

MISCELLANEOUS DEDUCTION CHANGE REPORT

STD. 650 (REV. 10/2014)

DOCUMENT NUMBER

(1) **TO: STATE CONTROLLER – PPSD/PAYROLL SERVICES**

(2) SOCIAL SECURITY NUMBER	(3) NAME	(4) POSITION NUMBER			
		AGENCY	UNIT	CLASSIFICATION	SERIAL

(5) DEDUCTION CODE	(6) ORGANIZATION CODE	(7) DEDUCTION AMOUNT	(8) CHANGE TYPE			(9) PAY PERIOD		(10) NUMBER OF TIMES DEDUCTION IS TO BE TAKEN (IF APPLICABLE)
			NEW	DELETE	CHANGE	MONTH	YEAR	

REMARKS

FORM COMPLETED BY	TELEPHONE NUMBER	Payroll information certified in accordance with Board of Control Rule 633.7.	
FROM: (Agency Name)	AUTHORIZED SIGNATURE	DATE SIGNED	

FOR CONTROLLER'S USE ONLY	DOC. TYPE			DED. CODE			ORG. CODE			DEDUCTION AMOUNT					TYPE CHANGE	PMT. TYPE	PAY PERIOD				ARREARS PAY PERIOD		NUMBER OF DED.	AGENCY					011, 012, 030												
	1	2	3	18	19	20	21	22	23	24	25	26	27	28			29	30	31	32	33	34		35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52
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