

DOCUMENT NO.

(1) TO STATE CONTROLLER'S OFFICE: ___ ADMIN. & DISBURSEMENTS ___ PPSD/PAYROLL OPERATIONS PPSD UNIT DESTINATION: PAYROLL GARNISHMENTS DISABILITY RETIREMENT W-2/Non USPS BENEFIT DEDUCTIONS ☐ MISC. DEDUCTIONS	(2) SOCIAL SECURITY NUMBER	(3) NAME		(4) POSITION NUMBER				
				AGENCY	UNIT	CLASS	SERIAL	
				1				
	(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW: ☐ PAYMENT REQUEST RETURN WARRANT ONLY ADJUSTMENT REQUEST SALARY TIME TRANSFER OF FUNDS	PAY FREQUENCY MONTHLY SEMI MONTHLY BI WEEKLY INTERMITTENT		2				
		REMARKS:						
		DATES/HOURS ON DOCK:						

(6)	P O S I T I O N	ISSUE DATE			PAY PERIOD			SALARY TYPE	SALARY FULL	STD.	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.				DYS.	HOURS													
A.																									
PAYMENT PER SCO WARRANT REGISTER																									
B.																									
PAYMENT SHOULD BE																									
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. <i>Payroll information correct in accordance with B/C Rule 633.7.</i>
(AGENCY NAME)	AUTHORIZED SIGNATURE ►	DATE
FROM:		