STATE OF CALIFORNIA
PAYROLL ADJUSTMENT NOTICE
STD. 674 (REV. 10-2000)

(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

(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:
□ PAYMENT REQUEST
RETURN WARRANT ONLY
ADJUSTMENT REQUEST
SALARY TIME
TRANSFER OF FUNDS

(4) POSITION NUMBER
NAME AGENCY UNIT CLASS SERIAL
PAY FREQUENCY
MONTHLY SEMI MONTHLY BI WEEKLY INTERMITTENT
REMARKS:

DATES/HOURS
ON DOCK:

PAYMENT PER
SCO
WARRANT
REGISTER

B.
PAYMENT SHOULD BE
UNDERPMT.

(7) FORM COMPLETED BY:

HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES.

PAYROLL ADJUSTMENT NOTICE
STATE OF CALIFORNIA

FROM:

DATE

RETURNED
REJECTED
RELEASED
NET PAY
ACCOUNT NO.
NET PAY
CROSS ID
SHIFT CODE
ADJ. CODE
PAY PERIOD
APRIL
WORKED TIME

PAY FREQUENCY
MONTHLY SEMI MONTHLY BI WEEKLY INTERMITTENT
REMARKS:

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(7) FORM COMPLETED BY:

HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES.