TD - 674 SAMPLES INDEX

FULL SUPPLEMENTATION

Sample 1. Full Month on TD Account Receivable Request

Sample 2. Partial Month on TD Account Receivable Request

Sample 3. Payment Request

Sample 4. Hourly Employee

Sample 5. Shift Differential in Pay Period

PARTIAL SUPPLEMENTATION

Sample 6. Payment Request

Sample 7. Payment Request Shift Differential in Pay Period

Sample 8. IDL and TD in the Same Pay Period (674D)

MISCELLANEOUS

Sample 9. IDL and TD in the Same Pay Period (674)

NOTE: IDL and TD forms must be submitted as a package.

Sample 10. SCIF Amount Changed - Reversal of A/R

Sample 11. SCIF Daily Rate Increased - Additional A/R Request

Sample 12. Wage Loss

Sample 13. SCIF Amount Reduced by Attorney Fees

Sample 14. Abatement

Sample 15. Full Month on TD A/R Request - Fractional Employee

ATTACHMENT E-3 SAMPLE 1 STATE OF CALIFORNIA DOCUMENT NO.

PAYROLL ADJ	JSTM	ENT	NOTI	CE				(2) SO(CIAL	SECUR	ITY ((3)								(4)	POSITION	NUMBER		_	
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▶ COMPLETE

FROM:

ATTACHMENT E-3 SAMPLE 3 STATE OF CALIFORNIA DOCUMENT NO. _ PAYROLL ADJUSTMENT NOTICE (3)(4) POSITION NUMBER SOCIAL SECURITY STD 674 (REV. 4-89) NUMBER NAME **AGENCY** UNIT CLASS SERIAL (1) TO: STATE CONTROLLER COMPLETE COMPLETE COMPLETE DIVISION OF PPSD/PAYROLL DISBURSEMENTS SERVICES REMARKS (5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW: I. PER GC 19863, EMPLOYEE ABSENT ON TD FROM 6-1-92 THROUGH 6-30-92 PAYMENT REQUEST ACCOUNT RECEIVABLE A. 1979/176 = 11.24 B. 1140/11.24 = 101.42 ROUNG TO 101 HOURS = 12 DAYS 5 HOURS RETURN WARRANT ONLY INQUIRY REGARDING C. EMPLOYEE ENTITLED TO 9 DAYS 3 HOURS AS FULL SUPPLEMENTATION FORM ADJUSTMENT REQUEST 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 SALARY TIME TRANSFER OF FUNDS DATES/HOURS ON DOCK: (6)ISSUE PAY TIME SALARY TYPE DATE **PERIOD** WORKED GROSS TYPE PMT. TYPE PAY SUFFIX ACCT. REC. SHIFT CODE SALARY APPT ADJ. CODE **EARNINGS GROSS NET PAY** OR RATE FRAC. ID WARRANT NO. DY. DYS. HOURS MO. DY. YR. MO. YR. A. NONE 1979.00 0 06 92 NONE PAYMENT SCIF 12 5100 1140.00 PER CONTROLLER WARRANT SAMPLE 3 12 5100 1140.00 REGISTER **FULL** SUPPLEMENTATION PAYMENT REQUEST B. 06 92 REGULAR NONE 0 NONE 5 i 00 SCIF 12 1140.00 PAYMENT SHOULD BE SUPPL 9 3100 839.00 22 1979.00 OVERPAYMENT 9 3100 06 92 SUPPL 839.00 UNDERPAYMENT (7) OVERPAYMENT TO BE RECOVERED BY: AGENCY COLLECTION (NO.) DEDUCTIONS TO START WITH NEXT APPLICABLE PAY PERIOD I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE WAS NOTIFIED OF PAYROLL DEDUCTION (SPECIFY TYPE) THE IMPENDING ACCOUNTS RECEIVABLE (A/R). PRIOR TO SUBMITTING THIS 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD STD. 674, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND, 2% OF SALARY RATE OR 1/12 OF ACCOUNT RECEIVABLE NET AGREES TO THE A/R AND REPAYMENT SCHEDULE OR THE EMPLOYEE FOR COMPLETE FAILED TO RESPOND TO NOTIFICATION OF THE IMPENDING A/R. COMPLETE AUTHORIZED SIGNATURE (AGENCY NAME) DATE COMPLETE ▶ COMPLETE COMPLETE

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ATTACHMENT (Revised 03/02) **ATTACHMENT E-3 SAMPLE 5** STATE OF CALIFORNIA DOCUMENT NO. . PAYROLL ADJUSTMENT NOTICE (3) (4) POSITION NUMBER SOCIAL SECURITY STD 674 (REV. 4-89) NUMBER NAME AGENCY UNIT CLASS SERIAL (1) TO: STATE CONTROLLER COMPLETE COMPLETE COMPLETE DIVISION OF PPSD/PAYROLL DISBURSEMENTS SERVICES REMARKS (5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW: I. PER GC 19863, EMPLOYEE ABSENT ON TD FROM 6-1-92 THROUGH 6-30-92 PAYMENT REQUEST A. 3407.00*/176 = 19.36 (*INCLUDES SHIFT PAY) ACCOUNT RECEIVABLE B. 1440/19.36 = 74.38 ROUND TO 74 HOURS. RETURN WARRANT ONLY INQUIRY REGARDING C. RESTORE 74 HOURS FORM D. 74 HOURS = 9 DAYS 2 HOURS ADJUSTMENT REQUEST E. SCIF DAILY RATE \$48.00 WAGE LOSS N/A ABATEMENT N/A SALARY TIME TRANSFER OF FUNDS DATES/HOURS ON DOCK: (6) **ISSUE** PAY TIME ACCT DEC DATE DEDIOD WODKED

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UNDERPAYMENT										NO	DNE									NONE				

(7) OVERPAYMENT TO BE RECOVERED BY:

✓ AGENCY COLLECTION

PAYROLL DEDUCTION (SPECIFY TYPE)

1 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

COMPLETE

(AGENCY NAME) **COMPELTE** FROM:

FAILED TO RESPOND TO NOTIFICATION OF THE IMPENDING A/R. AUTHODIZED SIGNATI IDE **►** COMPLETE

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

AGREES TO THE A/R AND REPAYMENT SCHEDULE OR THE EMPLOYEE

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE WAS NOTIFIED OF

THE IMPENDING ACCOUNTS RECEIVABLE (A/R). PRIOR TO SUBMITTING THIS

COMPLETE

FROM:

ATTACHMENT E-3 SAMPLE 6

STATE OF CALIFORNIA DOCUMENT NO. _ PAYROLL ADJUSTMENT NOTICE (3)(4) POSITION NUMBER SOCIAL SECURITY STD 674 (REV. 4-89) NUMBER NAME **AGENCY** UNIT CLASS SERIAL (1) TO: STATE CONTROLLER COMPLETE COMPLETE COMPLETE DIVISION OF PPSD/PAYROLL DISBURSEMENTS SERVICES REMARKS (5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW: I. PER GC 19863. EMPLOYEE ABSENT ON TD FROM 6-1-92 THROUGH 6-30-92. PAYMENT REQUEST A. 1979/176 = 11.24 ACCOUNT RECEIVABLE B. 1140/11.24 = 101.42 ROUND TO 101 HOURS = 12 DAYS 5 HOURS RETURN WARRANT ONLY INQUIRY REGARDING C. EMPLOYEE ENTITLED TO 4 DAYS 2 HOURS PARTIAL SUPPLEMENTATION. FORM ADJUSTMENT REQUEST 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 SALARY TIME TRANSFER OF FUNDS DATES/HOURS ON DOCK: (6)ISSUE PAY TIME SALARY TYPE DATE **PERIOD** WORKED GROSS TYPE PMT. TYPE PAY SUFFIX ACCT. REC. SHIFT CODE SALARY APPT ADJ. CODE **EARNINGS GROSS NET PAY** OR RATE FRAC. ID WARRANT NO. DY. YR. DYS. HOURS MO. DY. YR. MO. A. 06 92 1979.00 NONE NONE PAYMENT SCIF 1140.00 12 5 PER CONTROLLER WARRANT 1140.00 12 5 SAMPLE 6 REGISTER **PARTIAL** SUPPLEMENMENTATION. ORIGINAL PAYMENT B. REQUEST **REGULAR** NONE 06 92 NONE 5 SCIF 12 1140.00 PAYMENT SHOULD BE SUPPL 2 4 382.31 16 7 1522.31 OVERPAYMENT Т U SUPPL 06 92 4 2 382.31 UNDERPAYMENT (7) OVERPAYMENT TO BE RECOVERED BY: AGENCY COLLECTION (NO.) DEDUCTIONS TO START I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE WAS NOTIFIED OF WITH NEXT APPLICABLE PAY PERIOD PAYROLL DEDUCTION (SPECIFY TYPE) THE IMPENDING ACCOUNTS RECEIVABLE (A/R). PRIOR TO SUBMITTING THIS 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD STD. 674, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND, 2% OF SALARY RATE OR 1/12 OF ACCOUNT RECEIVABLE NET AGREES TO THE A/R AND REPAYMENT SCHEDULE OR THE EMPLOYEE FAILED TO RESPOND TO NOTIFICATION OF THE IMPENDING A/R. FOR COMPLETE **COMPLETE** (AGENCY NAME) COMPLETE COMPLETE COMPLETE

ATTACHMENT E-3 SAMPLE 7

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ATTACHMENT (Revised 03/02) STATE OF CALFORNIA

ATTACHMENT E-3 SAMPLE 8

COMPLETE

DOCUMENT NUMBER

OF

INDUSTRIAL/NON-INDUSTRIAL DISABILITY PAY/ADJUSTMENT REQUEST

SUPPLEMENTATION

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ATTACHMENT E-3 SAMPLE 9

STATE OF CALIFOR																				DOC	JMENT I	Ю	2	OF 2		_	,
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DIVISION OF	ECONTROLLER SEMENTS SEMENTAS INDICATED BELOW: NOT REQUEST NOT WARRANT ONLY SEMENT REQUEST NOT SEMENT SEME							COMP	LE.	TE		C	COMPLI	ΕT	Έ					1				COMPLETE			
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✓ ADJUSTME	NT RFO	UFST		L									54 HOUI 6 = 6 DAY				DC.										
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FORM COMPLETED F	RY	. LINOD			<u> </u>	COUNTR	LUC			PLE												JLE OR THE IE IMPENDI					
		NCY NA	ME) C	OMPI	ETE								COM	 PL	 _E	TE						COM	PL	ETE			
FROM:											_																_

ATTACHMENT E-3 SAMPLE 10

DOCUMENT NO.

PAYROLL ADJU	JSTN	IENT	NOT	ICE				(2) SO(CIAL	SECURI	TY	(3)								(4)		POSITION	NUMBER		_	
STD 674 (REV. 4-89)								_		MBER						NA	ME			AGE	NCY	UNIT	CLASS	SERIA	٨L	
(1) TO: STATE CON	TROLL	.ER						COMPLE	TE			CC	OMPLETI	Ε						1			COMPLETE			
DIVISION OF DISBURSEMEN	ITS		✓ PP	SD/PAYRORVICES	OLL					REMA	RKS	<u> </u>														
(5) CORRECT/ISSU	E PAYN	/IENT A	SINDIC	ATED B	ELOW	:		-												2						
PAYMENT REQUEST RETURN WARRANT ONLY INQUIRY RECEDENT ACCOUNT R INQUIRY RECEDENT TRANSFER OF								ARDING		A. B. C. D.	2100/1 1140/1 RESTO 96 HO	76 - 1.93 DRE URS	11.93 = 95.56 96 HOU - 12 DA	RC RS YS	DU S	ND	TC	96 HOUF	RS	FROM 6-1- S ABATEMEI			5-30-92			
SALARY TIME TRANSFER OF F								DNDS			S/HOURS (•••	_	1200011	•	, , , , , , , , , , , , , , , , , , , ,	••••					
RETURN WARRANT ONLY ADJUSTMENT REQUEST SALARY TIME TRANSFER OF								SALARY		1	IME ORKED			TYPE	/PE	FFIX	3DE	EARNINGS O		GROSS		NET PAY	ACCT. RE	EC.	SED	NED
	MO.	DY.	YR.	MO.	DY.	YR.	SALARY TYPE	RATE	STD	DYS.	HOUF	RS	FRAC.	SSOYS	PMT. T	PAY SU	ADJ. CC	EARNINGS DI SHIEL CODE					WARRANT	NO.	RELEASED	RETUR
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PER CONTROLLER	07	01	92	06		92	1	2100.00		-15	-1	! !		1	U	T 1				1440.00	-12	257.84	AR#2040)	Ш	
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FROM:	ME)	СОМ	PLE1	ΓΕ						1	COMP	LE	TE	Ξ				C	OMF	PLETE				-		

DOCUMENT NO.

AYROLL ADJU	SIM	ENI	NOTI	CE				(2) SO(SECURI	TY	(3)								(4	4)	POSITION	NUMBER			
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DIVISION OF DISBURSEMEN	TS		✓ PPS SER	D/PAYRO	LL					REMA	DICO									+						
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										DATES	S/HOURS C	N DO	CK:					_								_
(6)		ISSUE DATE		ı	PAY PERIC		ARY TYPE	SALARY RATE			TIME DRKED		APPT. FRAC.	SS TYPE	TYPE	PAY SUFFIX ADJ. CODE	EARNINGS ID	10	GRO	SS	s 1	NET PAY	ACCT. RI OR WARRANT	EC.	RELEASED	URNED
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STATE OF CALIFORI																			DOC	UMENT I	Ю			_	
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ATTACHMENT E-3 SAMPLE 14

STATE OF CALIFORNIA DOCUMENT NO. _ PAYROLL ADJUSTMENT NOTICE (3)(4) POSITION NUMBER SOCIAL SECURITY STD 674 (REV. 4-89) NUMBER NAME **AGENCY** UNIT CLASS SERIAL (1) TO: STATE CONTROLLER COMPLETE COMPLETE COMPLETE DIVISION OF PPSD/PAYROLL DISBURSEMENTS SERVICES REMARKS (5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW: I. PER GC 19863 EMPLOYEE ABSENT ON TD FROM 6-5-92 THROUGH 6-7-92 PAYMENT REQUEST ACCOUNT RECEIVABLE A. 2460/176 = 13.98 B. 111.82/13.98 = 8 RETURN WARRANT ONLY INQUIRY REGARDING C. RESTORE 8 HOURS FORM ADJUSTMENT REQUEST D. 8 HOURS = 1 DAY II. SCIF DAILY RATE \$38.00 WAGE LOSS N/A ABATEMENT \$2.18 SALARY TIME TRANSFER OF FUNDS DATES/HOURS ON DOCK: (6)ISSUE PAY TIME SALARY TYPE DATE **PERIOD** WORKED GROSS TYPE PMT. TYPE PAY SUFFIX ACCT. REC. SHIFT CODE SALARY APPT ADJ. CODE **EARNINGS GROSS NET PAY** OR RATE FRAC. ID WARRANT NO. STD DY. DYS. HOURS MO. DY. YR. MO. YR. A. 06 07 01 92 2460.00 2460.00 1835.27 92 03-541104 PAYMENT SCIF 1 111.82 PER CONTROLLER WARRANT 2571.82 23 REGISTER SAMPLE 14 B. REGULAR 92 06 21 2346.18 **ABATEMENT** SCIF 1 111.82 PAYMENT SHOULD BE SUPPL 0 NONE 22 2460.00 SCIF 111.82 92 06 OVERPAYMENT UNDERPAYMENT (7) OVERPAYMENT TO BE RECOVERED BY: ✓ AGENCY COLLECTION (NO.) DEDUCTIONS TO START WITH NEXT APPLICABLE PAY PERIOD I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE WAS NOTIFIED OF PAYROLL DEDUCTION (SPECIFY TYPE) THE IMPENDING ACCOUNTS RECEIVABLE (A/R). PRIOR TO SUBMITTING THIS 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD 2% OF SALARY RATE OR 1/12 OF STD. 674, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND. ACCOUNT RECEIVABLE NET AGREES TO THE A/R AND REPAYMENT SCHEDULE OR THE EMPLOYEE FAILED TO RESPOND TO NOTIFICATION OF THE IMPENDING A/R. FOR COMPLETE **COMPLETE** (AGENCY NAME) **COMPLETE** COMPLETE **COMPLETE** FROM:

ATTACHMENT E-3 SAMPLE 15

DOCUMENT NO.

AYROLL ADJUSTMENT NOTICE								(2) SOCIAL SECURITY				(3)								((4) POSITION NUMBER					
D 674 (REV. 4-89)								NUMBER					NAME								AGENCY	UNIT	CLASS	SERIA	۱L	
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