

PAYROLL ADJUSTMENT NOTICE —ACCOUNTS RECEIVABLE (A/R)

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

DOCUMENT NUMBER
ATTACHMENT I-1 SAMPLE 7

(1) TO STATE CONTROLLER'S OFFICE: <input checked="" type="checkbox"/> ADMIN. & DISBURSEMENTS <input type="checkbox"/> PPSD/PAYROLL SERVICES PPSD UNIT DESTINATION: <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	(2) SOCIAL SECURITY NUMBER 999-99-9999	(3) NAME EE Name	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: left;">(4) POSITION NUMBER</th> </tr> <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</td> <td>XXX</td> <td>XXX</td> <td>XXXX</td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> </tr> </table>	(4) POSITION NUMBER				AGENCY	UNIT	CLASS	SERIAL	1	XXX	XXX	XXXX	2																																																	
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CHANGE METHOD OF COLLECTION <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 type="checkbox"/> REVERSE PAYROLL DEDUCTION A/R <i>PLEASE REFUND AMOUNT COLLECTED</i> \$ _____ NET <input type="checkbox"/> OVER-COLLECTION OF PAYROLL DEDUCTION A/R - <i>PAY PERIODS OF DEDUCTION</i> <i>PLEASE REFUND AMOUNT COLLECTED</i> \$ _____ NET <input type="checkbox"/> REVERSE AGENCY COLLECTION A/R		REMARKS: Please redeposit overpayment and establish an A/R due to dock.																																																															
(5) ESTABLISH/CORRECT/ADJUST AS INDICATED BELOW: <input type="checkbox"/> ACCOUNTS RECEIVABLE <input checked="" type="checkbox"/> REDEPOSIT WITH A/R <input type="checkbox"/> TRANSFER OF FUNDS WITH A/R		DATES/HOURS ON DOCK: <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>3</td><td>8</td><td></td><td></td><td></td><td></td><td></td> </tr> </table>		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31																									3	8					
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(6)	POSITION	ISSUE DATE			PAY PERIOD			SALARY TYPE	SALARY FULL	TIME WORKED			APPT. FRAC.	GROSS TYPE	PMT. TYPE	PAY SUFFIX	ADJ. CODE	EARNINGS 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.	03	01	09	0	02	09	1	4565.00	1				1	0	0				4565.00	3791.44	01-123456	x		
		05	08	09	0	02	09	1	4793.00					1	0	2				228.00	149.65	02-567890		x	
B	PMT. S/B				0	02	09	1	4565.00		19	5.00		1	0	0				4266.10					

C OVERPAYMENT TO BE RECOVERED BY: <input type="checkbox"/> AGENCY COLLECTION <input checked="" type="checkbox"/> <u>6</u> (NO.) DEDUCTIONS BEGINNING WITH PAY PERIOD <u>07/09</u> <input checked="" type="checkbox"/> PAYROLL DEDUCTION (Specify type) <input type="checkbox"/> 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD <input type="checkbox"/> 2% OF SALARY RATE OR 1/12 OF ACCOUNTS RECEIVABLE NET		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.	
(7) COMPLETED BY YOUR NAME FROM (Agency Name)		TELEPHONE NUMBER AND EXTENSION (xxx) XXX-XXXX Payroll information correct in accordance with B/C Rule 660.	
YOUR AGENCY		AUTHORIZED SIGNATURE 	
		DATE SIGNED	