

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

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

DOCUMENT NUMBER  
ATTACHMENT I-1 SAMPLE 9

<b>(1) TO STATE CONTROLLER'S OFFICE:</b>  <input type="checkbox"/> ADMIN. & DISBURSEMENTS <input checked="" type="checkbox"/> PPSP/PAYROLL SERVICES  <b>PPSP 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>(3) NAME</b>  EE Name	<b>(4) POSITION NUMBER</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">AGENCY</th> <th style="width:10%;">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																		
<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 type="checkbox"/> REVERSE PAYROLL DEDUCTION A/R <i>PLEASE REFUND AMOUNT COLLECTED</i> \$ _____ 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>REMARKS:</b>  Employee was overpaid in salary. Please establish a payroll deduction A/R.  A/R Package (1 of 3)																

(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					

<b>C OVERPAYMENT TO BE RECOVERED BY:</b> <input type="checkbox"/> AGENCY COLLECTION <input checked="" type="checkbox"/> PAYROLL DEDUCTION (Specify type) <input type="checkbox"/> 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD <input checked="" type="checkbox"/> 2 (NO.) DEDUCTIONS BEGINNING WITH PAY PERIOD <u>08/09</u> <input type="checkbox"/> 2% OF SALARY RATE OR 1/12 OF ACCOUNTS RECEIVABLE NET		<b>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.</b>	
<b>(7) COMPLETED BY</b> YOUR NAME FROM (Agency Name)		TELEPHONE NUMBER AND EXTENSION ( xxx ) XXX-XXXX Payroll information correct in accordance with B/C Rule 660. AUTHORIZED SIGNATURE <div style="border-bottom: 1px solid black; width: 100px;"></div>	
YOUR AGENCY		DATE SIGNED	

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

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

DOCUMENT NUMBER  
ATTACHMENT I-1 SAMPLE 9A

## (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 (2 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

## (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.	04	01	09	0	03	09	1	4565.00	1				1	0	0				4565.00	3791.44	05-567890	x		
		05	08	09	0	03	09	1	4793.00					1	0	2				228.00	149.65	06-567890	x		
B	PMT. S/B				0	03	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

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

☐ 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-1 SAMPLE 9B

(1) TO STATE CONTROLLER'S OFFICE:  <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	(2) SOCIAL SECURITY NUMBER  999-99-9999	(3) NAME  EE Name	(4) POSITION NUMBER				
			AGENCY	UNIT	CLASS	SERIAL	
			1	XXX	XXX	XXXX	XXX
			2				

## 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

REMARKS:

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

A/R Package (3 of 3)

## (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	PMT. PER SCO WRNT. REG.	05	01	09	0	04	09	1	4565.00	1				1	0	0				4565.00	3791.44	05-987654	x			
		05	08	09	0	04	09	1	4793.00					1	0	2				228.00	149.65	06-567890	x			
B	PMT. S/B					0	04	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  
☒ 2 (NO.) DEDUCTIONS BEGINNING WITH PAY PERIOD 12/09  
☐ 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	TELEPHONE NUMBER AND EXTENSION ( xxx )      XXX-XXXX	PAYROLL information correct in accordance with B/C Rule 660.
FROM (Agency Name)  YOUR AGENCY	AUTHORIZED SIGNATURE  	DATE SIGNED