STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE

PAYROLL ADJUSTMENT NOTICE —ACCOUNTS RECEIVABLE (A/R)

STD. 674 A/R (REV. 3/2008)

DOCUMENT NUMBER

(1) TO STATE CONTROLLER'S OFFICE:

- [ ] ADMIN. & DISBURSEMENTS
- [ ] PPSD/PAYROLL SERVICES

PPSD UNIT DESTINATION:

- [ ] PAYROLL
- [ ] BENEFITS
- [ ] DISABILITY
- [ ] W-2/Non USPS
- [ ] RETIREMENT
- [ ] DEDUCTIONS

(2) SOCIAL SECURITY NUMBER: 999-99-9999

(3) NAME: COMPLETE

(4) POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1	XXX	XXX	XXXX	XXX
2				

CHANGE METHOD OF COLLECTION

- [ ] FROM AGENCY COLLECTION TO PAYROLL DEDUCTION - *BALANCE TO BE COLLECTED* $ _____ NET
- [ ] FROM PAYROLL DEDUCTION TO AGENCY COLLECTION - *BALANCE TO BE COLLECTED* $ _____ NET
- [ ] REVERSE PAYROLL DEDUCTION A/R
  PLEASE REFUND AMOUNT COLLECTED $ _____ NET
- [ ] OVER-COLLECTION OF PAYROLL DEDUCTION A/R - PAY PERIODS OF DEDUCTION _____
  PLEASE REFUND AMOUNT COLLECTED $ _____ NET
- [ ] REVERSE AGENCY COLLECTION A/R

REMARKS:

STATE PAY	$XXXX.XX
MILITARY BASE PAY	$XXXX.XX
PAY DIFERENTIAL	-$XXXX.XX
LESS STATE PAID	-$XXXX.XX
ADJUSTMENT	-$XXXX.XX

(5) ESTABLISH/CORRECT/ADJUST AS INDICATED BELOW:

- [ ] ACCOUNTS RECEIVABLE
- [ ] REVERSE A/R
- [ ] REDEPOSIT WITH A/R
- [ ] TRANSFER OF FUNDS WITH A/R

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 MO.	ISSUE DATE DAY	ISSUE DATE YR.	PAY PERIOD T	PAY PERIOD MO.	PAY PERIOD YR.	SALARY TYPE	SALARY FULL	TIME WORKED STD.	TIME WORKED DAYS	TIME WORKED HOURS	APPT. FRAC.	GROSS TYPE	PMT. TYPE	PAY SUFFIX	ADJ. CODE	EARNINGS I.D.	SHIFT CODE	GROSS	NET PAY	ACCT. REC. OR WARRANT NO.	RELEASED	RETURNED	HELD BY CONTROLLER
A PMT. PER SCO WRNT. REG.									COMPLETE																
B PMT. S/B									COMPLETE																

C OVERPAYMENT TO BE RECOVERED BY:

- [ ] AGENCY COLLECTION
- [ ] PAYROLL DEDUCTION *(Specify type)*
  - [ ] 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD
- [ ] _____ (NO.) DEDUCTIONS BEGINNING WITH PAY PERIOD _____ MM / YY
- [ ] 2% OF SALARY RATE OR 1/12 OF ACCOUNTS RECEIVABLE NET

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674 A/R, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND.

Payroll information correct in accordance with B/C Rule 660.

(7) COMPLETED BY

TELEPHONE NUMBER AND EXTENSION ( )

FROM (Agency Name)

AUTHORIZED SIGNATURE

DATE SIGNED

STATE OF CALIFORNIA

PAYROLL ADJUSTMENT NOTICE

STD. 674 (REV. 10-2000)

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
- [ ] MISC. DEDUCTIONS

(2) SOCIAL SECURITY NUMBER: 999-99-9999

(3) NAME: COMPLETE

(4) POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1	XXX	XXXX	XXXX	XXX
2				

(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:

TOTAL STATE SALARY $$$$$
LESS MILITARY PAY $$$$$
TOTAL STATE OWES EE $$$$$
LESS STATE PAID EE $$$$$
TOTAL ADJUSTMETN $$$$$ (note if EE was over paid use 674AR)

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 MO.	ISSUE DATE DY.	ISSUE DATE YR.	PAY PERIOD T.	PAY PERIOD MO.	PAY PERIOD YR.	SALARY TYPE	SALARY FULL	TIME WORKED STD.	TIME WORKED DYS.	TIME WORKED HOURS	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
A. PAYMENT PER SCO WARRANT REGISTER									Complete						0										
									Complete						7										
B. PAYMENT SHOULD BE									Complete																
C. UNDERPMT.																									

(7) FORM COMPLETED BY: ▶

TELEPHONE NUMBER AND EXTENSION ( )

(AGENCY NAME)

FROM:

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 660.

AUTHORIZED SIGNATURE ▶ DATE