

# PAYROLL ADJUSTMENT NOTICE —ACCOUNTS RECEIVABLE (A/R)

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

DOCUMENT NUMBER  
ATTACHMENT I-1 SAMPLE 2

<b>(1) TO STATE CONTROLLER'S OFFICE:</b>  <input type="checkbox"/> ADMIN. & DISBURSEMENTS <input checked="" type="checkbox"/> PPSD/PAYROLL SERVICES  <b>PPSD UNIT DESTINATION:</b>  <input checked="" type="checkbox"/> PAYROLL <input type="checkbox"/> BENEFITS <input type="checkbox"/> DISABILITY <input type="checkbox"/> W-2/Non USPS <input type="checkbox"/> RETIREMENT <input type="checkbox"/> DEDUCTIONS	<b>(2) SOCIAL SECURITY NUMBER</b>  999-99-9999  <b>CHANGE METHOD OF COLLECTION</b> <input type="checkbox"/> FROM AGENCY COLLECTION TO PAYROLL DEDUCTION - <i>BALANCE TO BE COLLECTED</i> \$ _____ NET <input type="checkbox"/> FROM PAYROLL DEDUCTION TO AGENCY COLLECTION - <i>BALANCE TO BE COLLECTED</i> \$ _____ NET <input checked="" type="checkbox"/> REVERSE PAYROLL DEDUCTION A/R <i>PLEASE REFUND AMOUNT COLLECTED</i> \$ 345.67 NET  <input type="checkbox"/> OVER-COLLECTION OF PAYROLL DEDUCTION A/R - PAY PERIODS OF DEDUCTION <i>PLEASE REFUND AMOUNT COLLECTED</i> \$ _____ NET <input type="checkbox"/> REVERSE AGENCY COLLECTION A/R	<b>(3) NAME</b>  EE Name  <b>REMARKS:</b>  Please reverse A/R # 22222 for 11/08 pp due to inaccurate dock reported.	<b>(4) POSITION NUMBER</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">AGENCY</th> <th style="width:15%;">UNIT</th> <th style="width:15%;">CLASS</th> <th style="width:15%;">SERIAL</th> </tr> <tr> <td>1 XXX</td> <td>XXX</td> <td>XXXX</td> <td>XXX</td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> </tr> </table>	AGENCY	UNIT	CLASS	SERIAL	1 XXX	XXX	XXXX	XXX	2			
AGENCY	UNIT	CLASS	SERIAL												
1 XXX	XXX	XXXX	XXX												
2															

(6)		POSITION	ISSUE DATE			PAY PERIOD		SALARY TYPE	SALARY FULL	TIME WORKED			APPT. FRAC.	GROSS TYPE	PMT. TYPE	PAY SUFFIX	ADJ. CODE	EARNINGS I.D.	SHIFT CODE	GROSS	NET PAY	ACCT. REC. OR WARRANT NO.	RELEASED	RETURNED	HELD BY	CONTROLLER
			MO.	DAY	YR.	T	MO.	YR.		STD.	DAYS	HOURS														
A	PMT. PER SCO WRNT. REG.		12	01	08	0	11	08	1	4565.00	1				1	0	0			4565.00	3791.44	01-111111	x			
			01	20	09	0	11	08	1	4565.00		-2			1	0	1			-415.00	-345.67	A/R #22222				
B	PMT. S/B					0	11	08	1	4565.00	1				1	0	0			4565.00						

<b>C OVERPAYMENT TO BE RECOVERED BY:</b> <input type="checkbox"/> AGENCY COLLECTION <input type="checkbox"/> _____ (NO.) DEDUCTIONS BEGINNING WITH PAY PERIOD _____ <input checked="" type="checkbox"/> PAYROLL DEDUCTION ( <i>Specify type</i> ) <input checked="" type="checkbox"/> 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD <input type="checkbox"/> 2% OF SALARY RATE OR 1/12 OF ACCOUNTS RECEIVABLE NET	<p><i>I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674 A/R, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND.</i></p> <p><i>Payroll information correct in accordance with B/C Rule 660.</i></p>
<b>(7) COMPLETED BY</b> YOUR NAME FROM (Agency Name)	TELEPHONE NUMBER AND EXTENSION ( xxx )    XXX-XXXX YOUR AGENCY
AUTHORIZED SIGNATURE <div style="border-bottom: 1px solid black; width: 100px; margin-top: 10px;"></div>	
DATE SIGNED	