

STATE OF CALIFORNIA
PAYROLL ADJUSTMENT NOTICE

STD. 674 (REV. 10-2000)

DOCUMENT NO.

(1) TO STATE CONTROLLERS OFFICE: _____ (2) SOCIAL SECURITY NUMBER _____ (3) NAME _____ (4) POSITION NUMBER _____

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
 PAY PERIOD: MO. YR. MO. YR. SALARY TYPE: _____
 SALARY FULL: _____
 TIME WORKED: STD. DYS. HOURS
 APPT. FRAC. _____
 GROSS TYPE: _____
 PMT. TYPE: _____
 PAY SUFFIX: _____
 ADJ. CODE: _____
 EARNINGS ID: _____
 SHIFT CODE: _____
 GROSS: _____
 NET PAY: _____
 ACCT. REC. OR WARRANT NO.: _____
 DATES/HOURS ON DOCK: _____

A.	P O S I T I O N	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.													
B.																								
C.																								

(7) FORM COMPLETED BY: _____ TELEPHONE NUMBER AND EXTENSION _____
 (AGENCY NAME) _____
 FROM: _____ DATE _____
 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 _____