

TD - 674 SAMPLES
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ATTACHMENT (Revised 03/02)

STATE OF CALIFORNIA

PAYROLL ADJUSTMENT NOTICE

STD 674 (REV. 4-89)

ATTACHMENT E-3 SAMPLE 1

DOCUMENT NO. _____

(1) TO: STATE CONTROLLER

☐ DIVISION OF DISBURSEMENTS

☒ PPSP/PAYROLL SERVICES

(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:

☐ PAYMENT REQUEST

☒ ACCOUNT RECEIVABLE

☐ RETURN WARRANT ONLY

☐ INQUIRY REGARDING FORM _____

☒ ADJUSTMENT REQUEST

☐ SALARY

☐ TIME

☒ TRANSFER OF FUNDS

(2) SOCIAL SECURITY NUMBER	(3) NAME	(4) POSITION NUMBER			
COMPLETE	COMPLETE	AGENCY	UNIT	CLASS	SERIAL
		1		COMPLETE	
		2			

REMARKS

I. Per G.C. 19863, employee absent on T.D. from 6-1-92 through 6-30-92.

A. 3319/176 = 18.86

B. 1440/18.86 = 76.35 Round to 76 Hours

C. Restore 76 Hours

D. 76 Hours = 9 days 4 Hours

II. SCIF Daily Rate \$48.00 Wage Loss N/A Abatement N/A

DATES/HOURS ON DOCK:

(6)	ISSUE DATE			PAY PERIOD			SALARY TYPE	SALARY RATE	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
	MO.	DY.	YR.	MO.	DY.	YR.			STD	DYS.	HOURS												
A. PAYMENT PER CONTROLLER WARRANT REGISTER	07	01	92	06		92	1	3319.00	1				1	0		0			3319.00	2474.15	1-234569	<input checked="" type="checkbox"/>	
								SCIF		9	4								1440.00				
										31	4								4759.00	SAMPLE 1			
																				FULL SUPPLEMENTATION			
B. PAYMENT SHOULD BE				06		92		REGULAR		NONE				0					NONE	FULL MONTH ON T.D. ACCOUNT RECEIVABLE REQUEST			
								SCIF		9	4								1440.00				
								SUPPL		12	4			U	T				1879.00				
										22									3319.00				
C. OVERPAYMENT UNDERPAYMENT				06		92		SCIF		9	4								1440.00				

(7) OVERPAYMENT TO BE RECOVERED BY:

☒ AGENCY COLLECTION

☐ PAYROLL DEDUCTION (SPECIFY TYPE)

☐ 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD

☐ (NO.) DEDUCTIONS TO START WITH NEXT APPLICABLE PAY PERIOD

☐ 2% OF SALARY RATE OR 1/12 OF ACCOUNT RECEIVABLE NET

FORM COMPLETED BY:

▶ COMPLETE

(AGENCY NAME)

COMPLETE

PHONE NO:

COMPLETE

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE WAS NOTIFIED OF THE IMPENDING ACCOUNTS RECEIVABLE (A/R). PRIOR TO SUBMITTING THIS STD. 674, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND, AGREES TO THE A/R AND REPAYMENT SCHEDULE OR THE EMPLOYEE FAILED TO RESPOND TO NOTIFICATION OF THE IMPENDING A/R.

AUTHORIZED SIGNATURE

▶ COMPLETE

DATE

FROM:

STATE OF CALIFORNIA

DOCUMENT NO. _____

PAYROLL ADJUSTMENT NOTICE

STD 674 (REV. 4-89)

(1) TO: STATE CONTROLLER

☐ DIVISION OF
DISBURSEMENTS☒ PPSD/PAYROLL
SERVICES

(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:

☐ PAYMENT REQUEST☒ ACCOUNT RECEIVABLE☐ RETURN WARRANT ONLY☐ INQUIRY REGARDING
FORM _____☒ ADJUSTMENT REQUEST☐ SALARY☐ TIME☒ TRANSFER OF FUNDS

(2) SOCIAL SECURITY NUMBER	(3) NAME	(4) POSITION NUMBER			
COMPLETE	COMPLETE	1	AGENCY	UNIT	CLASS
		2	SERIAL		

REMARKS

I. Per G.C. 19863, employee absent on T.D. from 6-18-92 through 6-30-92.

A. $1934/176 = 10.99$ B. $494/10.99 = 44.95$ Round to 45 Hours

C. Restore 45 Hours

D. 45 Hours = 5 days 5 Hours

II. SCIF Daily Rate \$38.00 Wage Loss N/A Abatement N/A

DATES/HOURS ON DOCK:

(6)	ISSUE DATE			PAY PERIOD			SALARY TYPE	SALARY RATE	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
	MO.	DY.	YR.	MO.	DY.	YR.			STD	DYS.	HOURS												
A.	07	01	92	06		92	1	1934.00	1				1	0	0				1934.00	1447.87	1-364842	<input checked="" type="checkbox"/>	
PAYMENT PER CONTROLLER WARRANT REGISTER								SCIF		5	5								494.00				
										27	5								2428.00	SAMPLE 2 FULL			
																				SUPPLEMENTATION PARTIAL MONTH ON T.D.			
B.				06		92		REGULAR	13					0					1142.82	ACCOUNT RECEIVABLE REQUEST			
PAYMENT SHOULD BE								SCIF		5	5								494.00				
								SUPPL		3	3			U	T				297.18				
										22									1934.00				
C.				06		92		SCIF		5	5								494.00				
OVERPAYMENT																							
UNDERPAYMENT																							

(7) OVERPAYMENT TO BE RECOVERED BY:

☒ AGENCY COLLECTION☐ PAYROLL DEDUCTION (SPECIFY TYPE)☐ 1 DEDUCTION FROM NEXT
APPLICABLE PAY PERIOD☐ (NO.) DEDUCTIONS TO START
WITH NEXT APPLICABLE PAY PERIOD☐ 2% OF SALARY RATE OR 1/12 OF
ACCOUNT RECEIVABLE NET

FORM COMPLETED BY:

PHONE NO:

▶ COMPLETE

COMPLETE

(AGENCY NAME)

COMPLETE

FROM:

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE WAS NOTIFIED OF THE IMPENDING ACCOUNTS RECEIVABLE (A/R). PRIOR TO SUBMITTING THIS STD. 674, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND, AGREES TO THE A/R AND REPAYMENT SCHEDULE OR THE EMPLOYEE FAILED TO RESPOND TO NOTIFICATION OF THE IMPENDING A/R.

AUTHORIZED SIGNATURE

DATE

▶ COMPLETE

STATE OF CALIFORNIA

PAYROLL ADJUSTMENT NOTICE

STD 674 (REV. 4-89)

DOCUMENT NO. _____

(1) TO: STATE CONTROLLER

☐ DIVISION OF
DISBURSEMENTS☒ PPSP/PAYROLL
SERVICES

(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:

☒ PAYMENT REQUEST☐ ACCOUNT RECEIVABLE☐ RETURN WARRANT ONLY☐ INQUIRY REGARDING
FORM _____☐ ADJUSTMENT REQUEST☐ SALARY☐ TIME☐ TRANSFER OF FUNDS

(2) SOCIAL SECURITY NUMBER	(3) NAME	(4) POSITION NUMBER			
COMPLETE	COMPLETE	AGENCY	UNIT	CLASS	SERIAL
		1	COMPLETE		
		2			

REMARKS

I. PER GC 19863, EMPLOYEE ABSENT ON TD FROM 6-1-92 THROUGH 6-30-92
 A. $1979/176 = 11.24$
 B. $1140/11.24 = 101.42$ ROUNG TO 101 HOURS = 12 DAYS 5 HOURS
 C. EMPLOYEE ENTITLED TO 9 DAYS 3 HOURS AS FULL SUPPLEMENTATION
 D. DATES AND HOURS WORKED N/A NON-PAY DATES N/A
 E. SCIF DAILY RATE \$38.00 WAGE LOSS N/A ABATEMENT N/A

DATES/HOURS ON DOCK:

(6)	ISSUE DATE			PAY PERIOD			SALARY TYPE	SALARY RATE	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
	MO.	DY.	YR.	MO.	DY.	YR.			STD	DYS.	HOURS												
A. PAYMENT PER CONTROLLER WARRANT REGISTER				06		92		1979.00		NONE			0						NONE				
								SCIF		12	5:00								1140.00				
										12	5:00								1140.00	SAMPLE 3 FULL SUPPLEMENTATION PAYMENT REQUEST			
B. PAYMENT SHOULD BE				06		92		REGULAR		NONE			0						NONE				
								SCIF		12	5:00								1140.00				
								SUPPL		9	3:00		U	T					839.00				
										22									1979.00				
C. OVERPAYMENT UNDERPAYMENT																							
				06		92		SUPPL		9	3:00		U	T					839.00				

(7) OVERPAYMENT TO BE RECOVERED BY:

☐ AGENCY COLLECTION☐ PAYROLL DEDUCTION (SPECIFY TYPE)☐ 1 DEDUCTION FROM NEXT
APPLICABLE PAY PERIOD☐ (NO.) DEDUCTIONS TO START
WITH NEXT APPLICABLE PAY PERIOD☐ 2% OF SALARY RATE OR 1/12 OF
ACCOUNT RECEIVABLE NET

FOR COMPLETE

COMPLETE

(AGENCY NAME)

COMPLETE

FROM:

AUTHORIZED SIGNATURE

COMPLETE

DATE

COMPLETE

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE WAS NOTIFIED OF THE IMPENDING ACCOUNTS RECEIVABLE (A/R). PRIOR TO SUBMITTING THIS STD. 674, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND, AGREES TO THE A/R AND REPAYMENT SCHEDULE OR THE EMPLOYEE FAILED TO RESPOND TO NOTIFICATION OF THE IMPENDING A/R.

STATE OF CALIFORNIA
PAYROLL ADJUSTMENT NOTICE

STD 674 (REV. 4-89)

(1) TO: STATE CONTROLLER

☐ DIVISION OF DISBURSEMENTS

☒ PPSD/PAYROLL SERVICES

(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:

☒ PAYMENT REQUEST

☐ ACCOUNT RECEIVABLE

☐ RETURN WARRANT ONLY

☐ INQUIRY REGARDING FORM _____

☐ ADJUSTMENT REQUEST

☐ SALARY

☐ TIME

☒ TRANSFER OF FUNDS

(2) SOCIAL SECURITY NUMBER	(3) NAME	(4) POSITION NUMBER			
		AGENCY	UNIT	CLASS	SERIAL
COMPLETE	COMPLETE	1		COMPLETE	
		2			

REMARKS

1. PER CC 19863 EMPLOYEE ABSET ON TD FROM 6-1-92 THROUGH 6-30-92

A.

B. 954.901/12.74 = ROUND TO 75 HOURS

C. EMPLOYEE ENTITLED TO 66 HOURS AS FULL SUPPLEMENTATION.

D. DATES AND HOURS WORKED N/A NON-PAY DATES N/A

E. SCIF DAILY RATE \$31.83 WAGE LOSS N/A ABATEMENT N/A

DATES/HOURS ON DOCK:

(6)	ISSUE DATE			PAY PERIOD			SALARY TYPE	SALARY RATE	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	DATE
	MO.	DY.	YR.	MO.	DY.	YR.			STD	DYS.	HOURS													
A. PAYMENT PER CONTROLLER WARRANT REGISTER				06		92		12.74		NONE			0						NONE					
								SCIF			75 00								954.80					
											75 00								954.90	SAMPLE 4 FULL				
																				SUPPLEMENTATION. HOURLY EMPLOYEE.				
B. PAYMENT SHOULD BE				06		92		REGULAR		NONE			0						NONE					
								SCIF			75 00								954.90					
								SUPPLE			66 00		U	T					841.44					
											141 00								1796.34					
C. OVERPAYMENT																								
				06		92		SUPPLE			66 00		U	T					841.44					
UNDERPAYMENT																								

(7) OVERPAYMENT TO BE RECOVERED BY:

☐ AGENCY COLLECTION

☐ PAYROLL DEDUCTION (SPECIFY TYPE)

☐ 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD

☐ (NO.) DEDUCTIONS TO START WITH NEXT APPLICABLE PAY PERIOD

☐ 2% OF SALARY RATE OR 1/12 OF ACCOUNT RECEIVABLE NET

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE WAS NOTIFIED OF THE IMPENDING ACCOUNTS RECEIVABLE (A/R). PRIOR TO SUBMITTING THIS STD. 674, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND, AGREES TO THE A/R AND REPAYMENT SCHEDULE OR THE EMPLOYEE FAILED TO RESPOND TO NOTIFICATION OF THE IMPENDING A/R.

FOR

COMPLETE

(AGENCY NAME)

COMPLETE

FROM:

COMPLETE

COMPLETE

COMPLETE

STATE OF CALIFORNIA

PAYROLL ADJUSTMENT NOTICE

STD 674 (REV. 4-89)

DOCUMENT NO. _____

(1) TO: STATE CONTROLLER

☐ DIVISION OF DISBURSEMENTS
 ☒ PPSP/PAYROLL SERVICES

(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:

☐ PAYMENT REQUEST
 ☐ ACCOUNT RECEIVABLE
☐ RETURN WARRANT ONLY
 ☐ INQUIRY REGARDING FORM _____
☒ ADJUSTMENT REQUEST
☐ SALARY
 ☐ TIME
 ☒ TRANSFER OF FUNDS

(2) SOCIAL SECURITY NUMBER	(3) NAME	(4) POSITION NUMBER			
COMPLETE	COMPLETE	AGENCY	UNIT	CLASS	SERIAL
		1	COMPLETE		
		2			

REMARKS

I. PER GC 19863, EMPLOYEE ABSENT ON TD FROM 6-1-92 THROUGH 6-30-92
 A. $3407.00 \times 176 = 19.36$ (*INCLUDES SHIFT PAY)
 B. $1440/19.36 = 74.38$ ROUND TO 74 HOURS.
 C. RESTORE 74 HOURS
 D. 74 HOURS = 9 DAYS 2 HOURS
 E. SCIF DAILY RATE \$48.00 WAGE LOSS N/A ABATEMENT N/A

DATES/HOURS ON DOCK:

(6)	ISSUE DATE			PAY PERIOD			SALARY TYPE	SALARY RATE	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
	MO.	DY.	YR.	MO.	DY.	YR.			STD	DYS.	HOURS												
A. PAYMENT PER CONTROLLER WARRANT REGISTER	07	01	92	06		92	1	3319.00	1				1	0	0				3319.00	2474.15	1-234568	✓	
								SCIF		9	2 00								1440.00				
	07	15	92	06		92		.50			**176 00		1	2	0			S	**88.00	55.13	1-717171	✓	
									31	2	00								4759.00	** NOT INCLUDED IN TOTALS			
B. PAYMENT SHOULD BE				06		92		REGULAR		NONE			0						NONE				
								SCIF		9	2 00								1440.00	SAMPLE 5			
								SUPPL		12	6 00			U	T				1879.00	FULL SUPPLEMENTATION. SHIFT DIFFERENTIAL IN PAY PERIOD. ACCOUNT RECEIVABLE REQUEST.			
									22										3319.00				
C. OVERPAYMENT				06		92		SCIF		9	2 00								1440.00				
										NONE									NONE				
UNDERPAYMENT																							

(7) OVERPAYMENT TO BE RECOVERED BY:

☒ AGENCY COLLECTION
 ☐ (NO.) DEDUCTIONS TO START WITH NEXT APPLICABLE PAY PERIOD
☐ PAYROLL DEDUCTION (SPECIFY TYPE)
 ☐ 2% OF SALARY RATE OR 1/12 OF ACCOUNT RECEIVABLE NET
☐ 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD

FORM COMPLETED BY

▶ COMPLETE

COMPLETE

FROM:

(AGENCY NAME)

COMPELTE

AUTHORIZED SIGNATURE

▶ COMPLETE

DATE

COMPLETE

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STATE OF CALIFORNIA

PAYROLL ADJUSTMENT NOTICE

STD 674 (REV. 4-89)

DOCUMENT NO. _____

(1) TO: STATE CONTROLLER

☐ DIVISION OF
DISBURSEMENTS☒ PPSD/PAYROLL
SERVICES

(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:

☒ PAYMENT REQUEST☐ ACCOUNT RECEIVABLE☐ RETURN WARRANT ONLY☐ INQUIRY REGARDING
FORM _____☐ ADJUSTMENT REQUEST☐ SALARY☐ TIME☒ TRANSFER OF FUNDS

(2) SOCIAL SECURITY NUMBER	(3) NAME	(4) POSITION NUMBER			
COMPLETE	COMPLETE	1	AGENCY	UNIT	CLASS SERIAL
		2			COMPLETE

REMARKS

I. PER GC 19863, EMPLOYEE ABSENT ON TD FROM 6-1-92 THROUGH 6-30-92

A. 1979/176 = 11.24

B. 1140/11.24 = 101.42 ROUND TO 101 HOURS = 12 DAYS 5 HOURS

C. EMPLOYEE ENTITLED TO 4 DAYS 2 HOURS PARTIAL SUPPLEMENTATION.

D. DATE AND HOURS WORKED N/A NON-PAY DATES N/A

E. SCIF DAILY RATE \$38.00 WAGE LOST N/A ABATEMENT N/A

DATES/HOURS ON DOCK:

(6)	ISSUE DATE			PAY PERIOD			SALARY TYPE	SALARY RATE	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
	MO.	DY.	YR.	MO.	DY.	YR.			STD	DYS.	HOURS												
A. PAYMENT PER CONTROLLER WARRANT REGISTER				06		92		1979.00		NONE			0						NONE				
								SCIF		12	5								1140.00				
										12	5								1140.00				
																				SAMPLE 6 PARTIAL SUPPLEMENTATION. ORIGINAL PAYMENT REQUEST.			
B. PAYMENT SHOULD BE				06		92		REGULAR		NONE			0						NONE				
								SCIF		12	5								1140.00				
								SUPPL		4	2			U	T				382.31				
										16	7								1522.31				
C. OVERPAYMENT UNDERPAYMENT																							
				06		92		SUPPL		4	2			U	T				382.31				

(7) OVERPAYMENT TO BE RECOVERED BY:

☐ AGENCY COLLECTION☐ PAYROLL DEDUCTION (SPECIFY TYPE)☐ 1 DEDUCTION FROM NEXT
APPLICABLE PAY PERIOD☐ (NO.) DEDUCTIONS TO START
WITH NEXT APPLICABLE PAY PERIOD☐ 2% OF SALARY RATE OR 1/12 OF
ACCOUNT RECEIVABLE NET

FOR

COMPLETE

(AGENCY NAME)

COMPLETE

COMPLETE

FROM:

AU

COMPLETE

COMPLETE

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE WAS NOTIFIED OF THE IMPENDING ACCOUNTS RECEIVABLE (A/R). PRIOR TO SUBMITTING THIS STD. 674, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND, AGREES TO THE A/R AND REPAYMENT SCHEDULE OR THE EMPLOYEE FAILED TO RESPOND TO NOTIFICATION OF THE IMPENDING A/R.

STATE OF CALIFORNIA

PAYROLL ADJUSTMENT NOTICE

STD 674 (REV. 4-89)

DOCUMENT NO. _____

(1) TO: STATE CONTROLLER

☐ DIVISION OF
DISBURSEMENTS☒ PPSP/PAYROLL
SERVICES

(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:

☒ PAYMENT REQUEST☐ ACCOUNT RECEIVABLE☐ RETURN WARRANT ONLY☐ INQUIRY REGARDING
FORM _____☐ ADJUSTMENT REQUEST☐ SALARY☐ TIME☐ TRANSFER OF FUNDS(2) SOCIAL SECURITY
NUMBER

COMPLETE

(3) NAME

COMPLETE

(4) POSITION NUMBER

AGENCY

UNIT

CLASS

SERIAL

1

COMPLETE

2

REMARKS

I. PER GC 19863, EMPLOYEE ABSENT ON TD FROM 6-1-92 THROUGH 6-30-92

A. $2790.00^*/176 = 15.85$ (*INCLUDES SHIFT .50 X 176 = 88.00)B. $1140/15.85 = 90.85$ ROUND TO 91 HOURS - 11 DAYS 3 HOURS

C. EMPLOYEE ENTITLED TO 3 DAYS 3 HOURS AS PARTIAL SUPPLEMENTATION

D. DATES AND HOURS WORKED N/A NON-PAY DATES N/A

E. SCIF DAILY RATE \$48.00 WAGE LOSS N/A ABATEMENT N/A

DATES/HOURS ON DOCK:

(6)	ISSUE DATE			PAY PERIOD			SALARY TYPE	SALARY RATE	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	DATE
	MO.	DY.	YR.	MO.	DY.	YR.			STD	DYS.	HOURS													
A. PAYMENT PER CONTROLLER WARRANT REGISTER				06		92		2702.00		NONE				0					NONE					
								SCIF		11	3								1440.00					
										11	3								1440.00					
B. PAYMENT SHOULD BE				06		92		REGULAR		NONE				0					NONE					
								SCIF		11	3								1440.00					
								SUPPL		3	3			U	T				428.01**					
										14	6								1868.01					
C. OVERPAYMENT																								
				06		92		SUPPL		3	3			U	T				428.01**					
UNDERPAYMENT																								

(7) OVERPAYMENT TO BE RECOVERED BY:

☐ AGENCY COLLECTION☐ PAYROLL DEDUCTION (SPECIFY TYPE)☐ 1 DEDUCTION FROM NEXT
APPLICABLE PAY PERIOD☐ (NO.) DEDUCTIONS TO START
WITH NEXT APPLICABLE PAY PERIOD☐ 2% OF SALARY RATE OR 1/12 OF
ACCOUNT RECEIVABLE NET

FORM COMPLETE

(AGENCY NAME)

COMPLETE

FROM:

AUTHORIZED SIGNATURE

COMPLETE

DATE

COMPLETE

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE WAS NOTIFIED OF THE IMPENDING ACCOUNTS RECEIVABLE (A/R). PRIOR TO SUBMITTING THIS STD. 674, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND, AGREES TO THE A/R AND REPAYMENT SCHEDULE OR THE EMPLOYEE FAILED TO RESPOND TO NOTIFICATION OF THE IMPENDING A/R.

TO: STATE CONTROLLER _ PPSD / PAYROLL SERVICES

1. CBID

2. SOCIAL SECURITY NUMBER
COMPLETE

3. FIRST & MIDDLE INITIAL AND LAST NAME

4. POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1.		COMPLETE		
2.				

5. PAY PERIOD

T	MO	YR
0	06	92

6. INTERVENING ACTIVITY/WORKING WHILE ON DISABILITY - ENTER NUMBER OF HOURS & CODE (W-WORKED, L-DOCK, C-IDL)

	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	

7. INDUSTRIAL DISABILITY (IDL)

a. EMPLOYEE ON IDL FROM 6-1-92
THROUGH 6-14-92

b. EXCLUDE LOCKED-IN SPECIAL PAY:

EARNINGS ID(S) _____
AND RATE(S) \$ _____

c. _____ EMPLOYEE ENTITLED TO ENHANCE IDL

9. PAYMENT PER CONTROLLER

ISSUE DATE			PT	TIME WORKED		WARRANT OR A/R NUMBER	R E T
MO	DY	YR		DAYS	HOURS		
07	01	92	0	22		COMPLETE	

11. ADDITIONAL INFORMATION

8. NON-INDUSTRIAL DISABILITY (NDI)

a. EMPLOYEE ON NDI FROM _____ FROM _____ TO _____

b. SALARY IS BELOW NDI MAXIMUM RATE.
INCLUDE NON-LOCKED-IN SHIFT

CODE _____ AND RATE \$ _____

c. AVERAGE HOURS WORKED DURING PREVIOUS 18 MONTHS FOR INTERMITTENT EMPLOYEE

WAS _____

d. _____ EMPLOYEE ON ANNUAL LEAVE PROGRAM

SUPPLEMENTATION

10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED		TIMEBASE FRACTION
		DAYS	HOURS	
REGULAR	0		NONE	
NDI	T			
IDL FULL	6	10		
IDL 2/3	N			
SHIFT		SHIFT CODE	HOURS	SHIFT RATE
REGULAR	2			
IDL FULL	6			
IDL 2/3	N			

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 674D, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND.

12. AUTHORIZED SIGNATURE _____ DATE _____
COMPLETE

13. CONTACT PERSON (If other than authorized signature) _____

14. TELEPHONE NUMBER (Include Area Code) _____
COMPLETE

ELECTED

SCO USE ONLY

1 OR 2	DOC. TYPE			PAY PERIOD			TIME TO BE PAID							SALARY RATE						P T	A P	OFFSET AMOUNT						NDI GROSS						PT SF	S T	EARNINGS ID							
				T	MONTH	YR	DAYS	HRS. & HDTHS				DOLLARS				CENTS		DOLLARS				CENTS			DOLLARS			CENTS															
	1	2	3	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70
	6	8	1																																								

STATE OF CALIFORNIA

DOCUMENT NO. 2 OF 2

PAYROLL ADJUSTMENT NOTICE

STD 674 (REV. 4-89)

(1) TO: STATE CONTROLLER

☐ DIVISION OF
DISBURSEMENTS☒ PPSD/PAYROLL
SERVICES

(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:

☐ PAYMENT REQUEST☒ ACCOUNT RECEIVABLE☐ RETURN WARRANT ONLY☐ INQUIRY REGARDING
FORM _____☒ ADJUSTMENT REQUEST☐ SALARY☐ TIME☐ TRANSFER OF FUNDS

(2) SOCIAL SECURITY NUMBER	(3) NAME	(4) POSITION NUMBER			
		AGENCY	UNIT	CLASS	SERIAL
COMPLETE	COMPLETE	1		COMPLETE	
		2			

REMARKS

I. PER GC19863 EMPLOYEE ABSENT ON TD FROM 6-15-92 THROUGH 6-30-92.
 A. 2000/176 = 11.36 ON IDL 6-1-92 THROUGH 6-14-92.
 B. 608/11.36 = 53.52 ROUND TO 54 HOURS
 C. RESTORE 54 HOURS
 D. 54 HOURS = 6 DAYS 6 HOURS
 II. SCIF DAILY RATE \$38.00 WAGE LOSS N/A ABATEMENT N/A

DATES/HOURS ON DOCK:

(6)	ISSUE DATE			PAY PERIOD			SALARY TYPE	SALARY RATE	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
	MO.	DY.	YR.	MO.	DY.	YR.			STD	DYS.	HOURS												
A.	07	01	92	06		92	1	2000.00	1				1	0	0				2000.00	1492.36	1-123456	✓	
PAYMENT PER CONTROLLER WARRANT REGISTER								SCIF		6	6								608.00				
										6	6								2608.00				
																				SAMPLE 9			
B.				06		92		REGULAR		NONE			0						NONE	CHANGE OF BENEFITS. IDL AND TDIN THE SAME PAY PERIOD.			
PAYMENT SHOULD BE								SCIF		6	6								608.00				
								SUPPL		15	2			U	T				482.91				
										12									1090.91				
C.				06		92		REGULAR		10			0						909.09		TRANSFER TO IDL		
OVERPAYMENT								SCIF		6	6								608.00				
UNDERPAYMENT																							

(7) OVERPAYMENT TO BE RECOVERED BY:

☒ AGENCY COLLECTION☐ PAYROLL DEDUCTION (SPECIFY TYPE)☐ (NO.) DEDUCTIONS TO START
WITH NEXT APPLICABLE PAY PERIOD☐ 1 DEDUCTION FROM NEXT
APPLICABLE PAY PERIOD☐ 2% OF SALARY RATE OR 1/12 OF
ACCOUNT RECEIVABLE NET

FORM COMPLETED BY

PHONE NO

▶ COMPLETE

COMPLETE

(AGENCY NAME)

COMPLETE

FROM:

AU

▶ COMPLETE

COMPLETE

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE WAS NOTIFIED OF THE IMPENDING ACCOUNTS RECEIVABLE (A/R). PRIOR TO SUBMITTING THIS STD. 674, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND, AGREES TO THE A/R AND REPAYMENT SCHEDULE OR THE EMPLOYEE FAILED TO RESPOND TO NOTIFICATION OF THE IMPENDING A/R.

STATE OF CALIFORNIA

PAYROLL ADJUSTMENT NOTICE

STD 674 (REV. 4-89)

DOCUMENT NO. _____

(1) TO: STATE CONTROLLER

☐ DIVISION OF
DISBURSEMENTS☒ PPSD/PAYROLL
SERVICES

(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:

☐ PAYMENT REQUEST☒ ACCOUNT RECEIVABLE☐ RETURN WARRANT ONLY☐ INQUIRY REGARDING
FORM _____☒ ADJUSTMENT REQUEST☐ SALARY☐ TIME☒ TRANSFER OF FUNDS

(2) SOCIAL SECURITY NUMBER	(3) NAME	(4) POSITION NUMBER			
COMPLETE	COMPLETE	AGENCY	UNIT	CLASS	SERIAL
		1		COMPLETE	
		2			

REMARKS

I. PERGC 19863 EMPLOYEE ABSENT ON TD FROM 6-1-92 THROUGH 6-30-92

A. 2100/176 - 11.93

B. 1140/11.93 = 95.56 ROUND TO 96 HOURS

C. RESTORE 96 HOURS

D. 96 HOURS - 12 DAYS

II. SCIF DAILY RATE \$38.00 WAGE LOSS N/A ABATEMENT N/A

DATES/HOURS ON DOCK:

(6)	ISSUE DATE			PAY PERIOD			SALARY TYPE	SALARY RATE	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
	MO.	DY.	YR.	MO.	DY.	YR.			STD	DYS.	HOURS												
A. PAYMENT PER CONTROLLER WARRANT REGISTER	07	01	92	06		92	1	2100.00		22			1	0	0				2100.00	1600.65	01--043333	<input checked="" type="checkbox"/>	
	07	01	92	06		92	1	2100.00		-15	-1		1	U	T	1			-1440.00	-1257.84	AR#2040		
								SCIF		+12									+1140.00				
										34									3240.00				
B. PAYMENT SHOULD BE				06		92		REGULAR		NONE				0					NONE				
								SCIF		12									1140.00				
								SUPPL		10				U	T				960.00				
										22									2100.00				
C. OVERPAYMENT				06		92		SCIF		12									1140.00				
UNDERPAYMENT																							

(7) OVERPAYMENT TO BE RECOVERED BY:

☐ AGENCY COLLECTION☐ PAYROLL DEDUCTION (SPECIFY TYPE)☐ 1 DEDUCTION FROM NEXT
APPLICABLE PAY PERIOD☐ (NO.) DEDUCTIONS TO START
WITH NEXT APPLICABLE PAY PERIOD☐ 2% OF SALARY RATE OR 1/12 OF
ACCOUNT RECEIVABLE NET

FOR

COMPLETE

COMPLETE

(AGENCY NAME)

COMPLETE

FROM:

AU

COMPLETE

COMPLETE

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE WAS NOTIFIED OF THE IMPENDING ACCOUNTS RECEIVABLE (A/R). PRIOR TO SUBMITTING THIS STD. 674, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND, AGREES TO THE A/R AND REPAYMENT SCHEDULE OR THE EMPLOYEE FAILED TO RESPOND TO NOTIFICATION OF THE IMPENDING A/R.

STATE OF CALIFORNIA

PAYROLL ADJUSTMENT NOTICE

STD 674 (REV. 4-89)

DOCUMENT NO. _____

(1) TO: STATE CONTROLLER

☐ DIVISION OF
DISBURSEMENTS☒ PPSP/PAYROLL
SERVICES

(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:

☐ PAYMENT REQUEST☒ ACCOUNT RECEIVABLE☐ RETURN WARRANT ONLY☐ INQUIRY REGARDING
FORM _____☒ ADJUSTMENT REQUEST☐ SALARY☐ TIME☐ TRANSFER OF FUNDS(2) SOCIAL SECURITY
NUMBER

(3) NAME

(4) POSITION NUMBER

AGENCY

UNIT

CLASS

SERIAL

COMPLETE

COMPLETE

1

2

COMPLETE

REMARKS

I. PER GC 19863, EMPLOYEE ABSENT ON TD FROM 6-1-92 THROUGH 6-30-92.

A. 2787/176 = 15.84

B. 1440/15.84 = 90.91 ROUND TO 91 HOURS

C. RESTORE 91 HOURS

D. 91 HOURS = 11 DAYS 3 HOURS

II. SCIF DAILY RATE \$48.00 WAGE LOSS N/A ABATEMENT N/A

DATES/HOURS ON DOCK:

(6)	ISSUE DATE			PAY PERIOD			SALARY TYPE	SALARY RATE	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
	MO.	DY.	YR.	MO.	DY.	YR.			STD	DYS.	HOURS												
A. PAYMENT PER CONTROLLER WARRANT REGISTER	07	01	92	06		92	1	2787.00	1				1	0	0				2787.00	2076.73	01-043340		
	07	22	92	06		92	1	2787.00		-9			I	U	T	I			-1140.00	-995.79	AR#1706		
								SCIF		+11	3								+1440.00	SAMPLE 11 SCIF DAILY RATE			
										24	3								3087.00	INCREASED. ADDITIONAL TD A/R			
B. PAYMENT SHOULD BE				06		92		REGULAR		NONE				0					NONE				
								SCIF		11	3								1440.00				
								SUPPL		10	5			U	T				1347.00				
										22									2787.00				
C. OVERPAYMENT				06		92		SCIF		2	3								300.00				
UNDERPAYMENT																							

(7) OVERPAYMENT TO BE RECOVERED BY:

☒ AGENCY COLLECTION☐ PAYROLL DEDUCTION (SPECIFY TYPE)☐ (NO.) DEDUCTIONS TO START
WITH NEXT APPLICABLE PAY PERIOD☐ 1 DEDUCTION FROM NEXT
APPLICABLE PAY PERIOD☐ 2% OF SALARY RATE OR 1/12 OF
ACCOUNT RECEIVABLE NET

FOR COMPLETE

COMPLETE

(AGENCY NAME)

COMPLETE

FROM:

AU

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE WAS NOTIFIED OF THE IMPENDING ACCOUNTS RECEIVABLE (A/R). PRIOR TO SUBMITTING THIS STD. 674, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND, AGREES TO THE A/R AND REPAYMENT SCHEDULE OR THE EMPLOYEE FAILED TO RESPOND TO NOTIFICATION OF THE IMPENDING A/R.

STATE OF CALIFORNIA

PAYROLL ADJUSTMENT NOTICE

STD 674 (REV. 4-89)

DOCUMENT NO. _____

(1) TO: STATE CONTROLLER

☐ DIVISION OF DISBURSEMENTS
 ☒ PPSD/PAYROLL SERVICES

(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:

☐ PAYMENT REQUEST
 ☒ ACCOUNT RECEIVABLE
☐ RETURN WARRANT ONLY
 ☐ INQUIRY REGARDING FORM _____
☒ ADJUSTMENT REQUEST
☐ SALARY
 ☐ TIME
 ☒ TRANSFER OF FUNDS

(2) SOCIAL SECURITY NUMBER	(3) NAME	(4) POSITION NUMBER			
COMPLETE	COMPLETE	1	AGENCY	UNIT	CLASS
		2	SERIAL		

REMARKS

I. PER GC 19863 EMPLOYEE ABSENT ON TD FROM 5-1-92 THROUGH 5-31-92
 A. $3769 \times 3769/168 = 22.43$
 B. $1364/22.43 = 60.85$ ROUND TO 61 HOURS
 C. RESTORE 61 HOURS
 II. SCIF DAILY RATE \$48.00 WAGE LOST \$99.20 ABATEMENT N/A

DATES/HOURS ON DOCK:

(6)	ISSUE DATE			PAY PERIOD			SALARY TYPE	SALARY RATE	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
	MO.	DY.	YR.	MO.	DY.	YR.			STD	DYS.	HOURS												
A.	05	01	92	05		92		3769.00		21			1	0	0				3769.00	2822.51	01-222222		
PAYMENT PER CONTROLLER WARRANT REGISTER								SCIF		7	5								1364.80				
										28	5								5133.80				
B.				05		92		REGULAR		NONE				0					NONE				
PAYMENT SHOULD BE								SCIF		7	5								1364.80				
								SUPPL		13	3			U	T				2404.20				
										21									3769.00				
C.				05		92		SCIF		7	5								1364.80				
OVERPAYMENT																							
UNDERPAYMENT																							

(7) OVERPAYMENT TO BE RECOVERED BY:

☒ AGENCY COLLECTION
 ☐ (NO.) DEDUCTIONS TO START WITH NEXT APPLICABLE PAY PERIOD
☐ PAYROLL DEDUCTION (SPECIFY TYPE)
 ☐ 2% OF SALARY RATE OR 1/12 OF ACCOUNT RECEIVABLE NET
☐ 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD

 FOR COMPLETION BY: **COMPLETE**

(AGENCY NAME)

COMPLETE

FROM:

AU

COMPLETE

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE WAS NOTIFIED OF THE IMPENDING ACCOUNTS RECEIVABLE (A/R). PRIOR TO SUBMITTING THIS STD. 674, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND, AGREES TO THE A/R AND REPAYMENT SCHEDULE OR THE EMPLOYEE FAILED TO RESPOND TO NOTIFICATION OF THE IMPENDING A/R.

STATE OF CALIFORNIA

PAYROLL ADJUSTMENT NOTICE

STD 674 (REV. 4-89)

DOCUMENT NO. _____

(1) TO: STATE CONTROLLER

☐ DIVISION OF
DISBURSEMENTS☒ PPSP/PAYROLL
SERVICES

(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:

☐ PAYMENT REQUEST☒ ACCOUNT RECEIVABLE☐ RETURN WARRANT ONLY☐ INQUIRY REGARDING
FORM _____☒ ADJUSTMENT REQUEST☐ SALARY☐ TIME☒ TRANSFER OF FUNDS(2) SOCIAL SECURITY
NUMBER

COMPLETE

(3)

NAME

COMPLETE

(4)

POSITION NUMBER

AGENCY

UNIT

CLASS

SERIAL

1

COMPLETE

2

REMARKS

I. PER GC 19863 EMPLOYEE ABSENT ON TD FROM 5-1-92 THROUGH 5-31-92.

A. 3221/168 = 19.17

B. 1277.20/19.17 = 66.62 ROUND TO 67 HOURS.

C. RESTORE 67 HOURS.

D. 67 HOURS = 8 DAYS 3 HOURS

II. SCIF DAILY RATE \$48.00/41.20 ATTORNEY FEES \$210.80 ABATEMENT N/A

DATES/HOURS ON DOCK:

(6)	ISSUE DATE			PAY PERIOD			SALARY TYPE	SALARY RATE	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
	MO.	DY.	YR.	MO.	DY.	YR.			STD	DYS.	HOURS												
A. PAYMENT PER CONTROLLER WARRANT REGISTER	06	01	92	05		92	1	3221.00		21			1	0	0				3221.00	1568.43	01-498498	X	
								SCIF		8	3	0							1277.20				
										29	3	0							4498.20				
																				SAMPLE 13			
B. PAYMENT SHOULD BE				05		92		REGULAR			NONE			0					NONE		SCIF PAYMENT WAS REDUCED BY ATTORNEY FEES.		
								SCIF		8	3	0							1277.20				
								SUPPL		12	5	0			U1				1943.80				
										21									3221.00				
C. OVERPAYMENT UNDERPAYMENT				05		92		SCIF		8	3	0							1277.20				

(7) OVERPAYMENT TO BE RECOVERED BY:

☐ AGENCY COLLECTION☒ PAYROLL DEDUCTION (SPECIFY TYPE)☐ (NO.) DEDUCTIONS TO START
WITH NEXT APPLICABLE PAY PERIOD☐ 1 DEDUCTION FROM NEXT
APPLICABLE PAY PERIOD☐ 2% OF SALARY RATE OR 1/12 OF
ACCOUNT RECEIVABLE NET

FORM COMPLETED BY:

PHONE NO:

COMPLETE

COMPLETE

FROM: COMPLETE (AGENCY NAME)

AUTHORIZED SIGNATURE

COMPLETE

DATE

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE WAS NOTIFIED OF THE IMPENDING ACCOUNTS RECEIVABLE (A/R). PRIOR TO SUBMITTING THIS STD. 674, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND, AGREES TO THE A/R AND REPAYMENT SCHEDULE OR THE EMPLOYEE FAILED TO RESPOND TO NOTIFICATION OF THE IMPENDING A/R.

STATE OF CALIFORNIA

PAYROLL ADJUSTMENT NOTICE

STD 674 (REV. 4-89)

DOCUMENT NO. _____

(1) TO: STATE CONTROLLER

☐ DIVISION OF
DISBURSEMENTS☒ PPSD/PAYROLL
SERVICES

(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:

☐ PAYMENT REQUEST☒ ACCOUNT RECEIVABLE☐ RETURN WARRANT ONLY☐ INQUIRY REGARDING
FORM _____☒ ADJUSTMENT REQUEST☐ SALARY☐ TIME☒ TRANSFER OF FUNDS(2) SOCIAL SECURITY
NUMBER

(3) NAME

(4) POSITION NUMBER
AGENCY UNIT CLASS SERIAL

COMPLETE

COMPLETE

1

2

REMARKS

I. PER GC 19863 EMPLOYEE ABSENT ON TD FROM 6-5-92 THROUGH 6-7-92

A. 2460/176 = 13.98

B. 111.82/13.98 = 8

C. RESTORE 8 HOURS

D. 8 HOURS = 1 DAY

II. SCIF DAILY RATE \$38.00 WAGE LOSS N/A ABATEMENT \$2.18

DATES/HOURS ON DOCK:

(6)	ISSUE DATE			PAY PERIOD			SALARY TYPE	SALARY RATE	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
	MO.	DY.	YR.	MO.	DY.	YR.			STD	DYS.	HOURS												
A. PAYMENT PER CONTROLLER WARRANT REGISTER	07	01	92	06		92		2460.00	1				1	0	0				2460.00	1835.27	03-541104	✓	
								SCIF		1									111.82				
										23									2571.82				
																				SAMPLE 14			
B. PAYMENT SHOULD BE				06		92		REGULAR		21				0					2346.18	ABATEMENT			
								SCIF		1									111.82				
								SUPPL		0				U	T				NONE				
										22									2460.00				
C. OVERPAYMENT				06		92		SCIF		1									111.82				
UNDERPAYMENT																							

(7) OVERPAYMENT TO BE RECOVERED BY:

☒ AGENCY COLLECTION☐ PAYROLL DEDUCTION (SPECIFY TYPE)☐ (NO.) DEDUCTIONS TO START
WITH NEXT APPLICABLE PAY PERIOD☐ 1 DEDUCTION FROM NEXT
APPLICABLE PAY PERIOD☐ 2% OF SALARY RATE OR 1/12 OF
ACCOUNT RECEIVABLE NET

FOR

COMPLETE

COMPLETE

(AGENCY NAME)

COMPLETE

FROM:

AU

COMPLETE

COMPLETE

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE WAS NOTIFIED OF THE IMPENDING ACCOUNTS RECEIVABLE (A/R). PRIOR TO SUBMITTING THIS STD. 674, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND, AGREES TO THE A/R AND REPAYMENT SCHEDULE OR THE EMPLOYEE FAILED TO RESPOND TO NOTIFICATION OF THE IMPENDING A/R.

STATE OF CALIFORNIA

DOCUMENT NO. _____

PAYROLL ADJUSTMENT NOTICE

STD 674 (REV. 4-89)

(1) TO: STATE CONTROLLER

☐ DIVISION OF DISBURSEMENTS
 ☒ PPSPD/PAYROLL SERVICES

(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:

☐ PAYMENT REQUEST
 ☒ ACCOUNT RECEIVABLE
☐ RETURN WARRANT ONLY
 ☐ INQUIRY REGARDING FORM _____
☒ ADJUSTMENT REQUEST
☐ SALARY
 ☐ TIME
 ☒ TRANSFER OF FUNDS

(2) SOCIAL SECURITY NUMBER	(3) NAME	(4) POSITION NUMBER			
COMPLETE	COMPLETE	1	AGENCY	UNIT	CLASS SERIAL
		2			COMPLETE

REMARKS

I. PEER GC 19863 EMPLOYEE ABSENT ON TD FROM 6-1-92 THROUGH 6-30-92
 A. $3319/176 = 18.86$
 B. $1440/18.86 = 76.35$ ROUND TO 76 HOURS
 C. RESTORE 76 HOURS
 D. 76 HOURS = 19 DAYS
 II. SCIF DAILY RATE \$48.00 WAGE LOSS N/A ABATEMENT N/A

DATES/HOURS ON DOCK:

(6)	ISSUE DATE			PAY PERIOD			SALARY TYPE	SALARY RATE	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
	MO.	DY.	YR.	MO.	DY.	YR.			STD	DYS.	HOURS												
A.	07	01	92	06		92		1659.50	1			1/2	1	0	0				1659.50	935.77	01-234333	✓	
PAYMENT PER CONTROLLER WARRANT REGISTER								SCIF		19									1440.00				
										41									3099.50	SAMPLE 15			
																				FULL SUPPLEMENTATION.			
B.				06		92		REGULAR		NONE				0					NONE	FRACTIONAL EMPLOYEE FULL			
PAYMENT SHOULD BE								SCIF		19		1/2							1440.00	MONTH ON T.D. ACCOUNT			
								SUPPL		3				U	T				219.50	RECEIVABLE REQUEST			
										22									1659.50				
C.				06		92		SCIF		19									1440.00				
OVERPAYMENT																							
UNDERPAYMENT																							

(7) OVERPAYMENT TO BE RECOVERED BY:

☒ AGENCY COLLECTION
 ☐ (NO.) DEDUCTIONS TO START WITH NEXT APPLICABLE PAY PERIOD
☐ PAYROLL DEDUCTION (SPECIFY TYPE)
 ☐ 2% OF SALARY RATE OR 1/12 OF ACCOUNT RECEIVABLE NET
☐ 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD

FOR COMPLETION BY: COMPLETE

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE WAS NOTIFIED OF THE IMPENDING ACCOUNTS RECEIVABLE (A/R). PRIOR TO SUBMITTING THIS STD. 674, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND, AGREES TO THE A/R AND REPAYMENT SCHEDULE OR THE EMPLOYEE FAILED TO RESPOND TO NOTIFICATION OF THE IMPENDING A/R.

FROM: (AGENCY NAME) COMPLETE
 AUTHORIZED SIGNATURE: COMPLETE
 DATE: COMPLETE