

# MISCELLANEOUS PAYROLL/LEAVE ACTIONS


PAY PERIOD			(4) AGENCY/CAMPUS	(5) BATCH ID	
TYPE (1)	MONTH (2)	YEAR (3)		(6) DATE KEYED	(7) INITIALS

STD. 671 (REV. 10/2019)

LINE	EMPLOYEE IDENTIFICATION			POSITION NUMBER				EARNINGS ID (15)	TIME TO BE PAID			ALT FUND CODE (18)	HOURLY RATE (19)	WWG/FLSA (20)	COMPUTED GROSS (21)
	SOCIAL SECURITY NUMBER (8)	INITIALS (9)	LAST NAME (10)	AGENCY (11)	UNIT (12)	CLASS (13)	SERIAL (14)		DAYS (16)	HOURS (17)	HDTHS				
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															

(22) ALTERNATE FUNDING									
LINE	CODE	AGENCY	UNIT	SERIAL	LINE	CODE	AGENCY	UNIT	SERIAL
1					3				
2					4				

I hereby certify under penalty of perjury that Attendance, Payroll, and Leave Benefit data stated herein is correct, complete, and in accordance with all laws and regulations.

SIGNATURE 

(23) TOTAL TIME      (24) TOTAL SALARY RATE      (25) TOTAL GROSS

TELEPHONE NUMBER      DATE SIGNED