

PAYROLL ADJUSTMENT NOTICE

STD. 674 (REV. 10/2014)

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> </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			S A L A R Y T Y P E	S A L A R Y F U L L	T I M E W O R K E D			A P P T. F R A C.	G R O S S T Y P E	P M T. T Y P E	P A Y S U F F I X	A D J. C O D E	E A R N I N G S I D	S H I F T C O D E	G R O S S	N E T P A Y	A C C T. R E C. O R W A R R A N T N O.	R E L E A S E D	R E T U R N E D	H E L D B Y C O N T R O L L E R	
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(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)		AUTHORIZED SIGNATURE	DATE
FROM:			