

PAYROLL ADJUSTMENT NOTICE —ACCOUNTS RECEIVABLE (A/R)

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

DOCUMENT NUMBER
ATTACHMENT I-1 SAMPLE 4

(1) TO STATE CONTROLLER'S OFFICE:

☐ ADMIN. & DISBURSEMENTS
☒ PPSD/PAYROLL SERVICES

PPSD UNIT DESTINATION:

☒ PAYROLL

☐ BENEFITS

☐ DISABILITY

☐ W-2/Non USPS

☐ RETIREMENT

☐ DEDUCTIONS

(2) SOCIAL SECURITY NUMBER

999-99-9999

CHANGE METHOD OF COLLECTION

☒ FROM AGENCY COLLECTION TO PAYROLL DEDUCTION - *BALANCE TO BE COLLECTED*

\$ 359.95

NET

☐ FROM PAYROLL DEDUCTION TO AGENCY COLLECTION - *BALANCE TO BE COLLECTED*

\$

NET

☐ REVERSE PAYROLL DEDUCTION A/R

PLEASE REFUND AMOUNT COLLECTED

\$

NET

☐ OVER-COLLECTION OF PAYROLL DEDUCTION A/R - PAY PERIODS OF DEDUCTION

PLEASE REFUND AMOUNT COLLECTED

\$

NET

☐ REVERSE AGENCY COLLECTION A/R

(3) NAME

EE Name

REMARKS:

Please change A/R # 45678 for the 1/09 pp from agency collection to payroll deduction.
Recover A/R in 10 pay periods.

(4) POSITION NUMBER

AGENCY

UNIT

CLASS

SERIAL

1

XXX

XXX

XXXX

XXX

2

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

☒ ACCOUNTS RECEIVABLE
☐ REDEPOSIT WITH A/R
☐ TRANSFER OF FUNDS WITH A/R

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			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		03	06	09	0	01	09	1	3062.00					1	0	2			-460.00	-359.95	A/R #45678					
PMT. PER SCO WRNT. REG.																										
B																										
PMT. S/B																										

C OVERPAYMENT TO BE RECOVERED BY:

☐ AGENCY COLLECTION

☒ PAYROLL DEDUCTION (Specify type)

☐ 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD

☒ 10 (NO.) DEDUCTIONS BEGINNING WITH PAY PERIOD 04/09

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

(7) COMPLETED BY

YOUR NAME

YOUR AGENCY

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 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.

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

AUTHORIZED SIGNATURE

DATE SIGNED