

PAYROLL ADJUSTMENT NOTICE —ACCOUNTS RECEIVABLE (A/R)

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

DOCUMENT NUMBER
ATTACHMENT I-1 SAMPLE 8

(1) TO STATE CONTROLLER'S OFFICE:

- ☐ ADMIN. & DISBURSEMENTS
☒ PPSD/PAYROLL SERVICES

PPSD UNIT DESTINATION:

- ☒ PAYROLL ☐ BENEFITS
☐ DISABILITY ☐ W-2/Non USPS
☐ RETIREMENT ☐ DEDUCTIONS

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

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

(2) SOCIAL SECURITY NUMBER

999-99-9999

CHANGE METHOD OF COLLECTION

- ☐ FROM AGENCY COLLECTION TO PAYROLL DEDUCTION - *BALANCE TO BE COLLECTED* \$ _____ 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:

Employee was overpaid in salary. Please establish a payroll deduction A/R.

A/R Package (1 of 3)

(4) POSITION NUMBER

AGENCY	UNIT	CLASS	SERIAL
1 XXX	XXX	XXXX	XXX
2			

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
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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	05-123456	x			
		05	08	09	0	02	09	1	4793.00					1	0	2				228.00	149.65	06-567890	x			
B	PMT. S/B				0	02	09	1	4565.00	1				1	0	0				4565.00						

C OVERPAYMENT TO BE RECOVERED BY:

- ☐ AGENCY COLLECTION
☒ PAYROLL DEDUCTION (Specify type)
☐ 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD
☒ 1 (NO.) DEDUCTIONS BEGINNING WITH PAY PERIOD 07/09
☐ 2% OF SALARY RATE OR 1/12 OF ACCOUNTS RECEIVABLE NET

(7) 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 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

PAYROLL ADJUSTMENT NOTICE —ACCOUNTS RECEIVABLE (A/R)

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

DOCUMENT NUMBER
ATTACHMENT I-I SAMPLE 8A

(1) TO STATE CONTROLLER'S OFFICE: <input type="checkbox"/> ADMIN. & DISBURSEMENTS <input checked="" type="checkbox"/> PSPD/PAYROLL SERVICES PSPD 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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C OVERPAYMENT TO BE RECOVERED BY: <input type="checkbox"/> AGENCY COLLECTION <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		<input checked="" type="checkbox"/> 1 (NO.) DEDUCTIONS BEGINNING WITH PAY PERIOD <u>08/09</u> 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 YOUR AGENCY	Payroll information correct in accordance with B/C Rule 660. AUTHORIZED SIGNATURE _____ DATE SIGNED _____

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