if applicable), gross type, payment type, payment suffix (if applicable), adjustment code, earnings ID (if applicable), shift code (if applicable) and gross. |
| 6C | May be completed. |
| 7 | Complete the following:<br>• Form completed by<br>• Telephone number<br>• Agency Name<br>• Authorized signature/date |

Note: A request for a transfer of funds, adjustments, payments, accounts receivables and premium payment types may only be submitted as one document for the same payment type. Example: Transferring funds from payment type "O" regular pay to overtime payment type "1" is not allowed due to PERS deduction, and one is not subject to PERS deduction.

Documents submitted that do not list the same payment type will not be worked.

**INQUIRIES** – DO NOT submit a form STD. 674 inquiry for a previously submitted original form STD. 674 until 10 business days after the weekly processing date for the STD. 674 has passed. Check the State Controller's Office's, Human Resources webpage for weekly processing dates, which are updated the first working day of each week by close of business. Remember to sign the inquiry with an authorized signature and new date and write in red "Inquiry" on the top of the form.

**Refer to the D-1 Index at the end of this section (Section D) for samples of form STD. 674**.

## Section D 012: SUMMARIZED WARRANTS (Revised 07/09)

If returning a summarized warrant on the form STD. 674 refer to Section I 316 for specific completion instructions. If you are requesting an adjustment of a payment (s) that was issued as a summarized warrant, follow the completion instructions in Section D 011.

## Section D 013: FORM 672 COMPLETION REQUIREMENTS (Revised 07/22)

The fields within this form are prepopulated based on Employment History/Payroll information as of the monthly cutoffs (see D 014 for exceptions to requesting regular pay on Form 672).

**Header Information**

| Field | Description |
|---|---|
| Pay Period: | Inclusive dates |
| Pay Period: | Type, Month and Year |
| Roll: | Roll Code |

**Page**

| Field | Description |
|---|---|
| Batch ID: | Preloaded batch number assigned by the PIP system |
| SSN: | Social Security Number |
| Name: | Initials, Surname |
| Class: | Class Code |
| Serial | Serial Number |
| Ern ID: | Earnings ID - The following Earnings IDs are preprinted every pay period and do not change: |
| Regular Pay: | Earnings ID "Ø" for positive pay employees (roll codes 3-8). |
| Overtime Pay: | Earnings ID "OT6" for time and one half overtime, will not preprint for class and roll codes not eligible for overtime and for multiple work week group class codes. |
| Shift Pay: | Will not preprint for class and roll codes not eligible for shift and for employees who are "locked in" to shift via PAR/PPT. |
| DYS: | Days for Roll 8, regular pay ONLY. |
| Hours: | Hours for Roll Code 7, regular pay ONLY. |
| Rate: | Employment History salary rate for Trade Rate class code. |
| CBID: | Collective Bargaining Identifier |
| Time Base Fraction: | Fractional time base of employee |
| AGY: | Agency Code |
| Unit: | Reporting Unit Number. |
| NO. of employees: | Total number of employees printed on the last page within a given agency, reporting unit, roll code and pay period.<br>NOTE: Preprinted information may be changed except for the agency, reporting unit, pay period, roll codes and batch ID. |

COMPLETE THE REMAINING FIELDS AS FOLLOWS FOR REGULAR PAY, POSITIVE ROLLS 3-8 ONLY (miscellaneous pays, refer to Section G):

| Field | Description |
|---|---|
| OK (indicator): | Enter "X" in box if pay is requested for employee. |
| Days/Hours: | Required based on roll code. |
| ERN ID: | Enter Ø if not permitted. |
| RATE: | Leave blank, except for:<br>• Trade Rate employee<br>• Printing Plant employee<br>• Mid-month salary rate or position status change with NO position number change |
| AF: | Alternate Funding Code – DO NOT USE FOR REGULAR PAY |
| Batch Totals: | Count, days/hours and rate; complete for each page and last page of the batch (CLAS participants, include totals for leave transactions). |
| Date Keyed: | Leave blank (enter initials and date after document has been keyed). |
| Authorized Signature: | Must be completed. |

Regular pay requests that cannot be keyed on PIP due to system limitations are identified below. Requests submitted to PPSD, Payroll Operations must be attached to a "Civil Service PIP Exceptions Transmittal" (see PPM G 955.)

For PIP Exceptions on miscellaneous pays refer to the specific type of pay in Section G.

**DO NOT REQUEST PAY ON THE FORM 672 IN THE FOLLOWING CASES:**

| Situation | Action |
|---|---|
| A. Pay periods prior to 12 months payment history.<br>NOTE: Prior year December pay period is beyond Payment history for decentralized keying as of the day after current year December monthly payroll cutoff. | Submit Form STD. 674 |
| B. Requesting 250 hours or more.<br>NOTE: Regular pay for positive pay employees must be documented as two uneven pay requests and keyed on PIP (e.g., 260 hours to be paid; document two requests, one for 140 hours and the other for 120 hours). The two requests should be keyed in different payroll cycles. | |
| C. Payments needing coordination (with PPSD) of processing for a specific deduction to be applied to the pay requested (e.g., new garnishment or changed garnishment). | Submit Form STD. 674. |
| D. Separation of permanent employee and subsequent appointment in same position and roll code. | |
| E. Mid-month time base change, salary rate or position status change with NO position number change for positive pay employees (roll codes 3 8). | |

# ABSENCE WITHOUT PAY (DOCK)

REFERENCES (Revised 06/96):

| | |
|---|---|
| SAM | 8539 |
| SUAM (CSU) | 6300 |
| Academic Dock | PPM F 001 |

## Section D 100: INTRODUCTION (Revised 04/15)

A full pay period warrant is prepared for each roll code 1 and 2 (negative attendance) employee as of cutoff date based on anticipated attendance through the end of the pay period.

A full pay period payment will not be issued if an Employment History transaction creates a change or Payroll Operations is notified to create a payment for less than a full month.

## Section D 101: REPORT OF ABSENCE WITHOUT PAY – PURPOSE (Revised 03/02)

Report of Absence Without Pay, form STD. 603, (available on DGS web site or from DGS Stores) is used only for negative roll 1 and 2 employees to change the amount of REGULAR TIME to be paid. The form STD. 603 is keyed decentrally via the Payroll Input Process (PIP) system (Refer to PIP Exceptions, D 105).

## Section D 102: EMPLOYEE ON DOCK AT CUTOFF (Revised 06/96)

If an employee is on dock at cutoff and the return date is unknown, the employee should be shown on dock for the remainder of the pay period. This will ensure the employee is paid on the regular pay date. If employee returns to work before the end of the pay period, a supplemental form STD. 603 should be processed.

## Section D 103: SUPPLEMENTAL FORM STD. 603 (Revised 06/96)

Supplemental form STD. 603 must:

- List only employees with additional/corrected dock.
- Indicate all dock time for the entire pay period for the same employee; i.e., include dock and Voluntary Leave Time previously reported. If form STD. 603 is keyed after cutoff, include Personal Leave Time.

NOTE: Do not list employees previously reported for which there is no change.

## Section D 104: DOCK FOR 10/12 OR 11/12 EMPLOYEE (Revised 06/96)

Dock for employees on the 10/12 and 11/12 non-academic pay plans is calculated using the 10/12 or 11/12 salary rate, not the employee's 12 month rate. Thus, the employee is docked at a lower amount and consequently overpaid. At the end of the 10/12 or 11/12 work period, the remaining amount due from the employee is collected via Final Settlement.

## Section D 105: FORM STD. 603 PIP EXCEPTION (Revised 07/22)

DO NOT key form STD. 603 in the following cases:

- To report short time pay caused by a position change in Employment History.
- To report Civil Service dock of more than
  - 11 work days in a 22 day pay period;
  - 10 work days in a 21 day pay period; or
  - 11 consecutive work days between pay periods unless holidays are involved. Process PAR Transaction.
- After verifying redeposit of original warrant, key 603 transaction via PIP and also key certification of time via the ETC (Employee Time Certification) screen within PIP. If more than 60 days passes between the time the ETC is entered and the corrected dock is entered, the certification of time will need to be reentered else the pay will suspend for 'Attendance Certification.'
- To report CSU dock of more than 20 consecutive work days including no more than 15 days approved dock and 5 days AWOL (all pay plans).
- To report a correction of dock for an academic employee and a payment has issued.
- To report a correction of dock for a fractional employee.
- If time shown on PAR/PPT is reduced by dock.
- If employee separated. Time to pay is completed on the PAR/PPT (include dock time on the PAR/PPT).
- If employee has a mid-month, salary or time base change with no change in position, the form STD. 603 WILL NOT work.

  NOTE:
  If employee has a mid-month position, salary or time base change, and the **dock is reported prior to cutoff**, complete/correct the PAR transaction with Item 606 (Time to be Paid New) and Item 607 (Time to be Paid Old) with the time due reduced by dock.

  If employee has *a mid-month position change only*, key the PAR (DO NOT complete Item 606 or 607) and then key the dock for the applicable position(s) by cutoff.

  If employee has *late dock* and the monthly warrant must be returned for redeposit, *DO NOT key the form STD. 603 until after the monthly warrant redeposit has processed*.

- After Monthly Cutoff, if employee is in the Personal Leave Program (PLP) and has dock time and/or Voluntary Unpaid Leave:
  - In a 21-day pay period, dock and VUL = 9 days 0.1 hours up to 10 days.
    OR
  - In a 22-day pay period, dock and VUL = 10 days 0.1 hours up to 11 days.

  Submit a STD. 674

## Section D 106: FORM STD. 603 COMPLETION (Revised 12/00)

Enter the following information in the corresponding fields on the form STD. 603:

| Field | Description |
|---|---|
| Pay Period Type =<br>Pay Period Type = | 0 for Monthly<br>1 or 2 for semi monthly |
| Pay Period: | Month (two digits) and year (two digits) |
| Route to: | State Controller's Office<br>PPSD/Payroll Services |
| Social Security Number | |
| Name: | Initials and Surname |
| Position Number: | Agency (agency code)<br>Unit (reporting unit)<br>Class<br>Serial |
| Time to be Docked: | Days, Hours/Hundredths<br>Note: Dock time must not exceed the hours possible per day based on position time base. Convert to days and hours; e.g., half time employee docked 9 hours, convert to 2 days and 1 hour.<br>Note: Voluntary Unpaid Leave and the Personal Leave Program (PLP) may affect Time To Be Docked. Refer to PPM D 107 for special instructions. |
| Time Base Fraction: | If applicable. |
| Dates of Absences: | Indicate date of absence and indicate hours when less than a full day.<br>Note: Specific dates need not be shown for shift employees. A normal shift work schedule can result in less than the 21/22 work days required for full pay. IF the employee does not have overtime or leave balance to bring his time to be paid up to normal for the pay period, ENTER the following statement in lieu of dates: "____ days LWOP due to shift assignment" and/or if time docked reflects Personal Leave, indicate "PLP" and time docked. |
| Authorized Signature | |

| Field | Description |
|---|---|
| Reporting Date | |

## Section D 107: SPECIAL CONDITIONS/INSTRUCTIONS (Revised 09/95)

This Section identifies special conditions that may require special coding or consideration when processing the form STD. 603.

PERSONAL LEAVE PROGRAM

After cutoff total dock time reported on the form STD. 603 MUST include reduction time due to the Personal Leave Program. Refer to Payroll Letter #CS 92 08 for reduction time based on employee's time base and pay frequency (monthly or semi-monthly). Indicate in Item 9 (Dates of Absences) "PLP" and indicate time for PLP.

VOLUNTARY UNPAID LEAVE

Voluntary Unpaid Leave is documented and keyed from the form STD. 603.

## Section D 108: PROCESSING FORM STD. 603 (Revised 07/22)

To ensure docks are reflected on the monthly payroll, form STD. 603 should be processed in time for monthly/semi-monthly cutoff (see Section D 200 for dates).

One form STD. 603 may be used to process dock for more than one reporting unit within one agency code.

Forms STD. 603 processed AFTER the monthly payroll warrants/payments have been released will not issue payments until the previous payment has been returned/redeposited.

Departments/campuses are responsible for losses resulting from release of erroneous payments.

## PAYROLL / AGENCY CUTOFF / CYCLE / TRANSFER DATE

### Section D 200: 2024 PAYROLL / AGENCY CUTOFF / CYCLE / TRANSFER DATES (New 06/23)

| 2024 PAY PERIOD | SAM 8512 BEGINNING AND ENDING DATES IN PAY PERIOD | NUMBER OF COMPENSABLE DAYS | | | HOLIDAYS | NO CYCLE DAYS *** | BUSINESS MONTH CUTOFF | | ROLL 2 FIRST HALF ** | | | | Monthly Payroll | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | FULL MO | 1ST HALF | 2ND HALF | | | 1ST | 2ND | CUTOFF | TRANS/ MAIL | GREEN CYCLES | PAYDAY 4 P.M. | CUTOFF | TRANS/ MAIL | GREEN CYCLES | PAYDAY 4 P.M. | ISSUE DATE | DIRECT DEPOSIT POSTING DATES |
| JAN | 1/01 - 1/30 | 22 | 11 | 11 | 1, 15 | 1, 12, 15, 23, 30 | 11 | 29 | 8 | 9 | 9, 10, 11 | 12 | 22 | 26 | 24, 25, 26, 29 | 1/30 | 01/31/24 | 01/31/24 |
| FEB | 1/31 - 2/29 | 22 | 12 | 10 | 19 | 31, 15, 19, 22, 28, 29 | 14 | 27 | 9 | 12 | 12, 13, 14 | 15 | 21 | 27 | 23, 26, 27 | 2/29 | 03/01/24 | 03/01/24 |
| MAR | 3/01 - 3/31 | 21 | 11 | 10 | | 15, 22, 28, 29 | 14 | 27 | 11 | 12 | 12, 13, 14 | 15 | 21 | 27 | 25, 26, 27 | 3/29 | 04/01/24 | 04/02/24 |
| APR | 4/01 - 4/30 | 22 | 11 | 11 | 1 | 1, 15, 23, 29, 30 | 12 | 26 | 9 | 10 | 10, 11, 12 | 15 | 22 | 26 | 24, 25, 26 | 4/30 | 05/01/24 | 05/01/24 |
| MAY | 5/01 - 5/30 | 22 | 11 | 11 | 27 | 15, 22, 27, 30 | 14 | 29 | 9 | 10 | 10, 13, 14 | 15 | 21 | 28 | 23, 24, 28, 29 | 5/30 | 05/31/24 | 05/31/24 |
| JUN | 5/31 - 6/30 | 21 | 11 | 10 | | 31, 14, 20, 26, 27, 28 | 13 | 25 | 10 | 11 | 11, 12, 13 | 14 | 19 | 26 | 21, 24, 25 | 6/28 | 07/01/24 | 07/01/24 |
| JUL | 7/01 - 7/30 | 22 | 11 | 11 | 4 | 4, 15, 23, 30 | 12 | 29 | 9 | 10 | 10, 11, 12 | 15 | 22 | 26 | 24, 25, 26, 29 | 7/30 | 07/31/24 | 07/31/24 |
| AUG | 7/31 - 8/29 | 22 | 12 | 10 | | 31, 15, 22, 29 | 14 | 28 | 9 | 12 | 12, 13, 14 | 15 | 21 | 27 | 23, 26, 27, 28 | 8/29 | 08/30/24 | 08/30/24 |
| SEP | 8/30 - 9/30 | 22 | 11 | 11 | 2 | 30, 2, 13, 23, 27, 30 | 12 | 26 | 9 | 10 | 10, 11, 12 | 13 | 20 | 26 | 24, 25, 26 | 9/30 | 10/01/24 | 10/01/24 |
| OCT | 10/01 - 10/30 | 22 | 11 | 11 | | 15, 23, 30 | 14 | 29 | 9 | 10 | 10, 11, 14 | 15 | 22 | 28 | 24, 25, 28, 29 | 10/30 | 10/31/24 | 10/31/24 |
| NOV | 10/31 - 11/30 | 22 | 12 | 10 | 11, 28, 29 | 31, 11, 15, 20, 26, 27, 28, 29 | 14 | 25 | 8 | 12 | 12, 13, 14 | 15 | 19 | 25 | 21, 22, 25 | 11/27 | 12/01/24 | 12/02/24 |
| DEC | 12/01 - 12/31 | 22 | 10 | 12 | 25 | 13, 20, 25, 30, 31 | 12 | 27 | 9 | 10 | 10, 11, 12 | 13 | 19 | 27 | 23, 24, 26, 27 | 12/31 | 01/01/25 | 01/02/25 |

** The first half of a semimonthly pay period always has an issue date of the 16th of the month. It always begins on the first day of the pay period and ends on the 15th of the month (e.g., 1st half of February - 1/31 through 2/15). The last half of a semimonthly pay period always starts on the 16th of the month and ends on the last day of the pay period (e.g., last of February - 2/16 through 2/28).

*** Subject to change without notice.

## Section D 200: 2025 PAYROLL / AGENCY CUTOFF / CYCLE / TRANSFER DATES (New 06/24)

| 2025 PAY PERIOD | SAM 8512 BEGINNING AND ENDING DATES IN PAY PERIOD | NUMBER OF COMPENSABLE DAYS | | | HOLIDAYS | NO CYCLE DAYS *** | BUSINESS MONTH CUTOFF | | ROLL 2 FIRST HALF ** | | | | MONTHLY PAYROLL | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | FULL MO | 1ST HALF | 2ND HALF | | | 1ST | 2ND | CUTOFF | TRANS/ MAIL | GREEN CYCLES | PAYDAY 4 P.M. | CUTOFF | TRANS/ MAIL | GREEN CYCLES | PAYDAY 4 P.M. | ISSUE DATE | DIRECT DEPOSIT POSTING DATES |
| JAN | 1/01 - 1/30 | 22 | 11 | 11 | 1, 20 | 1, 15, 20, 23, 30 | 14 | 29 | 9 | 10 | 10, 13, 14 | 15 | 22 | 28 | 24, 27, 28, 29 | 1/30 | 01/31/25 | 01/31/25 |
| FEB | 1/31 - 2/28 | 21 | 11 | 10 | 17 | 31, 14, 17, 21, 27, 28 | 13 | 26 | 10 | 11 | 11, 12, 13 | 14 | 20 | 26 | 24, 25, 26 | 2/28 | 03/01/25 | 03/03/25 |
| MAR | 3/01 - 3/31 | 21 | 10 | 11 | 31 | 14, 21, 27, 28, 31 | 13 | 26 | 10 | 11 | 11, 12, 13 | 14 | 20 | 26 | 24, 25, 26 | 3/28 | 04/01/25 | 04/01/25 |
| APR | 4/01 - 4/30 | 22 | 11 | 11 | | 15, 23, 29, 30 | 14 | 28 | 9 | 10 | 10, 11, 14 | 15 | 22 | 28 | 24, 25, 28 | 4/30 | 05/01/25 | 05/01/25 |
| MAY | 5/01 - 5/31 | 22 | 11 | 11 | 26 | 15, 22, 26, 29, 30 | 14 | 28 | 9 | 12 | 12, 13, 14 | 15 | 21 | 28 | 23, 27, 28 | 5/30 | 06/01/25 | 06/02/25 |
| JUN | 6/01 - 6/30 | 21 | 10 | 11 | | 13, 20, 26, 27, 30 | 12 | 25 | 9 | 10 | 10, 11, 12 | 13 | 19 | 26 | 23, 24, 25 | 6/30 | 07/01/25 | 07/01/25 |
| JUL | 7/01 - 7/30 | 22 | 11 | 11 | 4 | 4, 15, 23, 30 | 14 | 29 | 9 | 10 | 10, 11, 14 | 15 | 22 | 28 | 24, 25, 28, 29 | 7/30 | 07/31/25 | 07/31/25 |
| AUG | 7/31 - 8/31 | 22 | 12 | 10 | | 31, 15, 22, 28, 29 | 14 | 27 | 11 | 12 | 12, 13, 14 | 15 | 21 | 27 | 25, 26, 27 | 8/29 | 09/01/25 | 09/02/25 |
| SEP | 9/01 - 9/30 | 22 | 11 | 11 | 1 | 1, 15, 23, 29, 30 | 12 | 26 | 9 | 10 | 10, 11, 12 | 15 | 22 | 26 | 24, 25, 26 | 9/30 | 10/01/25 | 10/01/25 |
| OCT | 10/01 - 10/30 | 22 | 11 | 11 | | 15, 23, 30 | 14 | 29 | 9 | 10 | 10, 13, 14 | 15 | 22 | 28 | 24, 27, 28, 29 | 10/30 | 10/31/25 | 10/31/25 |
| NOV | 10/31 - 12/01 | 22 | 11 | 11 | 11, 27, 28 | 31, 11, 14, 19, 25, 26, 27, 28 | 13 | 24 | 7 | 10 | 10, 12, 13 | 14 | 18 | 25 | 20, 21, 24 | 12/01 | 12/01/25 | 12/02/25 |
| DEC | 12/02 - 12/31 | 22 | 10 | 12 | 25 | 15, 22, 25, 30, 31 | 12 | 29 | 9 | 10 | 10, 11, 12 | 15 | 19 | 29 | 23, 24, 26, 29 | 12/31 | 01/01/26 | 01/02/26 |

** The first half of a semimonthly pay period always has an issue date of the 16th of the month. It always begins on the first day of the pay period and ends on the 15th of the month (e.g., 1st half of February - 1/31 through 2/15). The last half of a semimonthly pay period always starts on the 16th of the month and ends on the last day of the pay period (e.g., last of February - 2/16 through 2/28).

*** Subject to change without notice.

## Section D 200: 2026 PAYROLL / AGENCY CUTOFF / CYCLE / TRANSFER DATES (New 06/25)

| | | NUMBER OF COMPENSABLE DAYS | | | | | BUSINESS MONTH CUTOFF | | ROLL 2 FIRST HALF ** | | | | MONTHLY PAYROLL | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2026 PAY PERIOD | SAM 8512 BEGINNING AND ENDING DATES IN PAY PERIOD | FULL MO[1] | 1ST HALF[1] | 2ND HALF[1] | HOLIDAYS | NO CYCLE DAYS*** | 1ST[2] | 2ND[2] | CUTOFF** | TRANS/ MAIL** | GREEN CYCLES** | PAYDAY 4 P.M.** | CUTOFF[3] | TRANS/ MAIL[3] | GREEN CYCLES[3] | PAYDAY 4 P.M.[3] | ISSUE DATE[3] | DIRECT DEPOSIT POSTING DATES[3] |
| JAN | 1/01 - 1/29 | 21 | 11 | 10 | 1, 19 | 1, 15, 19, 22, 29 | 14 | 28 | 9 | 12 | 12, 13, 14 | 15 | 21 | 27 | 23, 26, 27, 28 | 1/29 | 01/30/26 | 01/30/26 |
| FEB | 1/30 - 2/28 | 21 | 11 | 10 | 16 | 30, 13, 16, 20, 26, 27 | 12 | 25 | 9 | 10 | 10, 11, 12 | 13 | 19 | 25 | 23, 24, 25 | 2/27 | 03/01/26 | 03/02/26 |
| MAR | 3/01 - 3/31 | 22 | 10 | 12 | 31 | 13, 23, 27, 30, 31 | 12 | 26 | 9 | 10 | 10, 11, 12 | 13 | 20 | 26 | 24, 25, 26 | 3/30 | 04/01/26 | 04/01/26 |
| APR | 4/01 - 4/30 | 22 | 11 | 11 | | 15, 23, 29, 30 | 14 | 28 | 9 | 10 | 10, 13, 14 | 15 | 22 | 28 | 24, 27, 28 | 4/30 | 05/01/26 | 05/01/26 |
| MAY | 5/01 - 5/31 | 21 | 11 | 10 | 25 | 15, 21, 25, 28, 29 | 14 | 27 | 11 | 12 | 12, 13, 14 | 15 | 20 | 27 | 22, 26, 27 | 5/29 | 06/01/26 | 06/01/26 |
| JUN | 6/01 - 6/30 | 22 | 11 | 11 | | 15, 22, 26, 29, 30 | 12 | 25 | 9 | 10 | 10, 11, 12 | 15 | 19 | 26 | 23, 24, 25 | 6/30 | 07/01/26 | 07/01/26 |
| JUL | 7/01 - 7/30 | 22 | 11 | 11 | | 15, 23, 30 | 14 | 29 | 9 | 10 | 10, 13, 14 | 15 | 22 | 28 | 24, 27, 28, 29 | 7/30 | 07/31/26 | 07/31/26 |
| AUG | 7/31 - 8/31 | 22 | 11 | 11 | | 31, 14, 24, 28, 31 | 13 | 27 | 10 | 11 | 11, 12, 13 | 14 | 21 | 27 | 25, 26, 27 | 8/31 | 09/01/26 | 09/01/26 |
| SEP | 9/01 - 9/30 | 22 | 11 | 11 | 7 | 7, 15, 23, 29, 30 | 14 | 28 | 9 | 10 | 10, 11, 14 | 15 | 22 | 28 | 24, 25, 28 | 9/30 | 10/01/26 | 10/01/26 |
| OCT | 10/01 - 10/31 | 22 | 11 | 11 | | 15, 23, 29, 30 | 14 | 28 | 9 | 12 | 12, 13, 14 | 15 | 22 | 28 | 26, 27, 28 | 10/30 | 11/01/26 | 11/02/26 |
| NOV | 11/01 - 12/01 | 22 | 10 | 12 | 11, 26, 27 | 11, 13, 19, 25, 26, 27, 30 | 12 | 24 | 6 | 9 | 9, 10, 12 | 13 | 18 | 25 | 20, 23, 24 | 12/01 | 12/01/26 | 12/02/26 |

| 2026 PAY PERIOD | SAM 8512 BEGINNING AND ENDING DATES IN PAY PERIOD | FULL MO[1] | 1ST HALF[1] | 2ND HALF[1] | HOLIDAYS | NO CYCLE DAYS*** | 1ST[2] | 2ND[2] | CUTOFF** | TRANS/ MAIL** | GREEN CYCLES** | PAYDAY 4 P.M.** | CUTOFF[3] | TRANS/ MAIL[3] | GREEN CYCLES[3] | PAYDAY 4 P.M.[3] | ISSUE DATE[3] | DIRECT DEPOSIT POSTING DATES[3] |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **DEC** | 12/02 - 12/31 | 22 | 10 | 12 | 25 | 15, 22, 25, 30, 31 | 14 | 29 | 9 | 10 | 10, 11, 14 | 15 | 21 | 29 | 23, 24, 28, 29 | 12/31 | 01/01/27 | 01/04/27 |

[1] Number of Compensable Days

*** Subject to change without notice.

[2] Business Month Cutoff

** Roll 2 First Half: The first half of a semimonthly pay period always has an issue date of the 16th of the month. It always begins on the first day of the pay period and ends on the 15th of the month (e.g., 1st half of February - 1/31 through 2/15). The last half of a semimonthly pay period always starts on the 16th of the month and ends on the last day of the pay period (e.g., last of February - 2/16 through 2/28).

[3] Monthly Payroll

| | | NUMBER OF COMPENSABLE DAYS | | | | | BUSINESS MONTH CUTOFF | | ROLL 2 FIRST HALF ** | | | | MONTHLY PAYROLL | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2027 PAY PERIOD | SAM 8512 BEGINNING AND ENDING DATES IN PAY PERIOD | FULL MO[1] | 1ST HALF[1] | 2ND HALF[1] | HOLIDAYS | NO CYCLE DAYS*** | 1ST[2] | 2ND[2] | CUTOFF** | TRANS/ MAIL** | GREEN CYCLES** | PAYDAY 4 P.M.** | CUTOFF[3] | TRANS/ MAIL[3] | GREEN CYCLES[3] | PAYDAY 4 P.M.[3] | ISSUE DATE[3] | DIRECT DEPOSIT POSTING DATES[3] |
| JAN | 1/01 - 1/31 | 21 | 11 | 10 | 1, 18 | 1, 15, 18, 22, 28, 29 | 14 | 27 | 11 | 12 | 12, 13, 14 | 15 | 21 | 27 | 25, 26, 27 | 1/29 | 02/01/27 | 02/01/27 |
| FEB | 2/01 - 3/01 | 21 | 11 | 10 | 15 | 12, 15,19, 25, 26 | 11 | 24 | 8 | 9 | 9, 10, 11 | 12 | 18 | 25 | 22, 23, 24 | 3/01 | 03/01/27 | 03/02/27 |
| MAR | 3/02 - 3/31 | 22 | 10 | 12 | 31 | 15, 23, 29, 30, 31 | 12 | 26 | 9 | 10 | 10, 11, 12 | 15 | 22 | 26 | 24, 25, 26 | 3/30 | 04/01/27 | 04/01/27 |
| APR | 4/01 - 4/30 | 22 | 11 | 11 | | 15, 23, 29, 30 | 14 | 28 | 9 | 12 | 12, 13, 14 | 15 | 22 | 28 | 26, 27, 28 | 4/30 | 05/01/27 | 05/03/27 |
| MAY | 5/01 - 5/31 | 21 | 10 | 11 | 31 | 14, 21, 27, 28, 31 | 13 | 26 | 10 | 11 | 11, 12, 13 | 14 | 20 | 26 | 24, 25, 26 | 5/28 | 06/01/27 | 06/01/27 |
| JUN | 6/01 - 6/30 | 22 | 11 | 11 | | 15, 22, 28, 29, 30 | 14 | 25 | 9 | 10 | 10, 11, 14 | 15 | 21 | 28 | 23, 24, 25 | 6/30 | 07/01/27 | 07/01/27 |
| JUL | 7/01 - 7/31 | 22 | 11 | 11 | 5 | 5, 15, 23, 29, 30 | 14 | 28 | 9 | 12 | 12, 13, 14 | 15 | 22 | 28 | 26, 27, 28 | 7/30 | 08/01/27 | 08/02/27 |
| AUG | 8/01 - 8/31 | 22 | 10 | 12 | | 13, 24, 30, 31 | 12 | 27 | 9 | 10 | 10, 11, 12 | 13 | 23 | 27 | 25, 26, 27 | 8/31 | 09/01/27 | 09/01/27 |
| SEP | 9/01 - 9/30 | 22 | 11 | 11 | 6 | 6, 15, 23, 29, 30 | 14 | 28 | 9 | 10 | 10, 13, 14 | 15 | 22 | 28 | 24, 27, 28 | 9/30 | 10/01/27 | 10/01/27 |
| OCT | 10/01 - 11/01 | 22 | 11 | 11 | | 15, 22, 28, 29 | 14 | 27 | 11 | 12 | 12, 13, 14 | 15 | 21 | 28 | 26, 26, 27 | 11/01 | 11/01/27 | 11/02/27 |
| NOV | 11/02 - 12/01 | 22 | 10 | 12 | 11, 25, 26 | 11, 15, 19, 25, 26, 29, 30 | 12 | 24 | 8 | 9 | 9, 10, 12 | 15 | 18 | 29 | 20, 23, 24 | 12/01 | 12/01/27 | 12/02/27 |

| 2026 PAY PERIOD | SAM 8512 BEGINNING AND ENDING DATES IN PAY PERIOD | FULL MO[1] | 1ST HALF[1] | 2ND HALF[1] | HOLIDAYS | NO CYCLE DAYS*** | 1ST[2] | 2ND[2] | CUTOFF** | TRANS/ MAIL** | GREEN CYCLES** | PAYDAY 4 P.M.** | CUTOFF[3] | TRANS/ MAIL[3] | GREEN CYCLES[3] | PAYDAY 4 P.M.[3] | ISSUE DATE[3] | DIRECT DEPOSIT POSTING DATES[3] |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **DEC** | 12/02 - 12/31 | 22 | 10 | 12 | | 15, 23, 30, 31 | 14 | 29 | 9 | 10 | 10, 13, 14 | 15 | 22 | 29 | 24, 27, 28, 29 | 12/31 | 01/01/28 | 01/03/28 |

[1] Number of Compensable Days

*** Subject to change without notice.

[2] Business Month Cutoff

** Roll 2 First Half: The first half of a semimonthly pay period always has an issue date of the 16th of the month. It always begins on the first day of the pay period and ends on the 15th of the month (e.g., 1st half of February - 1/31 through 2/15). The last half of a semimonthly pay period always starts on the 16th of the month and ends on the last day of the pay period (e.g., last of February - 2/16 through 2/28).

[3] Monthly Payroll

## BIWEEKLY PAY PERIOD/DEDUCTION SCHEDULE

### Section D 201: 2024 BIWEEKLY PAY PERIOD/DEDUCTION SCHEDULE (New 06/23)

| PAY PERIOD BEGIN | PAY PERIOD END | PAY PERIOD NUMBER | BIWEEKLY PAY PERIOD | SURVIVOR | FIXED DED. | PAY PERIOD DED. | BUS. MO. |
|---|---|---|---|---|---|---|---|
| 12/31/23 | 01/13/24 | 1 | A 01/24 | X | | | |
| 01/14/24 | 01/27/24 | 2 | B 01/24 | | | | |
| 01/28/24 | 02/10/24 | 3 | A 02/24 | X | X | 01/24 | 02/24 |
| 02/11/24 | 02/24/24 | 4 | B 02/24 | | | | |
| 02/25/24 | 03/09/24 | 5 | A 03/24 | X | X | 02/24 | 03/24 |
| 03/10/24 | 03/23/24 | 6 | B 03/24 | | | | |
| 03/24/24 | 04/06/24 | 7 | A 04/24 | X | X | 03/24 | 04/24 |
| 04/07/24 | 04/20/24 | 8 | B 04/24 | | | | |
| 04/21/24 | 05/04/24 | 9 | A 05/24 | X | X | 04/24 | 05/24 |
| 05/05/24 | 05/18/24 | 10 | B 05/24 | | | | |
| 05/19/24 | 06/01/24 | 11 | C 05/24 | | X | 05/24 | 06/24 |
| 06/02/24 | 06/15/24 | 12 | A 06/24 | X | | | |
| 06/16/24 | 06/29/24 | 13 | B 06/24 | | X | 06/24 | 07/24 |
| 06/30/24 | 06/30/24 | 14 | D 06/24 | | | | |
| 07/01/24 | 07/13/24 | 15 | E 06/24 | X | | | |
| 07/14/24 | 07/27/24 | 16 | A 07/24 | | | | |
| 07/28/24 | 08/10/24 | 17 | A 08/24 | X | X | 07/24 | 08/24 |
| 08/11/24 | 08/24/24 | 18 | B 08/24 | | | | |
| 08/25/24 | 09/07/24 | 19 | A 09/24 | X | X | 08/24 | 09/24 |
| 09/08/24 | 09/21/24 | 20 | B 09/24 | | | | |
| 09/22/24 | 10/05/24 | 21 | A 10/24 | X | X | 09/24 | 10/24 |
| 10/06/24 | 10/19/24 | 22 | B 10/24 | | | | |
| 10/20/24 | 11/02/24 | 23 | A 11/24 | X | X | 10/24 | 11/24 |
| 11/03/24 | 11/16/24 | 24 | B 11/24 | | | | |
| 11/17/24 | 11/30/24 | 25 | C 11/24 | | X | 11/24 | 12/24 |
| 12/01/24 | 12/14/24 | 26 | A 12/24 | X | | | |
| 12/15/24 | 12/28/24 | 27 | B 12/24 | | X | 12/24 | 01/25 |

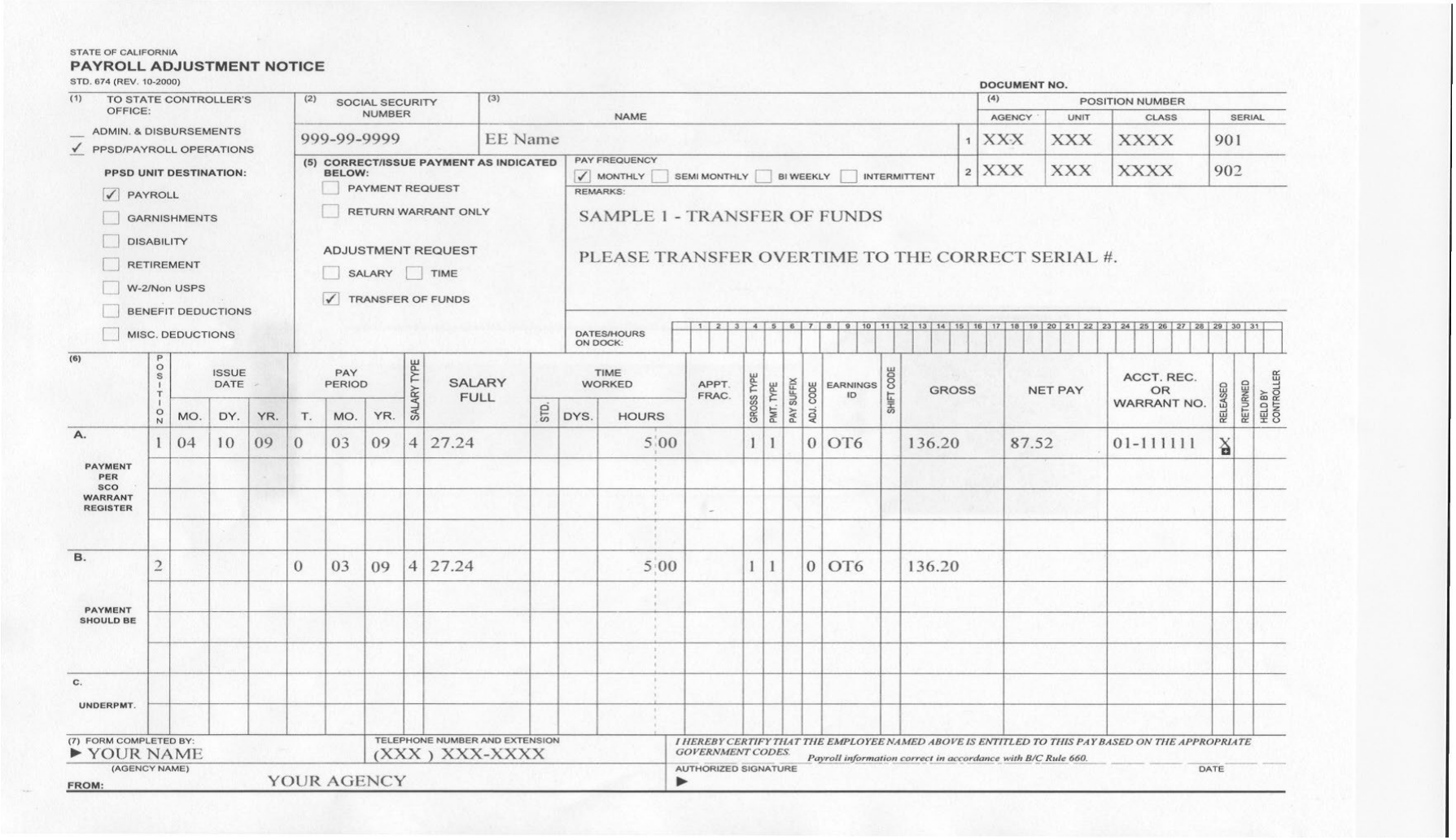
| PAY PERIOD BEGIN END | PAY PERIOD NUMBER | BIWEEKLY PAY PERIOD | SURVIVOR | FIXED DEDUCTION | PAY PERIOD DEDUCTION | BUSINESS MONTH |
|---|---|---|---|---|---|---|
| 12/29/24 - 01/11/25 | 1 | A 01/25 | X | | | |
| 01/12/25 - 01/25/25 | 2 | B 01/25 | | | | |
| 01/26/25 - 02/08/25 | 3 | A 02/25 | X | X | 01/25 | 02/25 |
| 02/09/25 - 02/22/25 | 4 | B 02/25 | | | | |
| 02/23/25 - 03/08/25 | 5 | A 03/25 | X | X | 02/25 | 03/25 |
| 03/09/25 - 03/22/25 | 6 | B 03/25 | | | | |
| 03/23/25 - 04/05/25 | 7 | A 04/25 | X | X | 03/25 | 04/25 |
| 04/06/25 - 04/19/25 | 8 | B 04/25 | | | | |
| 04/20/25 - 05/03/25 | 9 | A 05/25 | X | X | 04/25 | 05/25 |
| 05/04/25 - 05/17/25 | 10 | B 05/25 | | | | |
| 05/18/25 - 05/31/25 | 11 | C 05/25 | | X | 05/25 | 06/25 |
| 06/01/25 - 06/14/25 | 12 | A 06/25 | X | | | |
| 06/15/25 - 06/28/25 | 13 | B 06/25 | | X | 06/25 | 07/25 |
| 06/29/25 - 06/30/25 | 14 | D 06/25 | | | | |
| 07/01/25 - 07/12/25 | 15 | E 06/25 | X | | | |
| 07/13/25 - 07/26/25 | 16 | A 07/25 | | | | |
| 07/27/25 - 08/09/25 | 17 | A 08/25 | X | X | 07/25 | 08/25 |
| 08/10/25 - 08/23/25 | 18 | B 08/25 | | | | |
| 08/24/25 - 09/06/25 | 19 | A 09/25 | X | X | 08/25 | 09/25 |
| 09/07/25 - 09/20/25 | 20 | B 09/25 | | | | |
| 09/21/25 - 10/04/25 | 21 | A 10/25 | X | X | 09/25 | 10/25 |
| 10/05/25 - 10/18/25 | 22 | B 10/25 | | | | |
| 10/19/25 - 11/01/25 | 23 | A 11/25 | X | X | 10/25 | 11/25 |
| 11/02/25 - 11/15/25 | 24 | B 11/25 | | | | |
| 11/16/25 - 11/29/25 | 25 | C 11/25 | | X | 11/25 | 12/25 |
| 11/30/25 - 12/15/25 | 26 | A 12/25 | X | | | |
| 12/14/25 - 12/27/25 | 27 | B 12/25 | | X | 12/25 | 01/26 |

| PAY PERIOD BEGIN END | PAY PERIOD NUMBER | BIWEEKLY PAY PERIOD | SURVIVOR | FIXED DEDUCTION | PAY PERIOD DEDUCTION | BUSINESS MONTH |
|---|---|---|---|---|---|---|
| 12/28/25 - 01/10/26 | 1 | A 01/26 | X | | | |
| 01/11/26 - 01/24/26 | 2 | B 01/26 | | | | |
| 01/25/26 - 02/07/26 | 3 | A 02/26 | X | X | 01/26 | 02/26 |
| 02/08/26 - 02/21/26 | 4 | B 02/26 | | | | |
| 02/22/26 - 03/07/26 | 5 | A 03/26 | X | X | 02/26 | 03/26 |
| 03/08/26 - 03/21/26 | 6 | B 03/26 | | | | |
| 03/22/26 - 04/04/26 | 7 | A 04/26 | X | X | 03/26 | 04/26 |
| 04/05/26 - 04/18/26 | 8 | B 04/26 | | | | |
| 04/19/26 - 05/02/26 | 9 | A 05/26 | X | X | 04/26 | 05/26 |
| 05/03/26 - 05/16/26 | 10 | B 05/26 | | | | |
| 05/17/26 - 05/30/26 | 11 | C 05/26 | | X | 05/26 | 06/26 |
| 05/31/26 - 06/13/26 | 12 | A 06/26 | X | | | |
| 06/14/26 - 06/27/26 | 13 | B 06/26 | | X | 06/26 | 07/26 |
| 06/28/26 - 06/30/26 | 14 | D 06/26 | | | | |
| 07/01/26 - 07/11/26 | 15 | E 06/26 | X | | | |
| 07/12/26 - 07/25/26 | 16 | A 07/26 | | | | |
| 07/26/26 - 08/08/26 | 17 | A 08/26 | X | X | 07/26 | 08/26 |
| 08/09/26 - 08/22/26 | 18 | B 08/26 | | | | |
| 08/23/26 - 09/05/26 | 19 | A 09/26 | X | X | 08/26 | 09/26 |
| 09/06/26 - 09/19/26 | 20 | B 09/26 | | | | |
| 09/20/26 - 10/03/26 | 21 | A 10/26 | X | X | 09/26 | 10/26 |
| 10/04/26 - 10/17/26 | 22 | B 10/26 | | | | |
| 10/18/26 - 10/31/26 | 23 | C 10/26 | | X | 10/26 | 11/26 |
| 11/01/26 - 11/14/26 | 24 | A 11/26 | X | | | |
| 11/15/26 - 11/28/26 | 25 | B 11/26 | | X | 11/26 | 12/26 |
| 11/29/26 - 12/12/26 | 26 | A 12/26 | X | | | |
| 12/13/26 - 12/26/26 | 27 | B 12/26 | | | | |

| PAY PERIOD BEGIN END | PAY PERIOD NUMBER | BIWEEKLY PAY PERIOD | SURVIVOR | FIXED DEDUCTION | PAY PERIOD DEDUCTION | BUSINESS MONTH |
|---|---|---|---|---|---|---|
| 12/27/26 - 01/09/27 | 1 | A 01/27 | X | X | 12/26 | 01/27 |
| 01/10/27 - 01/23/27 | 2 | B 01/27 | | | | |
| 01/24/27 - 02/06/27 | 3 | A 02/27 | X | X | 01/27 | 02/27 |
| 02/07/27 - 02/20/27 | 4 | B 02/27 | | | | |
| 02/21/27 - 03/06/27 | 5 | A 03/27 | X | X | 02/27 | 03/27 |
| 03/07/27 - 03/20/27 | 6 | B 03/27 | | | | |
| 03/21/27 - 04/03/27 | 7 | A 04/27 | X | X | 03/27 | 04/27 |
| 04/04/27 - 04/17/27 | 8 | B 04/27 | | | | |
| 04/18/27 - 05/01/27 | 9 | C 04/27 | | X | 04/27 | 05/27 |
| 05/02/27 - 05/15/27 | 10 | C 05/27 | X | | | |
| 05/16/27 - 05/29/27 | 11 | B 05/27 | | X | 05/27 | 06/27 |
| 05/30/27 - 06/12/27 | 12 | A 06/27 | X | | | |
| 06/13/27 - 06/26/27 | 13 | B 06/27 | | | | |
| 06/27/27 - 06/30/27 | 14 | D 06/27 | | X | 06/27 | 07/27 |
| 07/01/27 - 07/10/27 | 15 | E 06/27 | X | | | |
| 07/11/27 - 07/24/27 | 16 | A 07/27 | | | | |
| 07/25/27 - 08/07/27 | 17 | A 08/27 | X | X | 07/27 | 08/27 |
| 08/08/27 - 08/21/27 | 18 | B 08/27 | | | | |
| 08/22/27 - 09/04/27 | 19 | A 09/27 | X | X | 08/27 | 09/27 |
| 09/05/27 - 09/18/27 | 20 | B 09/27 | | | | |
| 09/19/27 - 10/02/27 | 21 | A 10/27 | X | X | 09/27 | 10/27 |
| 10/03/27 - 10/16/27 | 22 | B 10/27 | | | | |
| 10/17/27 - 10/30/27 | 23 | C 10/27 | | X | 10/27 | 11/27 |
| 10/31/27 - 11/13/27 | 24 | A 11/27 | X | | | |
| 11/14/27 - 11/27/27 | 25 | B 11/27 | | X | 11/27 | 12/27 |
| 11/28/27 - 12/11/27 | 26 | A 12/27 | X | | | |
| 12/12/27 - 12/25/27 | 27 | B 12/27 | | | | |

## D-1 INDEX: PAYROLL ADJUSTMENT NOTICE – FORM STD. 674 SAMPLES

### Sample 1: TRANSFER OF FUNDS (Revised 09/24)



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: 999-99-9999
(3) NAME: EE Name

(4) POSITION NUMBER

| | AGENCY | UNIT | CLASS | SERIAL |
|---|---|---|---|---|
| 1 | XXX | XXX | XXXX | 901 |
| 2 | XXX | XXX | XXXX | 902 |

(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:
SAMPLE 1 - TRANSFER OF FUNDS

PLEASE TRANSFER OVERTIME TO THE CORRECT SERIAL #.

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 | 1 | 04 | 10 | 09 | 0 | 03 | 09 | 4 | 27.24 | | | 5.00 | | 1 | 1 | | 0 | OT6 | | 136.20 | 87.52 | 01-111111 | X | | |
| B. PAYMENT SHOULD BE | 2 | | | | 0 | 03 | 09 | 4 | 27.24 | | | 5.00 | | 1 | 1 | | 0 | OT6 | | 136.20 | | | | | |
| C. UNDERPMT. | | | | | | | | | | | | | | | | | | | | | | | | | |

(7) 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.

AUTHORIZED SIGNATURE ▶ DATE

(AGENCY NAME) FROM: YOUR AGENCY

Note: A request for a transfer of funds, adjustments, payments, accounts receivables and premium payment types may only be submitted as one document for the same payment type.

Example: Transferring funds from payment type "O" regular pay to overtime payment type "1" is not allowed due to PERS deduction, and one is not subject to PERS deduction.

Documents submitted that do not list the same payment type will not be worked.

## Sample 2: TRANSFER AND ADJUSTMENT

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: 999-99-9999

(3) NAME: EE Name

(4) POSITION NUMBER

| | AGENCY | UNIT | CLASS | SERIAL |
|---|---|---|---|---|
| 1 | XXX | 200 | XXXX | 001 |
| 2 | XXX | 200 | XXXX | 901 |
| 3 | XXX | 201 | XXXX | 901 |

(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:

SAMPLE 2 - TRANSFER AND ADJUSTMENT
PLEASE TRANSFER OVERTIME TO CORRECT POSITION AND ADJUST RATE.
EMPLOYEE WAS PROMOTED 4/13/09.

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 | 1 | 05 | 08 | 09 | 0 | 04 | 09 | 4 | 46.17 | | | 15.00 | | 1 | 1 | | 0 | OT6 | | 692.55 | 587.92 | 02-222222 | X | | |
| B. PAYMENT SHOULD BE | 2 | | | | 0 | 04 | 09 | 4 | 46.17 | | | 5.00 | | 1 | 1 | | 0 | OT6 | | 230.85 | | | | | |
| | 3 | | | | 0 | 04 | 09 | 4 | 48.60 | | | 10.00 | | 1 | 1 | | 0 | OT6 | | 486.00 | | | | | |
| C. UNDERPMT. | | | | | | | | | | | | | | | | | | | | | | | | | |

(7) 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.*

AUTHORIZED SIGNATURE ▶

DATE

(AGENCY NAME)

FROM: YOUR AGENCY

## Sample 3: TRANSFER SHOWING SIMILAR PAYMENT TYPES

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: 999-99-9999

(3) NAME: EE Name

(4) POSITION NUMBER

| | AGENCY | UNIT | CLASS | SERIAL |
|---|---|---|---|---|
| 1 | XXX | XXX | XXXX | 900 |
| 2 | XXX | XXX | XXXX | 901 |

(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:

SAMPLE 3 - TRANSFER REQUEST SHOWING SIMILAR PAYMENT TYPES

PLEASE TRANSFER EID 0T5 AND 0T6 TO CORRECT SERIAL NUMBER.

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 | 1 | 06 | 08 | 09 | 0 | 05 | 09 | 4 | 46.17 | | | 15:00 | | 1 | 1 | | 0 | OT6 | | 692.55 | 587.92 | 03-333333 | X | | |
| | 1 | 06 | 08 | 09 | 0 | 05 | 09 | 4 | 30.78 | | | 2:00 | | 1 | 1 | | 0 | OT5 | | 61.56 | 41.00 | 03-333333 | X | | |
| | 1 | 06 | 08 | 09 | 0 | 05 | 09 | 4 | .98 | | | 15:00 | | 1 | 1 | S | 0 | S6E | E | 14.70 | 10.72 | 03-333333 | X | | |
| B. PAYMENT SHOULD BE | 2 | | | | 0 | 05 | 09 | 4 | 46.17 | | | 15:00 | | 1 | 1 | | 0 | OT6 | | 692.55 | | | | | |
| | 2 | | | | 0 | 05 | 09 | 4 | 30.78 | | | 2:00 | | 1 | 1 | | 0 | OT5 | | 61.56 | | | | | |
| | 1 | | | | 0 | 05 | 09 | 4 | .98 | | | 15:00 | | 1 | 1 | S | 0 | S6E | E | 14.70 | | | | | |
| C. UNDERPMT. | | | | | | | | | | | | | | | | | | | | | | | | | |

(7) 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)

FROM: YOUR AGENCY

AUTHORIZED SIGNATURE ▶

DATE

## Sample 4: PAY PERIOD TRANSFER REQUEST

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: 999-99-9999

(3) NAME: EE Name

(4) POSITION NUMBER

| | AGENCY | UNIT | CLASS | SERIAL |
|---|---|---|---|---|
| 1 | XXX | XXX | XXXX | 908 |
| 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:

SAMPLE 4 - PAY PERIOD TRANSFER REQUEST

PLEASE TRANSFER DUPLICATE PAYMENT FROM 6/09 PP TO 7/09 PP.

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 | 8 | 7.09 | | 22 | | | 1 | 8 | | 0 | 8G | | 154.88 | 108.56 | 01-111222 | X | | |
| | | 07 | 03 | 09 | 0 | 06 | 09 | 8 | 7.09 | | 22 | | | 1 | 8 | | 0 | 8G | | 154.88 | 108.56 | 01-111222 | X | | |
| B. PAYMENT SHOULD BE | | | | | 0 | 06 | 09 | 8 | 7.09 | | 22 | | | 1 | 8 | | 0 | 8G | | 154.88 | | | | | |
| | | | | | 0 | 07 | 09 | 8 | 7.09 | | 22 | | | 1 | 8 | | 0 | 8G | | 154.88 | | | | | |
| C. UNDERPMT. | | | | | | | | | | | | | | | | | | | | | | | | | |

(7) 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)

FROM: YOUR AGENCY

AUTHORIZED SIGNATURE ▶

DATE

## Sample 5A: PAY PERIOD TRANSFER PACKAGE 1 OF 2

STATE OF CALIFORNIA

**PAYROLL ADJUSTMENT NOTICE**

STD. 674 (REV. 10-2000)

DOCUMENT NO. 1 OF 2

(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: 999-99-9999

(3) NAME: EE Name

(4) POSITION NUMBER

| | AGENCY | UNIT | CLASS | SERIAL |
|---|---|---|---|---|
| 1 | XXX | XXX | XXXX | 901 |
| 2 | XXX | XXX | XXXX | 902 |

(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:

SAMPLE 5A - PAY PERIOD TRANSFER PACKAGE (1 OF 2)

PLEASE TRANSFER PARTIAL HOURS FOR EID OF5 FROM 4/09 PP TO 5/09 PP.

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 | 1 | 05 | 08 | 09 | 0 | 04 | 09 | 4 | 29.00 | | | 35 00 | | 1 | 1 | F | 0 | OF6 | | 1015.00 | 679.32 | 01-123456 | X | | |
| | 1 | 05 | 08 | 09 | 0 | 04 | 09 | 4 | 18.15 | | | 15 00 | | 1 | 1 | F | 0 | OF5 | | 272.25 | 189.40 | 01-123456 | X | | |
| | 2 | 05 | 08 | 09 | 0 | 04 | 09 | 4 | .75 | | | 35 00 | | 1 | 1 | S | 0 | S6N | N | 26.25 | 19.50 | 01-123456 | X | | |
| B. PAYMENT SHOULD BE | 1 | | | | 0 | 04 | 09 | 4 | 29.00 | | | 35 00 | | 1 | 1 | F | 0 | OF6 | | 1015.00 | | | | | |
| | 1 | | | | 0 | 04 | 09 | 4 | 18.15 | | | 2 00 | | 1 | 1 | F | 0 | OF5 | | 36.30 | | | | | |
| | 2 | | | | 0 | 04 | 09 | 4 | .75 | | | 35 00 | | 1 | 1 | S | 0 | S6N | N | 26.25 | | | | | |
| C. UNDERPMT. | | | | | | | | | | | | | | | | | | | | | | | | | |

(7) 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) FROM: YOUR AGENCY

AUTHORIZED SIGNATURE ▶

DATE

## Sample 5B: PAY PERIOD TRANSFER PACKAGE 2 OF 2

STATE OF CALIFORNIA

**PAYROLL ADJUSTMENT NOTICE**

STD. 674 (REV. 10-2000)

DOCUMENT NO. 2 OF 2

(1) TO STATE CONTROLLER'S OFFICE:

__ ADMIN. & DISBURSEMENTS

✓ PPSD/PAYROLL OPERATIONS

PPSD UNIT DESTINATION:

- ✓ PAYROLL
- ☐ GARNISHMENTS
- ☐ DISBILITY
- ☐ RETIREMENT
- ☐ W-2/Non USPS
- ☐ BENEFIT DEDUCTIONS
- ☐ MISC. DEDUCTIONS

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

(3) NAME: EE Name

(4) POSITION NUMBER

| | AGENCY | UNIT | CLASS | SERIAL |
|---|---|---|---|---|
| 1 | XXX | XXX | XXXX | 901 |
| 2 | XXX | XXX | XXXX | 902 |

(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:

SAMPLE 5B - PAY PERIOD TRANSFER PACKAGE (2 OF 2)

PLEASE TRANSFER PARTIAL HOURS FOR EID OF5 FROM 4/09 PP TO 5/09 PP.

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 | 1 | 06 | 08 | 09 | 0 | 05 | 09 | 4 | 29.00 | | | 14:00 | | 1 | 1 | F | 0 | OF6 | | 406.00 | 279.32 | 02-234567 | X | | |
| | 2 | 06 | 08 | 09 | 0 | 05 | 09 | 4 | .75 | | | 14:00 | | 1 | 1 | S | 0 | S6N | N | 10.50 | 8.41 | 02-234567 | X | | |
| B. PAYMENT SHOULD BE | 1 | | | | 0 | 05 | 09 | 4 | 29.00 | | | 14:00 | | 1 | 1 | F | 0 | OF6 | | 406.00 | | | | | |
| | 1 | | | | 0 | 05 | 09 | 4 | 18.15 | | | 13:00 | | 1 | 1 | F | 0 | OF5 | | 235.95 | | | | | |
| | 2 | | | | 0 | 05 | 09 | 4 | .75 | | | 14:00 | | 1 | 1 | S | 0 | S6N | N | 10.50 | | | | | |
| C. UNDERPMT. | | | | | | | | | | | | | | | | | | | | | | | | | |

(7) 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.*

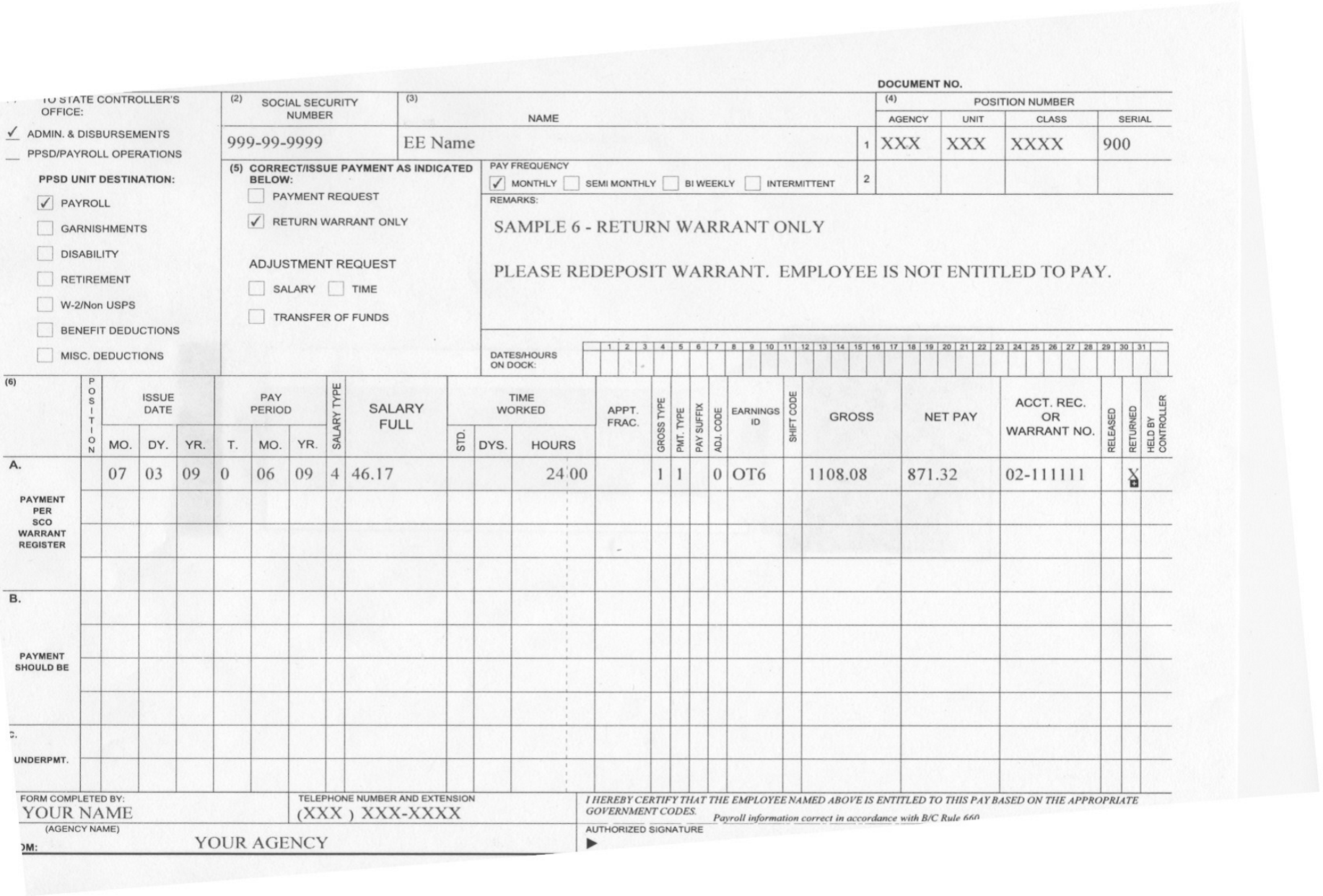
(AGENCY NAME)

FROM: YOUR AGENCY

AUTHORIZED SIGNATURE ▶

DATE

## Sample 6: RETURN WARRANT ONLY



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

DOCUMENT NO.

| (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
- ✓ RETURN WARRANT ONLY

ADJUSTMENT REQUEST
- ___ SALARY ___ TIME
- ___ TRANSFER OF FUNDS

PAY FREQUENCY: ✓ 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. | DY. | YR. | PAY PERIOD T. | MO. | YR. | SALARY TYPE | SALARY FULL | TIME WORKED STD. | DYS. | 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) YOUR AGENCY

AUTHORIZED SIGNATURE ▶

## Sample 7: ADJUSTMENT TO TIME BASE

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: 999-99-9999

(3) NAME: EE Name

(4) POSITION NUMBER

| | AGENCY | UNIT | CLASS | SERIAL |
|---|---|---|---|---|
| 1 | XXX | XXX | XXXX | 001 |
| 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:

SAMPLE 7 - ADJUSTMENT TO TIME BASE

EMPLOYEE CHANGED TIME BASE FROM 1/2 TIME TO FULL TIME ON 11/10/08.
EMPLOYEE ALSO HAD DOCK IN THE PAY PERIOD.

DATES/HOURS ON DOCK: 4 (day 3), 4 4 (days 21, 22)

| (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 | | 12 | 01 | 08 | 0 | 11 | 08 | 1 | 3002.00 | | 19 | | 1/2 | 1 | 0 | | 0 | | | 1296.32 | 1049.36 | 01-987654 | X | | |
| B. PAYMENT SHOULD BE | | | | | 0 | 11 | 08 | 1 | 3002.00 | | 05 | | 1/2 | 1 | 0 | | 0 | | | 341.14 | | | | | |
| | | | | | 0 | 11 | 08 | 1 | 3002.00 | | 15 | | FT | 1 | 0 | | 0 | | | 2046.82 | | | | | |
| C. UNDERPMT. | | | | | | | | | | | | | | | | | | | | | | | | | |

(7) 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)

FROM: YOUR AGENCY

AUTHORIZED SIGNATURE ▶

DATE

## Sample 8: ADJUSTMENT TO SALARY

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: 999-99-9999

(3) NAME: EE Name

(4) POSITION NUMBER

| | AGENCY | UNIT | CLASS | SERIAL |
|---|---|---|---|---|
| 1 | XXX | XXX | XXXX | 900 |
| 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:

SAMPLE 8 - ADJUSTMENT TO SALARY

EMPLOYEE HAD A MID-MONTH SALARY INCREASE. PLEASE ADJUST.

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 | | 12 | 05 | 08 | 0 | 11 | 08 | 4 | 8.41 | | | 135.00 | | 1 | 0 | | 0 | | | 1135.35 | 979.46 | 01-000001 | X | | |
| B. PAYMENT SHOULD BE | | | | | 0 | 11 | 08 | 4 | 8.41 | | | 8.00 | | 1 | 0 | | 0 | | | 67.28 | | | | | |
| | | | | | 0 | 11 | 08 | 4 | 8.83 | | | 127.00 | | 1 | 0 | | 0 | | | 1121.41 | | | | | |
| C. UNDERPMT. | | | | | | | | | | | | | | | | | | | | | | | | | |

(7) 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.*

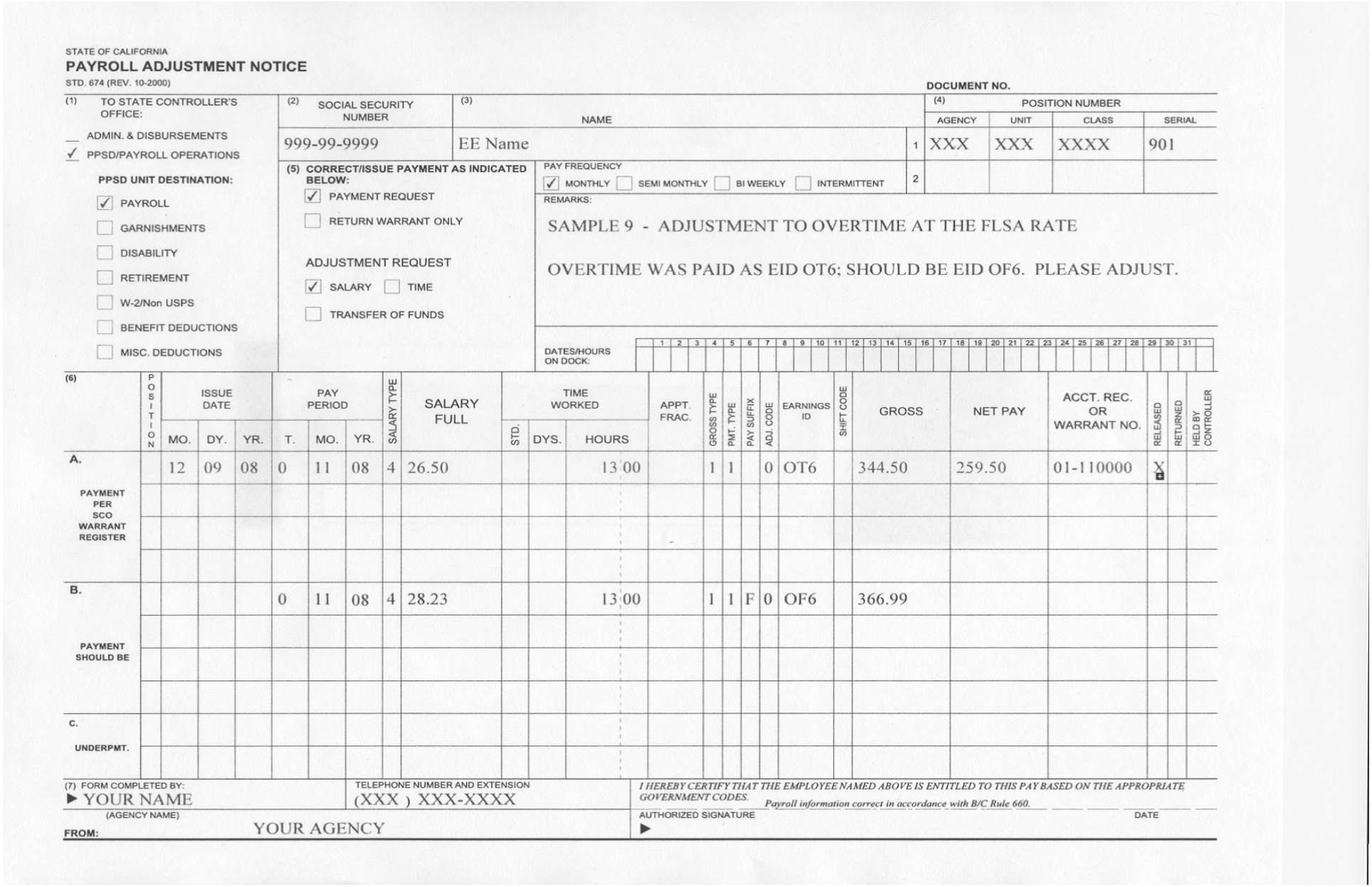
(AGENCY NAME)

FROM: YOUR AGENCY

AUTHORIZED SIGNATURE ▶

DATE

## Sample 9: ADJUSTMENT TO OVERTIME AT THE FLSA RATE



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: 999-99-9999

(3) NAME: EE Name

(4) POSITION NUMBER

| | AGENCY | UNIT | CLASS | SERIAL |
|---|---|---|---|---|
| 1 | XXX | XXX | XXXX | 901 |
| 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:

SAMPLE 9 - ADJUSTMENT TO OVERTIME AT THE FLSA RATE

OVERTIME WAS PAID AS EID OT6; SHOULD BE EID OF6. PLEASE ADJUST.

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 | | 12 | 09 | 08 | 0 | 11 | 08 | 4 | 26.50 | | | 13 00 | | 1 | 1 | | 0 | OT6 | | 344.50 | 259.50 | 01-110000 | X | | |
| B. PAYMENT SHOULD BE | | | | | 0 | 11 | 08 | 4 | 28.23 | | | 13 00 | | 1 | 1 | F | 0 | OF6 | | 366.99 | | | | | |
| C. UNDERPMT. | | | | | | | | | | | | | | | | | | | | | | | | | |

(7) 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)

FROM: YOUR AGENCY

AUTHORIZED SIGNATURE ▶

DATE

## Sample 10: ADJUSTMENT TO REGULAR HOURS OUT OF HISTORY

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: 999-99-9999

(3) NAME: EE Name

(4) POSITION NUMBER

| | AGENCY | UNIT | CLASS | SERIAL |
|---|---|---|---|---|
| 1 | XXX | XXX | XXXX | 901 |
| 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:

SAMPLE 9 - ADJUSTMENT TO OVERTIME AT THE FLSA RATE

OVERTIME WAS PAID AS EID OT6; SHOULD BE EID OF6. PLEASE ADJUST.

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 | | 12 | 09 | 08 | 0 | 11 | 08 | 4 | 26.50 | | | 13 00 | | 1 | 1 | | 0 | OT6 | | 344.50 | 259.50 | 01-110000 | X | | |
| B. PAYMENT SHOULD BE | | | | | 0 | 11 | 08 | 4 | 28.23 | | | 13 00 | | 1 | 1 | F | 0 | OF6 | | 366.99 | | | | | |
| C. UNDERPMT. | | | | | | | | | | | | | | | | | | | | | | | | | |

(7) 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.*

AUTHORIZED SIGNATURE ▶

DATE

(AGENCY NAME)

FROM: YOUR AGENCY

## Sample 11: LESS DOCK FOR A FRACTIONAL EMPLOYEE

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: 999-99-9999

(3) NAME: EE Name

(4) POSITION NUMBER

| | AGENCY | UNIT | CLASS | SERIAL |
|---|---|---|---|---|
| 1 | XXX | XXX | XXXX | 002 |
| 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:

SAMPLE 11 - LESS DOCK FOR A FRACTIONAL EMPLOYEE

EMPLOYEE HAS LESS DOCK AND IS DUE ADDITIONAL TIME. CANNOT KEY. THIS IS AN EXCEPTION FOR A FRACTIONAL EMPLOYEE.

DATES/HOURS ON DOCK: 18, 19, 20, 21, 24, 25

| (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. | | 12 | 01 | 08 | 0 | 11 | 08 | 1 | 2153.00 | | 12 | | 1/2 | 1 | 0 | | 0 | | | 587.18 | 401.11 | 01-158916 | X | | |
| PAYMENT PER SCO WARRANT REGISTER | | | | | | | | | | | | | | | | | | | | | | | | | |
| B. | | | | | 0 | 11 | 08 | 1 | 2153.00 | | 16 | | 1/2 | 1 | 0 | | 0 | | | 782.91 | | | | | |
| PAYMENT SHOULD BE | | | | | | | | | | | | | | | | | | | | | | | | | |
| C. | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNDERPMT. | | | | | | | | | | | | | | | | | | | | | | | | | |

(7) FORM COMPLETED BY: ▶ YOUR NAME

TELEPHONE NUMBER AND EXTENSION: ( XXX) XXX-XXXX

FROM: (AGENCY NAME) YOUR AGENCY

*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

## Sample 12: STD. 674 LUMP SUM SEPARATION PAY (Revised 07/26)

Note: Time worked should be projected out the appropriate number of pay periods, with each pay period documented on a separate STD. 674. Salary Full and Earnings ID should be applicable to lump sum payments. In this sample, the Earnings ID applies to Payment Type 4 but not Payment Type 3, and this should be notated in PAR Item 962.

STATE OF CALIFORNIA

**PAYROLL ADJUSTMENT NOTICE**

STD. 674 (REV. 09/2020)

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: 999-99-9999

(3) NAME: John Doe

(4) POSITION NUMBER

| | AGENCY | UNIT | CLASS | SERIAL |
|---|---|---|---|---|
| 1 | 051 | 135 | 9999 | 012 |
| 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:
Keyed S01 on 7/30/25. Lump sum pay did not issue. Request lump sum payment.

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 | | | | | | | | | | | | | | | | | | | | | | | | | |
| B. PAYMENT SHOULD BE | | | | | 0 | 07 | 25 | 1 | 8498.00 | | 5 | | | 1 | 4 | | 0 | 8ABC | | 1931.36 | | | | | |
| | | | | | 0 | 07 | 25 | 1 | 8398.00 | | 3 | | | 1 | 3 | | 0 | | | 1145.18 | | | | | |
| C. UNDERPMT. | | | | | | | | | | | | | | | | | | | | | | | | | |

(7) FORM COMPLETED BY: ▶ Johnny Smith

(AGENCY NAME) FROM: SCO

TELEPHONE NUMBER AND EXTENSION: 916-555-5555

EMAIL ADDRESS: PersonnelTransactions@sco.ca.gov

*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 633.7.*

AUTHORIZED SIGNATURE: ▶ Johnny A Smith

DATE: 08/04/2025