PAYROLL ADJUSTMENT NOTICE

OTD 074 (DE) / 00/0000)

31D. 074 (REV. 09	9/2020	J)																					DOCUME	NT NO.					
(1) TO STATE CONTROLLER'S (2) SO(SOCIAL SECURITY (3)					i)								(4)	РО	SITIO	ION NUMBER							
						NUMBE	ER		NA			NAME									AGENCY	' UNIT		CLASS		SE	RIAL		
ADMIN. & D				_																		1	1						
PPSD/PAYF	ROLI	L OPER	RATION	S	(5)	CORRE	CT/ISS	UF P	PAYMENT	AS INDICA	TFD	PAY	FREQUEN	CY															
					5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:							MONTHLY SEMI MONTHLY BI WEEKLY INTERMITTENT																	
PAYROLL						PAYMENT REQUEST							IARKS:												I				
GARNISHMENTS					RE	WAR	RANT ON																						
DISA	ABILI	TY				AD.IUS	JT R	EQUEST																					
RETI	IREN	/ENT					LARY	• • • • •	TIME																				
W-2/	'Non	USPS																											
BEN	EFIT	DEDU	CTION	S		TR	RANSFE	ROF	FUNDS																				
MISC. DEDUCTIONS												DATES/HOURS 1 2 3 4 5 6 7 8 9 10 11 12 13 14								2 13 14 15	16 17 18	19 20 21 22	23 24	4 25 26 2	7 28 2	9 30	31		
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	P 0 8 1		ISSUE DATE			PAY PERIO	P	SALARY TYPE	SALA			TIME WORKED			APPT.	TYPE	PE	XI	CODE	EARNINGS ID	CODE	GROSS	s	NET PAY	A	ACCT. RE	ΞC.		
	T O N	MO.	DY.	YR.	T.	MO.	D. YR. 8	JLL -	<u> </u>	DYS.	HOU	RS	FRAC.	GROSS TYPE	PMT. TY	PMT. TYPE PAY SUFFIX	ADJ. CO	ID	SHIF				W	'ARRANT	NO.	RELEASED	HELD BY		
Α.																													
PAYMENT PER SCO WARRANT REGISTER																													
В.														 															
PAYMENT - SHOULD BE																													
C.														 															
UNDERPMT.														 															
(7) FORM COMPL	ETEI	D BY:	l	1	1	1				R AND EXTEN	10121	N		(GOVERNME	VT C	CODE	ES.						TO THIS PAY 3/C Rule 633.7.		D ON THE	APPROF	PRIAT	E
(AGENCY NAME) FROM:					EMAI	IL ADE	DRESS					<i>I</i>	AUTHORIZED	SIGI	NATŪ	JRE									DAT	Έ			