

STATE OF CALIFORNIA
PAYROLL ADJUSTMENT NOTICE

STD. 674 (REV. 10-2000)

DOCUMENT NO.

(1) TO STATE CONTROLLERS OFFICE:
 ADMIN. & DISBURSEMENTS
 PPSD/PAYROLL OPERATIONS

(2) SOCIAL SECURITY NUMBER

(3) NAME

(4) POSITION NUMBER
 AGENCY UNIT CLASS SERIAL

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

MONTHLY	SEMI-MONTHLY	BI-WEEKLY	INTERMITTENT
			2

REMARKS:

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

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.

A. PAYMENT PER SCO WARRANT REGISTER

B.

PAYMENT SHOULD BE

C. UNDERPMT.

(7) FORM COMPLETED BY:

(AGENCY NAME)

TELEPHONE NUMBER AND EXTENSION

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 _____