

PAYROLL ADJUSTMENT NOTICE —ACCOUNTS RECEIVABLE (A/R)

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

DOCUMENT NUMBER
ATTACHMENT I-1 SAMPLE 6

| (1) TO STATE CONTROLLER'S OFFICE: <input type="checkbox"/> ADMIN. & DISBURSEMENTS <input checked="" type="checkbox"/> PPSD/PAYROLL SERVICES PPSD UNIT DESTINATION: <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 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: left;">(4) POSITION NUMBER</th> </tr> <tr> <th style="width:15%;">AGENCY</th> <th style="width:15%;">UNIT</th> <th style="width:15%;">CLASS</th> <th style="width:15%;">SERIAL</th> </tr> <tr> <td>1</td> <td>XXX</td> <td>XXX</td> <td>XXXX</td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> </tr> </table> | (4) POSITION NUMBER | | | | AGENCY | UNIT | CLASS | SERIAL | 1 | XXX | XXX | XXXX | 2 | | | | | | | | | | | | | | | | | | |
|---|--|---|--|---------------------|---|---|---|--------|------|-------|--------|----|-----|-----|------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| (4) POSITION NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AGENCY | UNIT | CLASS | SERIAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | XXX | XXX | XXXX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHANGE METHOD OF COLLECTION <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 checked="" type="checkbox"/> OVER-COLLECTION OF PAYROLL DEDUCTION A/R - PAY PERIODS OF DEDUCTION <u>6/09</u> <i>PLEASE REFUND AMOUNT COLLECTED</i> \$ <u>103.19</u> NET <input type="checkbox"/> REVERSE AGENCY COLLECTION A/R | | REMARKS: Please refund over-collection of A/R # 56789. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (5) ESTABLISH/CORRECT/ADJUST AS INDICATED BELOW: <input checked="" type="checkbox"/> ACCOUNTS RECEIVABLE <input type="checkbox"/> REDEPOSIT WITH A/R <input type="checkbox"/> TRANSFER OF FUNDS WITH A/R | | DATES/HOURS ON DOCK: <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <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> </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 |
| 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 | | 03 | 18 | 09 | 0 | 02 | 09 | 1 | 2817.00 | | -3 | | | 1 | 0 | | 1 | | | -402.43 | -309.57 | A/R #56789 | | | | |
| PMT. PER SCO WRNT. REG. | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| B | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PMT. S/B | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| C OVERPAYMENT TO BE RECOVERED BY: <input type="checkbox"/> AGENCY COLLECTION <input type="checkbox"/> _____ (NO.) DEDUCTIONS BEGINNING WITH PAY PERIOD _____ <input type="checkbox"/> PAYROLL DEDUCTION (<i>Specify type</i>) <input type="checkbox"/> 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD <input type="checkbox"/> 2% OF SALARY RATE OR 1/12 OF ACCOUNTS RECEIVABLE NET | | <i>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.</i> Payroll information correct in accordance with B/C Rule 660. | |
| (7) COMPLETED BY YOUR NAME | | TELEPHONE NUMBER AND EXTENSION (xxx) XXX-XXXX | |
| FROM (Agency Name) | | YOUR AGENCY | |
| AUTHORIZED SIGNATURE | | DATE SIGNED | |