

**PAYROLL ADJUSTMENT NOTICE**

STD. 674 (REV. 10/2014)

**Print**

**Clear**

DOCUMENT NO.

(1) TO STATE CONTROLLER'S OFFICE:  <input type="checkbox"/> ADMIN. & DISBURSEMENTS <input checked="" type="checkbox"/> PPSD/PAYROLL OPERATIONS  PPSD UNIT DESTINATION: <input checked="" type="checkbox"/> PAYROLL <input type="checkbox"/> GARNISHMENTS <input type="checkbox"/> DISABILITY <input type="checkbox"/> RETIREMENT <input type="checkbox"/> W-2/Non USPS <input type="checkbox"/> BENEFIT DEDUCTIONS <input type="checkbox"/> MISC. DEDUCTIONS	(2) SOCIAL SECURITY NUMBER  999-99-9999	(3) NAME  COMPLETE	(4) POSITION NUMBER <table border="1" style="width:100%; border-collapse: collapse;"> <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 XXX</td> <td>XXX</td> <td>XXXX</td> <td>XXX</td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> </tr> </table>	AGENCY	UNIT	CLASS	SERIAL	1 XXX	XXX	XXXX	XXX	2																																																						
AGENCY	UNIT	CLASS	SERIAL																																																															
1 XXX	XXX	XXXX	XXX																																																															
2																																																																		
(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW: <input type="checkbox"/> PAYMENT REQUEST <input type="checkbox"/> RETURN WARRANT ONLY  ADJUSTMENT REQUEST <input type="checkbox"/> SALARY <input checked="" type="checkbox"/> TIME <input type="checkbox"/> TRANSFER OF FUNDS		PAY FREQUENCY <input type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI MONTHLY <input type="checkbox"/> BI WEEKLY <input type="checkbox"/> INTERMITTENT  REMARKS:  TOTAL STATE SALARY \$\$\$\$\$ LESS MILITARY PAY \$\$\$\$\$ TOTAL STATE OWES EE \$\$\$\$\$ LESS STATE PAID EE \$\$\$\$\$ TOTAL ADJUSTMENT \$\$\$\$\$ (note if EE was over paid, use 674AR)																																																																
		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> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></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)	P O S I T I O N	ISSUE DATE			PAY PERIOD			SALARY TYPE	SALARY FULL	TIME WORKED			APPT. FRAC.	GROSS TYPE	GROSS	NET PAY	ACCT. REC. OR WARRANT NO.	RELEASED	RETURNED	HELD BY CONTROLLER
		MO.	DY.	YR.	T.	MO.	YR.			STD.	DYS.	HOURS								
A.		XX	XX	XX	XX	XX	XX	Complete												
	PAYMENT PER SCO WARRANT REGISTER	XX	XX	XX	XX	XX	XX	Complete												
B.								Complete												
	PAYMENT SHOULD BE																			
C.																				
	UNDERPMT.																			

(7) FORM COMPLETED BY:	TELEPHONE NUMBER AND EXTENSION	I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES. Payroll information correct in accordance with B/C Rule 633.7.	
(AGENCY NAME)		AUTHORIZED SIGNATURE	DATE

FROM: