STATE OF CALIFORNIA

PAYROLL ADJUSTMENT NOTICE

STD. 674 (REV. 09/2020)

DOCUMENT NO.

(1) TO STATE CONTROLLER'S OFFICE:	(2) SOCIAL SECURITY NUMBER	(3) NAME	(4) POSITION NUMBER			
			AGENCY	UNIT	CLASS	SERIAL

___ ADMIN. & DISBURSEMENTS

___ PPSD/PAYROLL OPERATIONS

PPSD UNIT DESTINATION:

PAYROLL

GARNISHMENTS

DISABILITY

RETIREMENT

W-2/Non USPS

BENEFIT DEDUCTIONS

☐ MISC. DEDUCTIONS

(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:

☐ PAYMENT REQUEST

RETURN WARRANT ONLY

ADJUSTMENT REQUEST

SALARY   TIME

TRANSFER OF FUNDS

PAY FREQUENCY

MONTHLY   SEMI MONTHLY   BI WEEKLY   INTERMITTENT

REMARKS:

1

2

DATES/HOURS ON DOCK: 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

(6)	POSITION	ISSUE DATE			PAY PERIOD			SALARY TYPE	SALARY FULL		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.			STD.	DYS.	HOURS														
A. **PAYMENT PER SCO WARRANT REGISTER**																										
B. **PAYMENT SHOULD BE**																										
C. **UNDERPMT.**																										

(7) FORM COMPLETED BY:
▶

(AGENCY NAME)

FROM:

TELEPHONE NUMBER AND EXTENSION

EMAIL ADDRESS

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES.
Payroll information correct in accordance with B/C Rule 633.7.

AUTHORIZED SIGNATURE
▶

DATE