

PAYROLL ADJUSTMENT NOTICE — ACCOUNTS RECEIVABLE (A/R)

DOCUMENT NUMBER

STD. 674 A/R (REV. 10/2014)

(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

REVERSE A/R

REDEPOSIT WITH A/R

TRANSFER OF FUNDS WITH A/R

(2) SOCIAL SECURITY NUMBER

(3) NAME

(4) POSITION NUMBER

AGENCY UNIT CLASS SERIAL

1

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:

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.																														
B																														
PMT. S/B																														

C OVERPAYMENT TO BE RECOVERED BY:

AGENCY COLLECTION

PAYROLL DEDUCTION (*Specify type*)

1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD

_____ (NO.) DEDUCTIONS BEGINNING WITH PAY PERIOD _____ MM / YY

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

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

FROM (Agency Name)

AUTHORIZED SIGNATURE

DATE SIGNED

