

PAYROLL ADJUSTMENT NOTICE —ACCOUNTS RECEIVABLE (A/R)

STD. 674 A/R (REV. 09/2020)

DOCUMENT NUMBER

<p>(1) TO STATE CONTROLLER'S OFFICE:</p> <input type="checkbox"/> ADMIN. & DISBURSEMENTS <input type="checkbox"/> PPSD/PAYROLL SERVICES <p>PPSD UNIT DESTINATION:</p> <input 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	<p>(2) SOCIAL SECURITY NUMBER</p>	<p>(3) NAME</p>	<p>(4) POSITION NUMBER</p>			
			<p>AGENCY UNIT CLASS SERIAL</p>		<p>1</p>	
	<p>CHANGE METHOD OF COLLECTION</p> <input type="checkbox"/> FROM AGENCY COLLECTION TO PAYROLL DEDUCTION - BALANCE TO BE COLLECTED \$ _____ NET <input type="checkbox"/> FROM PAYROLL DEDUCTION TO AGENCY COLLECTION - BALANCE TO BE COLLECTED \$ _____ NET <input type="checkbox"/> REVERSE PAYROLL DEDUCTION A/R PLEASE REFUND AMOUNT COLLECTED \$ _____ NET		<p>REMARKS:</p>		<p>2</p>	

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

<input type="checkbox"/> ACCOUNTS RECEIVABLE	<input type="checkbox"/> OVER-COLLECTION OF PAYROLL DEDUCTION A/R - PAY PERIODS OF DEDUCTION
<input type="checkbox"/> REVERSE A/R	<input type="checkbox"/> PLEASE REFUND AMOUNT COLLECTED \$ _____ NET
<input type="checkbox"/> REDEPOSIT WITH A/R	<input type="checkbox"/> REVERSE AGENCY COLLECTION A/R
<input type="checkbox"/> TRANSFER OF FUNDS WITH A/R	

DATES/HOURS ON DOCK:

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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.																																			
B	PMT. S/B																																			


C OVERPAYMENT TO BE RECOVERED BY:

 AGENCY COLLECTION _____ (NO.) DEDUCTIONS BEGINNING WITH PAY PERIOD _____ MM / YY
 PAYROLL DEDUCTION (*Specify type*)
 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD 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 _____ TELEPHONE NUMBER AND EXTENSION () _____

FROM (Agency Name) _____ EMAIL ADDRESS _____

AUTHORIZED SIGNATURE  DATE SIGNED _____

Payroll information correct in accordance with B/C Rule 633.7.