STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE

PAYROLL ADJUSTMENT NOTICE —ACCOUNTS RECEIVABLE (A/R)

STD. 674 A/R (REV. 10/2014)

Clear | Print

DOCUMENT NUMBER

(1) TO STATE CONTROLLER'S OFFICE:

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

PPSD UNIT DESTINATION:

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

(2) SOCIAL SECURITY NUMBER	(3) NAME		(4) POSITION NUMBER AGENCY	UNIT	CLASS	SERIAL
123-45-6789	D Employee	1	123	123	1234	123
		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:

Missing Health Premium Deduction
Please establish health benefit deduction for
350 - XXX
PC - X
Pay Period XX/XX

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

- [x] 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.																									
B PMT. S/B																									

C OVERPAYMENT TO BE RECOVERED BY:

- [x] 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 633.7.

(7) COMPLETED BY

TELEPHONE NUMBER AND EXTENSION ( )

FROM (Agency Name)

AUTHORIZED SIGNATURE

DATE SIGNED