

PAYROLL ADJUSTMENT NOTICE

STD. 674 (REV. 09/2020)

DOCUMENT NO.

(1) TO STATE CONTROLLER'S OFFICE: ___ ADMIN. & DISBURSEMENTS ___ PPSD/PAYROLL OPERATIONS PPSD UNIT DESTINATION: PAYROLL GARNISHMENTS DISABILITY RETIREMENT W-2/Non USPS BENEFIT DEDUCTIONS <input type="checkbox"/> MISC. DEDUCTIONS	(2) SOCIAL SECURITY NUMBER	(3) NAME	(4) POSITION NUMBER																																																																		
				AGENCY	UNIT	CLASS	SERIAL																																																														
				1																																																																	
(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW: <input type="checkbox"/> PAYMENT REQUEST <input type="checkbox"/> RETURN WARRANT ONLY <input type="checkbox"/> ADJUSTMENT REQUEST SALARY TIME <input type="checkbox"/> TRANSFER OF FUNDS		PAY FREQUENCY MONTHLY SEMI MONTHLY BI WEEKLY INTERMITTENT		2																																																																	
		REMARKS:																																																																			
		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> </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																															
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(6)	P O S I T I O N	ISSUE DATE			PAY PERIOD		SALARY TYPE	SALARY FULL	STD.	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	HELD BY CONTROLLER	
		MO.	DY.	YR.	T.	MO.				YR.	DYS.														HOURS
A.																									
P A Y M E N T P E R S C O W A R R A N T R E G I S T E R																									
B.																									
P A Y M E N T S H O U L D B E																									
C.																									
U N D E R P M T.																									

(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. <i>Payroll information correct in accordance with B/C Rule 633.7.</i>	
(AGENCY NAME)	EMAIL ADDRESS	AUTHORIZED SIGNATURE	DATE
FROM:			