

PAYROLL ADJUSTMENT NOTICE

STD. 674 (REV. 10-2000)

DOCUMENT NO.

(1) TO STATE CONTROLLER'S OFFICE: ADMIN. & DISBURSEMENTS <input checked="" type="checkbox"/> PPSD/PAYROLL OPERATIONS PPSD UNIT DESTINATION: <input type="checkbox"/> PAYROLL <input type="checkbox"/> GARNISHMENTS <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> RETIREMENT <input type="checkbox"/> W-2/Non USPS <input type="checkbox"/> BENEFIT DEDUCTIONS <input type="checkbox"/> MISC. DEDUCTIONS	(2) SOCIAL SECURITY NUMBER 888-88-8888	(3) NAME COMPLETE	(4) POSITION NUMBER <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>AGENCY</th> <th>UNIT</th> <th>CLASS</th> <th>SERIAL</th> </tr> <tr> <td>1 XXXX</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 XXXX	XXX	XXXX	XXX	2																																																					
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(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW: <input checked="" type="checkbox"/> PAYMENT REQUEST <input type="checkbox"/> RETURN WARRANT ONLY ADJUSTMENT REQUEST <input type="checkbox"/> SALARY <input type="checkbox"/> TIME <input type="checkbox"/> TRANSFER OF FUNDS		PAY FREQUENCY <input type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI MONTHLY <input type="checkbox"/> BI WEEKLY <input type="checkbox"/> INTERMITTENT REMARKS: 1. PER GC 19863 EMPLOYEE ABSENT ON TD FROM 08/13/14 THRU 08/31/14 A. 5562/ 176 = 31.60 B. 2322.56/ 31.60=73.49 ROUND TO 73 HRS.= 9 DAYS 1 HR C. EMPLOYEE ENTITLED TO 3 DAYS 7 HRS AS FULL SUPPLEMENTATION D. DATES AND HOURS WORKED NONE/ A/R NONE II SCIF DAILY RATE 122.24 WAGE LOSS N/A ABATEMENT N/A																																																															
		DATES/HOURS ON DOCK: <table border="1" style="width:100%; border-collapse: collapse;"> <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></td><td></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																															
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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 ID	SHIFT CODE	GROSS	NET PAY	ACCT. REC. OR WARRANT NO.	RELEASED	RETURNED	HELD BY CONTROLLER
		MO.	DY.	YR.	T.	MO.	YR.			STD.	DYS.	HOURS													
A. PAYMENT PER SCO WARRANT REGISTER		08	31	14				IDL & SUP		9				N				IDL		2275.36	1926.21	COMPELE			
								SCIF		9		1 00								2322.56					
								TOTAL		18		1 00								4567.89					
B. PAYMENT SHOULD BE								IDL & SUP		9				N				IDL		2275.26	1926.21				
								SCIF		9		1 00								2322.56					
								SUPPL		3		7 00								964.08					
								TOTAL		22										5561.94					
C. UNDERPMT.																									

(7) FORM COMPLETED BY: ▶	TELEPHONE NUMBER AND EXTENSION ()	I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES. Payroll information correct in accordance with B/C Rule 660.
(AGENCY NAME)		AUTHORIZED SIGNATURE ▶ <div style="float: right;">DATE</div>
FROM:		