Section D
Attendance Index

Payroll Procedures Manual
Rev. 04/2016

State Controller's Office

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ATTENDANCE REPORTING

REFERENCES

G.C.	18003
SUAM (CSU)	6300
G.C.	12475
SAM	8512, 8534, 8539

Section D 001: INTRODUCTION (Rev. 03/97)

This explains "regular time" attendance reporting requirements and reconciliation of attendance.

"Regular time" is the normal time required for an employee to perform the duties of a position according to the work week group definition of the class. Usually, it is a 40 hour work week; it is NOT overtime/extra hours.

The USPS has 21 or 22 work days in each "pay period." Beginning and ending dates vary. See Section D 200 for listing of inclusive dates. Departments/campuses have the full responsibility for accurate preparation of attendance reports.

There are three types of pay plans not using the 21/22 day pay periods academic employees (see F 001), statutory officers (effective date of appointment prior to January 1, 2012) (see I 600), and biweekly employees (see D 201).

Official department/campus record of attendance/absence may be maintained on forms other than the Time and Attendance Report, Form 672.

Section D 002: MAXIMUM TIME FOR PAY PERIOD EACH POSITION (Rev. 11/14)

No state employee may be paid more than 21/22 days in a pay period unless paid as "extra hours." Shift employees must be reported on dock if sufficient excess credit or leave credit have not been accrued and the normal shift is less than 21/22 days (see Section D 106).

NOTE: If the employee is paid on a monthly basis (regular pay) or is cashing out leave time on a monthly basis (lump sum or other leave time cash out) the payroll history system (HIST) may reflect either the actual number of days for the full pay period or if a full pay period, 99 may be reflected. If the full pay period is paid and 99 is reflected, this is NOT an indication that we paid 99 days, it is an indication that the maximum number of days for the given pay period were paid. Please review the appropriate calendar (civil service or academic) to find the actual number of days that would equal a full pay period for that specific period.

PAR/PPTs submitted to Personnel Operations will show the regular time the employee is to be paid in the pay period in which the transaction is effective (including holiday, sick leave, vacation, compensable time off, etc.). The time shown in the second status/position must not be more than the difference between the normal 21/22 days in the pay period and the number of days paid in the first status/position. Additional time worked will be considered as excess hours.

A separating employee will be paid for the time worked during the pay period plus vacation/extra hours. If the total time including lump sum payments exceeds the normal 21/22 days in the pay period, the excess will be applied to the following pay period. A new employee appointed to the same position in the same pay period will not be paid more than the difference between the normal number of workdays and the number of days paid to the former employee for that pay period.

EXCEPTION: If one of the employees is paid from blanket funds, payments may overlap.

Section D 003: TIME AND ATTENDANCE REPORT FORM 672 (Rev. 03/03)

GENERAL INFORMATION

The Time and Attendance Report, Form 672 is used to request Regular Pay for positive pay employees (rolls 3 8) and certify attendance for negative roll reporting units (rolls 1 and 2). Refer to Section M, Master Payroll Certification (MPC) System for keying attendance certification for negative roll reporting units.

The Form 672 can also be used to request all types of miscellaneous pays (e.g., overtime, holiday pay, shift differential and premium pays) for negative and positive roll employees (refer to Section G for document completion and PIP exceptions for miscellaneous pays).

Forms 672 will be sent to each department/campus by ADD, prior to the beginning of each pay period. The form will be preprinted based on the following Employment History information as of cutoff in the previous month:

- Social Security Number
- Employee Name
- Position Number
- Time Base Fraction
- CBID

Separate Forms 672 will be furnished for each:

- Pay Period Type
- Agency Code
- Reporting Unit Code
- Roll Code

Within each Form 672, the employees will be sorted by ascending class code, then serial number, then Social Security Number order.

The last page for each agency/unit/roll code with totals completed must be signed by an authorized person, dated at the top of "date keyed," and retained by the department/campus for post audit purposes.

ADDING AN EMPLOYEE

Social Security Number, Name, Class Code and Serial Number of employee(s) to be added to the preprinted Form 672 must be typed or printed in ink after the last preprinted name on the last page of the attendance for the reporting unit.

1. Enter an "X" in the OK (indicator) Box
2. Complete ERN ID, DAYS, HOURS and/or RATE as required
3. Enter Alternate Fund Code, if applicable.

Holidays shall be counted and reported as workdays if the employee is entitled to them.

Attendance must be certified on a separate line entry for each employee by:

- Position Number
- Time Base Fraction
- Salary Rate:
    - Always shown for Trade Rate employees.
    - Show for negative only if master payroll reflects two payments.

SEPARATIONS/DELETIONS

An employee who separates but is carried on attendance for accrued leave and overtime prior to the effective dates on the PAR/PPT shall be reported on Form 672 through the effective date of separation.

If an employee separates and receives lump sum, the employee shall be reported as separated in the current pay period. If employee's name appears on Form 672 in the following pay period, the name must be lined off.

If PAR/PPT was "X" immediate pay, enter the time for the pay period in the days/hours columns with the notation "sep" in the rate column (abbreviation for separated). Time shown in the days/hours columns is NOT to be included in the page/unit totals.

If an employee is documented to/from disability leave by PAR/PPT, show the time worked to/after the date returned from each disability. Sick leave and vacation for payments to supplement TD are NOT to be entered on attendance, but should be reported per instructions for TD (see Disability E 300).

Section D 004: POSTIVE ATTENDANCE ROLL CODES 3-8 (Rev. 12/00)

"Positive" attendance is for employees whose warrants/payments are written AFTER the close of the pay period. Payment is made based on ACTUAL time worked rather than on the anticipated time as in the case of negative attendance.

For monthly and daily salary rate employees **(roll codes 5 and 8)**, if the total hours exceed the number of possible hours in a workday for an employee, hours must be converted to days and remaining hours.

Enter the total regular days, hours/hundredths in applicable columns for all employees. Refer to the PPM section D 013 for Form 672 completion requirements.

Payroll for positive attendance will be prepared from the Forms 672; delay in submitting or keying the attendance will cause a subsequent delay in payments.

"Positive Attendance Reconciliation Totals" for employees paid monthly **(roll codes 3 and 5)** will print on the warrant register in the "monthly days" and/or the "monthly hours" boxes. Totals will consist of time paid in a cycle for all roll codes 3 and 5 earnings for the pay period just ended.

"Positive Attendance Reconciliation Totals" for employees paid semimonthly or biweekly **(roll codes 4, 6, 7, and 8)** will be reflected on the Payroll Warrant Register in the "other days" and/or "other hours" boxes. Totals will consist of time paid in a cycle for all roll codes 4, 6, 7, and 8 earnings for the pay period just ended.

If the totals on the Form 672 (including supplemental pay) agree with the "Positive Attendance Reconciliation Totals" on the Payroll Warrant Register, it is an indication that the payroll issued is correct.

If the totals on the Form 672 do not agree with the "Positive Attendance Reconciliation Totals" on the Payroll Warrant Register, it is an indication that a line by line reconciliation is required. A Pay Adjustment Request, form STD. 683, may be keyed via PIP. See Section D 004.1. A Payroll Adjustment Notice, form STD. 674, (see Section D 010) may be necessary.

Section D 004.1: PAY ADJUSTMENTS (Rev. 04/15)

Adjustments to intermittent regular pay previously issued are processed via PIP using a Form STD. 683 (available on DGS web site or from DGS Stores). See PPM Section K for PIP System Instructions.

Section D 004.2: EXCEPTIONS TO FORM STD. 683 (Rev. 07/09)

A form STD. 683 cannot be used for the following conditions:

- Pay period prior to current month plus 12 months (submit STD. 674).
- When an overtime payment is issued without Payment Suffix F, (e.g., Earnings ID OT6 or OT9), do not use form STD. 683 to adjust the payment to reflect special computed rate with Payment Suffix F (e.g., Earnings ID OF6) submit form STD. 674.
- Mid-month salary increase where salary adjustment is due for partial hours in the pay period (e.g., 100 hours issued in the pay period. Employee is due a salary adjustment for only 60 of those hours.) – submit a form STD. 674.
- Payment type other than 0, 1, 2, Y, or L – submit a form STD. 674.
- Regular Pay for Negative Attendance Payroll (Roll 1 and 2) – see PPM Section D 010.
- A/Rs – adjustment is less than original payment – see PPM Section I 001.

Section D 004.3: COMPLETION OF FORM STD. 683 (Rev. 07/09)

Item #	Completion Requirements
1-5	Must be completed.
6-8	For your use.
9-13	Must be completed. NOTE: Position Number (Items 1, 2, 12 and 13) must match position number of payment being adjusted.
14	For your use.
15	Salary Rate per Warrant Register.
16-17	As applicable per Warrant Register NOTE: If pay has already been adjusted, combine totals.
18	As applicable per Warrant Register.
19	Must be completed per Warrant Register.
20	As applicable per Warrant Register.
21	Required with Payment Type Ø only.
22-24	Complete pay as should be.
25	Complete if applicable.
26-28	Total of columns 22, 23, 24.

NOTE: The form STD. 683 is only used for PIP Keying. DO NOT submit to SCO for processing.

Section D 005: SPECIAL EMERGENCY ROLL CODE O (Rev. 12/00)

"Special Emergency" attendance is for employees appointed under the procedures for:

- Special Emergency
- Short Term (limited or temporary)
- Short Term Exempt
- Retired Annuitant (for separation pay)

Immediate Pay appointment/separation PAR/PPT documents processed for these types of employees generate the payments.

Payments are based on the **Time To Be Paid** that the department/campus enters on the PAR/PPT appointment document.

The **Time To Be Paid** entered on the PAR/PPT appointment document also suffices as the certification of attendance.

Form 672 (Time and Attendance Report) to certify the attendance for these appointments is not required.

Section D 006: NEGATIVE ATTENDANCE ROLL CODES 1 AND 2 (Rev. 04/15)

Explanation

"Negative" attendance is for employees paid on the "master" payroll. This payroll is prepared in advance of the close of the pay period and is based on anticipated time worked through the end of the pay period.

After a negative employee is entered on the Employment History Data Base, warrants will automatically be issued each pay period unless there is a PAR/PPT to change Employment History or a Form STD. 603 to change the time to be paid.

Payroll Reconciliation - Certification of Attendance

Full time worked by a monthly salary rate employee shall be certified by entering a check mark "√" in the STD box for full month (standard) pay for each position and time base.

If the employee did not work a standard 21/22 workday pay period, enter the number of days to be paid in the NON STD TIME DAYS box and number of hours/hundredths in the NON STD TIME HOURS box.

Box Totals

If the total hours for an EMPLOYEE exceeds the number of hours possible in a workday, the hours must be converted to days and remaining hours; e.g., 10 hours = 1 day 2 hours.

For a fractional time base employee, show total time worked as the number of employee's FRACTIONAL DAYS in the NON STD TIME DAYS box and the remaining ACTUAL HOURS in the NON STD TIME HOURS box. Do not show more hours for one day than is possible for a specific fraction. Example: an employee with a fractional timebase of 3/5 has a possible 4.8 hours for one day. If certifying hours for this employee, the hours must be less than 4.8 as 4.8 hours in this case is equal to one day.

Complete "ATTENDANCE TOTALS FOR THIS UNIT" (SUM OF PAGE TOTALS) box on the last page of the report for each reporting unit/roll code. If more than one page is used, the "ATTENDANCE TOTALS THIS PAGE ONLY" must be completed for EACH PAGE.

Enter:

1. The number of employees with check marks ("√") in the TIME WORKED STD box.
2. Total days shown in the NON STD TIME DAYS box.
3. Total hours/hundredths in the NON STD TIME HOURS box. Do NOT convert the hours into days.

If the Form 672 totals agree with the totals on the master payroll warrant register, complete Box A - NO EXCEPTIONS at the top of the form located below the "Authorized Signature" line.

If the totals on the attendance do NOT agree with the master payroll totals, check the appropriate EXCEPTIONS box:

- Box B - EXCEPTIONS - NO WARRANTS FOR REDEPOSIT
  or
- Box C - EXCEPTIONS - WITH WARRANTS FOR REDEPOSIT

When Form 672 for negative attendance has "Box B or C – EXCEPTIONS" indicated, a Report of Exceptions, form STD. 666, must be attached (see Section D 007).

The Form 672 and certification of attendance for every agency, reporting unit, roll code must be completed promptly after the close of the pay period.

Keying Certification of Attendance

Failure to key the certification of attendance could result in future payrolls being withheld. Departments and campuses must key the certification of attendance via the Master Payroll Certification (MPC) System for all reporting units that have NO EXCEPTIONS or EXCEPTIONS WITH OR WITHOUT warrants for redeposit. Agency/Campus will certify attendance and update MPC for Exception reporting units WITH WARRANTS FOR REDEPOSIT, after verifying the redeposit(s) via the online pay history (HIST) system. Refer to PPM Section M, Master Payroll Certification (MPC) for keying instructions and exception conditions.

Retroactivity

After the close of a pay period, if a PAR/PPT indicates a change from one position to another position, an incorrect warrant may have been issued under the old position. The payment will not process until the agency/campus updates the MPC as well as enters the appropriate time to

be paid via the ETC (Employee Time Certification) process. If the disposition of the warrant is determined to have been released to the employee, a transfer of funds (and supplemental warrant, if required) will be made once the department/campus has updated the certification status on the Master Payroll Certification (MPC) System. If the incorrect warrant is returned/redeposited, correct warrants for each position/time base will be issued once the agency/campus updates the MPC and processes the related attendance certification via the ETC.

*IMPORTANT – If MPC is updated prior to the redeposit and the new payment was to be the result of an update to employment history (PAR/PPT), a Std. 674 may then be required to set up the payment.

Retroactive adjustments will not process until a comparison of the form STD. 666 and certification of attendance indicate the disposition of warrants for the pay periods involved by the retroactive documents.

An employee may be appointed/transferred retroactively to a different class and attendance was certified in the former class and received payment. If a PAR/PPT has been processed which certified the employee was working in the new class beginning with the effective date on the document, a new certification is NOT required.

Supplemental warrants for ADDITIONAL time/money from documentation received after master payroll cutoff day or new appointment, may be issued in "green cycles." Green cycles are the cycles (usually 3) following master payroll cutoff through the last cycle for the pay period. Green cycle payments must be entered on form STD. 666 as they are an exception to the original master payroll. No payments for the pay period will be issued after green cycle until the MPC System has been updated.

Section D 007: REPORT OF EXCEPTIONS TO PAYROLL FORM STD. 666 (Rev. 09/04)

Report of Exceptions, form STD. 666, (available on DGS web site or from DGS Stores) is only for reconciling negative attendance.

Departments/campuses are responsible for withholding and returning any warrant for more time/money than actually earned. For specific completion instructions on returning a warrant(s) on the form STD. 666, refer to Section I 314.

NOTE: If the warrant being returned has a credit union deduction, the employee should be notified that although the deduction may be posted to their credit union account, that specific deduction will be reversed as a necessary part of the redeposit process.

All payments for a pay period, issued in green clearance for Roll Codes 1 and 2, are always an exception to the master payroll and must be entered on form STD. 666.

Complete the following items in lower left corner on form STD. 666:

1. Agency/reporting unit
2. Pay period type, month, year
3. Total time reported (Item 11): Total time from the attendance report in Column 5; from the master payroll warrant register in Column 6.

For each employee for whom there is a difference between the time worked in a position and the time paid on the master payroll warrant register, a line entry must be completed as follows:

- Social security number
- Employee name
- *Class, Serial
- Actual time employed per attendance report standard or days, hours/hundredths, *time base if applicable
- Time paid per warrant register standard or days, hours/hundredths, *time-base if applicable
- Net amount - only complete if returning the warrant on the form STD. 666
- Warrant number - only complete if returning the warrant on the form STD. 666
- Disposition of warrant - complete only with codes 1, 2, and 3; otherwise, leave blank
    - Code 1 - only if <u>releasing</u> the warrant
    - Code 2 - only if <u>returning</u> the warrant
    - Code 3 - only if warrant was redeposited by Controllers
- Remarks reference the reason that caused the difference (e.g., 603, Sep., etc.)

* If there is a difference in position number or time base between the actual time worked and time paid or time to be paid, a two line entry is required.

If the employee receives a green clearance warrant, a two line entry is required. List the employee at the top of form STD. 666 certifying time and below in Columns 6 through 9 verifying disposition of the green clearance warrant.

If a warrant is being returned on form STD. 666 as an exception to master payroll and there should also be a garnishment deduction, a form STD. 674 <u>must</u> be attached. Refer to Section I 317 for specific completion instructions.

EXCEPTION:

If the employee's warrant is returned for redeposit and reissue and a garnishment was withheld for a specific amount: e.g., child/spousal support (038) or support arrearages (339 002), the original garnishment warrant may be released if the same garnishment warrant will be reissued.

However, it is **extremely** important that verification be made to ensure that sufficient disposable earnings are available to withhold the garnishment when the payment is rescheduled. This includes verifying that another garnishment (with higher priority) has not

been established subsequently, that would prevent the original garnishment from being withheld again. Also, your actions should be documented if other staff handle your desk; and we suggest you notify your Accounting Office.

Once the second garnishment warrant is received, it **must** be returned to Division of Disbursements and Support (DDS) to satisfy the original redeposited warrant. If the second garnishment warrant is mistakenly released, it is the personnel/payroll office's responsibility to resolve the overpayment with the employee and/or payee. If unresolved, DDS will establish an account receivable against the department/campus for the amount of the garnishment deduction.

Columns 5 and 6 must be totaled and shown in Item 10, Total of Differences. These totals will then be subtracted from Item 11, Total Time Reported, and the difference will be entered in Item 12, Reconciliation, at the foot of each column. The final totals under Column 5 must be identical to the totals under Column 6 (Note: Do not include green clearance warrant totals from Column 6 in Items 10 and 11 since the totals are not included in the master payroll warrant register totals).

IMPORTANT: An entry of time worked on form STD. 666 and entry to the ETC (Employee Time Certification) is only the certification of time, IT IS NOT A REQUEST FOR PAYMENT. Necessary documentation must also be processed. Documents which have not been processed but which are required for payments (e.g., 603, PAR/PPT, 674), should be processed as soon as possible to ensure timely payments.

Section D 008.1: WARRANTS TO BE HELD (Rev. 03/15)

Each payroll cycle, the Operations Support Unit prepares a LIST OF WARRANTS TO BE HELD. This list is electronically transmitted to the Division of Disbursements Warrant Desk. Based on this information the paper warrants requested are held for redeposit. For any retained (stripped) Direct Deposit payments a copy of the payments to be held list for the agency reporting unit is sent to the agency so that they are aware that the advice slip should not be provided to the employee.

No reconciliation is to be made on these listings and departments/campuses should not return them to Payroll Operations as they are informational only.

Section D 009: SUPPLEMENTAL FORM EMPLOYEE TIME CERTIFICATION FORM STD. 966 (Rev. 12/00)

This form is used to certify retroactive additions or corrections to negative (roll 1 and 2) time (CONDITION SUSP A). Verify special conditions (i.e., garnishments, direct deposits, stipulations) that may require special consideration when processing the form STD. 966.

Key via PIP for the following conditions:

- Retroactive Dock
- Retroactive PAR/PPT
- Retroactive Corrections to CD 666

See PPM Section K for PIP System instructions.

Section D 009.1: FORM STD. 966 PIP EXCEPTIONS (Rev. 12/00)

Pay period is PRIOR to current month plus 12 previous months - Submit form STD. 674.

For CURRENT pay period - follow regular MPC procedures.

Section D 009.2: COMPLETION OF FORM STD. 966 (Rev. 04/15)

Item #	Completion Requirements
1	Agency Code
2	Unit
3	Payment Type
4-5	Month/Year (Cannot be current pay period)
6-8	For your use.
9	Social Security Number
10	First and middle initials
11	Last name
12	Class Code
13	Serial Number
14	Enter "1" if certifying a full month. NOTE: A full month will display as 99 days on HIST or the suspended record listing.
15-16	Complete if NOT certifying a full month
17	Must match time base shown on suspended pay record (if applicable).
18	For your use.

Section D 010: PAYROLL ADJUSTMENT NOTICE FORM STD. 674 (Rev. 03/02)

A Payroll Adjustment Notice, form STD. 674 (available on DGS web site or from DGS Stores) is a multi-use document for the following attendance/warrant processes:

- Certification of time (includes time worked while on Temporary Disability Leave)
- Return warrants for redeposit and, if applicable, the request for reschedule.
- Return warrants for garnishment/notification of garnishment to be rescheduled
- Request transfer of funds
- Inquiry
- Request payments that cannot be keyed on the Payroll Input Process (PIP) System (refer to PPM D 009).

NOTE: Form STD. 674D should be used to request payment for an employee who is working while on NDI or IDL (see Disability Section E).

Form STD. 674 must be completed as follows:

1 Select the applicable Division and/or Unit destination of the form STD. 674.

2 Complete employee's social security number.

3 Complete employee name (first and middle initial and last name).

4 Complete employee's position number(s) (agency, reporting unit, class, and serial) for the payment(s) being requested or adjusted.

5 "X" applicable box(es).

Payroll Frequency: "X" applicable box(es).

REMARKS: Complete a full explanation of action to be taken.
Dates/Hours on Dock if applicable, enter the dock hours (partial hours in hundredths) in the numbered date boxes (e.g., #1 equals the 1st of the month)

6A PAYMENT PER CONTROLLER WARRANT REGISTER - must be completed for payments already issued and released for the pay period and payment type involved.

EXCEPTIONS: CSU final settlement and year end requests and disability pay requests must show all warrants issued and released for the pay period.

To reflect a summarized warrant in Item 6A, refer to PPM Section D 012.

DO NOT complete for warrants that have been previously returned.

To return a payroll warrant(s), refer to PPM, Section I 310 for specific completion instructions

POSITION	Complete Position Identifier from Item 4 - Position Number (e.g., "1" or "2") if the request affects more than one position number.
ISSUE DATE	Complete.
PAY PERIOD	Complete pay period type, month and year.
SALARY TYPE	May be completed.
SALARY RATE	Complete.
TIME WORKED	Complete if applicable.
APPT. FRAC.	Complete appointment fraction if less than full time; otherwise, leave blank.
GROSS TYPE	Complete.
PMT TYPE	Complete.
PAY SUFFIX	Complete if applicable
ADJ. CODE	Complete.
EARNINGS ID	Complete if applicable.
SHIFT CODE	Complete if applicable.

GROSS	Complete.
NET PAY	Complete.
ACCT. REC. or WARRANT NO.	Complete.
"RELEASED BOX"	Complete for released warrants only. IMPORTANT: If the "Released" box is X'd and the warrant is attached, the ADD will return the documentation for verification.
"RETURNED BOX"	Complete for returned warrants only. IMPORTANT: If the "Returned" is X'd and the warrant is not attached, ADD will return the documentation for verification. REMINDER: DO NOT complete "Payment Per Controller Warrant Register" information for previously returned warrants.
"HELD BY CONTROLLER" BOX	Complete only if the warrant was held by Controller's Office.

6B DO NOT COMPLETE if pay is to be keyed decentrally via PIP.

If pay needs to be processed by Payroll Operations, complete position # identifier from Item 4 - Position number if pay request affects more than one position; pay period type, month and year, salary rate, time worked (if applicable), appointment fraction (if applicable), payment type, payment suffix (if applicable), earnings ID (if applicable), shift code (if applicable) and gross.

6C May be completed.

7 Complete the following:

- Form completed by
- Telephone number
- Agency Name
- Authorized signature/date

NOTE:

FAX – Form STD. 674 requesting original regular pay for a prior month may be submitted via FAX. DO NOT follow up with a hard copy of the FAX copy document as this creates duplicate transactions and unnecessary workload.

INQUIRIES – DO NOT submit a form STD. 674 inquiry for a previously submitted original form STD. 674 until 21 business days completed (signed and dated). Remember to sign the inquiry with an original signature and new date and write in red "Inquiry" on the top of the form.

Refer to the D-1 Index at the end of this section (Section D) for samples of form STD. 674.

Section D 012: SUMMARIZED WARRANTS (Rev. 07/09)

If returning a summarized warrant on the form STD. 674 refer to Section I 316 for specific completion instructions. If you are requesting an adjustment of a payment (s) that was issued as a summarized warrant, follow the completion instructions in Section D 011.

Section D 013: FORM 672 COMPLETION REQUIREMENTS (Rev. 04/15)

This form is preprinted with the following fields completed based on Employment History/Payroll information as of the master cutoffs (see D 014 for exceptions to requesting regular pay on Form 672).

Header Information	
Pay Period:	Inclusive dates
Pay Period:	Type, Month and Year
Roll:	Roll Code
Page	
Batch ID:	Preloaded batch number assigned by the PIP system
SSN:	Social Security Number
Name:	Initials, Surname
Class:	Class Code
Serial	Serial Number
Ern ID:	Earnings ID - The following Earnings IDs are preprinted every pay period and do not change:
Regular Pay:	Earnings ID "Ø" for positive pay employees (roll codes 3-8).
Overtime Pay:	Earnings ID "OT6" for time and one half overtime, will not preprint for class and roll codes not eligible for overtime and for multiple work week group class codes.
Shift Pay:	Will not preprint for class and roll codes not eligible for shift and for employees who are "locked in" to shift via PAR/PPT.
DYS:	Days for Roll 8, regular pay ONLY.
Hours:	Hours for Roll Code 7, regular pay ONLY.
Rate:	Employment History salary rate for Trade Rate class code.
CBID:	Collective Bargaining Identifier
Time Base Fraction:	Fractional time base of employee
AGY:	Agency Code
Unit:	Reporting Unit Number.

Header Information	
NO. of employees:	Total number of employees printed on the last page within a given agency, reporting unit, roll code and pay period.
NOTE: Preprinted information may be changed <u>except</u> for the agency, reporting unit, pay period, roll codes and batch ID.	
COMPLETE THE REMAINING FIELDS AS FOLLOWS FOR REGULAR PAY, POSITIVE ROLLS 3 8 ONLY (miscellaneous pays, refer to Section G):	
OK (indicator):	Enter "X" in box if pay is requested for employee.
Days/Hours:	Required based on roll code.
ERN ID:	Enter Ø if not permitted.
RATE:	Leave blank, except for: • Trade Rate employee • Printing Plant employee • Mid-month salary rate or position status change with NO position number change
AF:	Alternate Funding Code – DO NOT USE FOR REGULAR PAY
Batch Totals:	Count, days/hours and rate; complete for each page and last page of the batch (CLAS participants, include totals for leave transactions).
Date Keyed:	Leave blank (enter initials and date after document has been keyed).
Authorized Signature:	Must be completed.

Regular pay requests that cannot be keyed on PIP due to system limitations are identified below. Requests submitted to PPSD, Payroll Operations must be attached to a "Civil Service PIP Exceptions Transmittal". (See PPM G 955.)

For PIP Exceptions on miscellaneous pays refer to the specific type of pay in Section G.

DO NOT REQUEST PAY ON THE FORM 672 IN THE FOLLOWING CASES:

Situation	Action
A. Pay periods prior to 12 months payment history. NOTE: Prior year December pay period is beyond Payment history for decentralized keying as of the day after current year December master payroll cutoff.	Submit Form STD. 674
B. Requesting 250 hours or more. NOTE: Regular pay for positive pay employees must be documented as two uneven pay requests and keyed on PIP (e.g., 260 hours to be paid; document two requests, one for 140 hours and the other for 120 hours). The two requests should be keyed in different payroll cycles.	
C. Payments needing coordination (with PPSD) of processing for a specific deduction to be applied to the pay requested (e.g., new garnishment or changed garnishment).	Submit Form STD. 674.
D. Separation of permanent employee and subsequent appointment in same position and roll code.	
E. Mid-month time base change, salary rate or position status change with NO position number change for positive pay employees (roll codes 3 8).	

ABSENCE WITHOUT PAY (DOCK)

REFERENCES (Rev. 06/96)

SAM	8539
SUAM (CSU)	6300
Academic Dock	PPM F 001

Section D 100: INTRODUCTION (Rev. 04/15)

A full pay period warrant is prepared for each roll code 1 and 2 (negative attendance) employee as of cutoff date based on anticipated attendance through the end of the pay period.

A full pay period payment will not be issued if an Employment History transaction creates a change or Payroll Operations is notified to create a payment for less than a full month.

Section D 101: REPORT OF ABSENCE WITHOUT PAY – PURPOSE (Rev. 03/02)

Report of Absence Without Pay, form STD. 603, (available on DGS web site or from DGS Stores) is used only for negative roll 1 and 2 employees to change the amount of REGULAR TIME to be paid. The form STD. 603 is keyed decentrally via the Payroll Input Process (PIP) system (Refer to PIP Exceptions, D 105).

Section D 102: EMPLOYEE ON DOCK AT CUTOFF (Rev. 06/96)

If an employee is on dock at cutoff and the return date is unknown, the employee should be shown on dock for the remainder of the pay period. This will ensure the employee is paid on the regular pay date. If employee returns to work before the end of the pay period, a supplemental form STD. 603 should be processed.

Section D 103: SUPPLEMENTAL FORM STD. 603 (Rev. 06/96)

Supplemental form STD. 603 must:

- List only employees with additional/corrected dock.
- Indicate all dock time for the entire pay period for the same employee; i.e., include dock and Voluntary Leave Time previously reported. If form STD. 603 is keyed after cutoff, include Personal Leave Time.

NOTE: Do not list employees previously reported for which there is no change.

Section D 104: DOCK FOR 10/12 OR 11/12 EMPLOYEE (Rev. 06/96)

Dock for employees on the 10/12 and 11/12 non-academic pay plans is calculated using the 10/12 or 11/12 salary rate, not the employee's 12 month rate. Thus, the employee is docked at a lower amount and consequently overpaid. At the end of the 10/12 or 11/12 work period, the remaining amount due from the employee is collected via Final Settlement.

Section D 105: FORM STD. 603 PIP EXCEPTION (Rev. 04/15)

DO NOT key form STD. 603 in the following cases:

- To report short time pay caused by a position change in Employment History.
- To report Civil Service dock of more than
  - 11 work days in a 22 day pay period;
  - 10 work days in a 21 day pay period; or
  - 11 consecutive work days between pay periods unless holidays are involved. Process PAR Transaction.
- After verifying redeposit of original warrant, key 603 transaction via PIP and also key certification of time via the ETC (Employee Time Certification) screen within PIP. If more than 60 days passes between the time the ETC is entered and the corrected dock is entered, the certification of time will need to be reentered else the pay will suspend for 'Attendance Certification'.
- To report CSU dock of more than 20 consecutive work days including no more than 15 days approved dock and 5 days AWOL (all pay plans).
- To report a correction of dock for an academic employee and a payment has issued.
- To report a correction of dock for a fractional employee.
- If time shown on PAR/PPT is reduced by dock.
- If employee separated. Time to pay is completed on the PAR/PPT (include dock time on the PAR/PPT).
- If employee has a mid-month, salary or time base change with <u>no change in position</u>, the form STD. 603 WILL NOT work.

NOTE:

- If employee has a mid-month position, salary or time base change, and the **<u>dock is reported prior to cutoff</u>**, complete/correct the PAR transaction with Item 606 (Time to be Paid New) and Item 607 (Time to be Paid Old) with the time due reduced by dock.

- If employee has a <u>mid-month position change only</u>, key the PAR (DO NOT complete Item 606 or 607) and then key the dock for the applicable position(s) by cutoff.

- If employee has <u>late dock</u> and the master warrant must be returned for redeposit, <u>DO NOT key the form STD. 603 until after the master warrant redeposit has processed</u>.

- After Master Cutoff, if employee is in the Personal Leave Program (PLP) and has dock time and/or Voluntary Unpaid Leave:

  - In a 21-day pay period, dock and VUL = 9 days 0.1 hours up to 10 days.
    OR
  - In a 22-day pay period, dock and VUL = 10 days 0.1 hours up to 11 days.

- Submit a STD. 674

Section D 106: FORM STD. 603 COMPLETION (Rev. 12/00)

Enter the following information in the corresponding fields on the form STD. 603:

Agency Name	
Pay Period Type = Pay Period Type =	0 for Monthly 1 or 2 for semi monthly
Pay Period:	Month (two digits) and year (two digits)
Route to:	State Controller's Office PPSD/Payroll Services
Social Security Number	
Name:	Initials and Surname
Position Number:	Agency (agency code) Unit (reporting unit) Class Serial
Time to be Docked:	Days, Hours/Hundredths Note: Dock time must not exceed the hours possible per day based on position time base. Convert to days and hours; e.g., half time employee docked 9 hours, convert to 2 days and 1 hour. Note: Voluntary Unpaid Leave and the Personal Leave Program (PLP) may affect Time To Be Docked. Refer to PPM D 107 for special instructions.
Time Base Fraction:	If applicable.
Dates of Absences:	Indicate date of absence and indicate hours when less than a full day. Note: Specific dates need not be shown for shift employees. A normal shift work schedule can result in less than the 21/22 work days required for full pay. IF the employee does not have overtime or leave balance to bring his time

Agency Name	
	to be paid up to normal for the pay period, ENTER the following statement in lieu of dates: "____ days LWOP due to shift assignment" and/or if time docked reflects Personal Leave, indicate "PLP" and time docked.
Authorized Signature	
Reporting Date	

Section D 107: SPECIAL CONDITIONS/INSTRUCTIONS (Rev. 09/95)

This Section identifies special conditions that may require special coding or consideration when processing the form STD. 603.

PERSONAL LEAVE PROGRAM

After cutoff total dock time reported on the form STD. 603 MUST include reduction time due to the Personal Leave Program. Refer to Payroll Letter #CS 92 08 for reduction time based on employee's time base and pay frequency (monthly or semi-monthly). Indicate in Item 9 (Dates of Absences) "PLP" and indicate time for PLP.

VOLUNTARY UNPAID LEAVE

Voluntary Unpaid Leave is documented and keyed from the form STD. 603.

Section D 108: PROCESSING FORM STD. 603 (Rev. 04/15)

To ensure docks are reflected on the master payroll, form STD. 603 should be processed in time for monthly/semi-monthly cutoff (see Section D 200 for dates).

One form STD. 603 may be used to process dock for more than one reporting unit within one agency code.

Forms STD. 603 processed AFTER the master payroll warrants/payments have been released will not issue payments until the previous payment has been returned/redeposited.

Departments/campuses are responsible for losses resulting from release of erroneous payments.

PAYROLL/AGENCY CUTOFF/CYCLE/TRANSFER DATE - 2015

2015 PAY PERIOD	SAM 8512 BEGINNING AND ENDING DATES IN PAY PERIOD	NUMBER OF COMPENSABLE DAYS			HOLIDAYS	NO CYCLE DAYS ***	BUSINESS MONTH CUTOFF		ROLL 2 FIRST HALF **				MASTER PAYROLL					
		FULL MO	1ST HALF	2ND HALF			1ST	2ND	CUTOFF	TRANS/ MAIL	GREEN CYCLES	PAYDAY 4 P.M.	CUTOFF	TRANS/ MAIL	GREEN CYCLES	PAYDAY 4 P.M.	ISSUE DATE	DIRECT DEPOSIT POSTING DATES
JAN	1/01-1/29	21	11	10	1,19	1,15,19,22 29	14	28	9	12	12,13, 14	15	21	27	23,26, 27,28	1/29	01/30/15	01/30/15
FEB	1/30-2/28	21	11	10	16	30,13,16, 20,26,27	12	25	9	10	10,11, 12	13	19	25	23,24, 25	2/27	03/01/15	03/02/15
MAR	3/01-3/31	22	10	12	31	13,23,27,30, 31	12	26	9	10	10,11, 12	13	20	26	24,25, 26	3/30	04/01/15	04/01/15
APR	4/01-4/30	22	11	11		15,23,29,30	14	28	9	10	10,13, 14	15	22	28	24,27, 28	4/30	05/01/15	05/01/15
MAY	5/01-5/31	21	11	10	25	15,21,25,28, 29	14	27	11	12	12,13, 14	15	20	27	22,26, 27	5/29	06/01/15	06/01/15
JUN	6/01-6/30	22	11	11		15,23,26,29, 30	12	25	9	10	10,11, 12	15	22	26	24,25	6/30	07/01/15	07/01/15
JUL	7/01-7/30	22	11	11		15,23,30	14	29	9	10	10,13, 14	15	22	28	24,27, 28,29	7/30	07/31/15	07/31/15
AUG	7/31-8/31	22	11	11		31,14,24,28, 31	13	27	10	11	11,12, 13	14	21	27	25,26, 27	8/31	09/01/15	09/01/15
SEP	9/01-9/30	22	11	11	7	7,15,23,29, 30	14	28	9	10	10,11, 14	15	22	28	24,25, 28	9/30	10/01/15	10/01/15
OCT	10/01-10/31	22	11	11		15,23,29,30	14	28	9	12	12,13, 14	15	22	28	26,27, 28	10/30	11/01/15	11/02/15
NOV	11/01-12/01	22	10	12	11,26,27	11,13,19,25, 26,27,30	12	24	6	9	9,10, 12	13	18	25	20,23, 24	12/1	12/01/15	12/02/15
DEC	12/02-12/31	22	10	12	25	15,22,25, 30,31	14	29	9	10	10,11, 14	15	21	29	23,24, 28,29	12/31	01/01/16	01/04/16

** The first half of a semimonthly pay period always has an issue date of the 16th of the month. It always begins on the first day of the pay period and ends on the 15th of the month (e.g., 1st half of February - 1/30 through 2/15). The last half of a semimonthly pay period always starts on the 16th of the month and ends on the last day of the pay period (e.g., last of February - 2/16 through 2/28).

*** Subject to change without notice.

PAYROLL / AGENCY CUTOFF / CYCLE / TRANSFER DATE - 2016

2016 PAY PERIOD	SAM 8512 BEGINNING AND ENDING DATES IN PAY PERIOD	NUMBER OF COMPENSABLE DAYS			HOLIDAYS	NO CYCLE DAYS ***	BUSINESS MONTH CUTOFF		ROLL 2 FIRST HALF **				MASTER PAYROLL					
		FULL MO	1ST HALF	2ND HALF			1ST	2ND	CUTOFF	TRANS/ MAIL	GREEN CYCLES	PAYDAY 4 P.M.	CUTOFF	TRANS/ MAIL	GREEN CYCLES	PAYDAY 4 P.M.	ISSUE DATE	DIRECT DEPOSIT POSTING DATES
JAN	1/01 - 1/31	21	11	10	1, 18	1, 15, 18, 22, 28, 29	14	27	11	12	12, 13, 14	15	21	27	25, 26, 27	1/29	02/01/16	02/01/16
FEB	2/01 - 3/01	22	11	11	15	12, 15, 22, 26, 29	11	25	8	9	9, 10, 11	12	19	26	23, 24, 25	3/01	03/01/16	03/02/16
MAR	3/02 - 3/31	22	10	12	31	15, 23, 29, 30, 31	14	28	9	10	10, 11, 14	15	22	28	24, 25, 28	3/30	04/01/16	04/01/16
APR	4/01 - 4/30	21	11	10		15, 22, 28, 29	14	27	11	12	12, 13, 14	15	21	27	25, 26, 27	4/29	05/01/16	05/02/16
MAY	5/01 - 5/31	22	10	12	30	13, 23, 27, 30, 31	12	26	9	10	10, 11, 12	13	20	26	24, 25, 26	5/31	06/01/16	06/01/16
JUN	6/01 - 6/30	22	11	11		15, 22, 28, 29, 30	14	27	9	10	10, 13, 14	15	21	28	23, 24, 27	6/30	07/01/16	07/01/16
JUL	7/01 - 8/01	22	11	11	4	4, 15, 22, 28, 29	14	27	11	12	12, 13, 14	15	21	28	25, 26, 27	8/01	08/01/16	08/02/16
AUG	8/02 - 8/31	22	10	12		15, 24, 30, 31	12	29	9	10	10, 11, 12	15	23	29	25, 26, 29	8/31	09/01/16	09/01/16
SEP	9/01 - 9/30	22	11	11	5	5, 15, 23, 29, 30	14	28	9	12	12, 13, 14	15	22	28	26, 27, 28	9/30	10/01/16	10/03/16
OCT	10/01 - 10/31	21	10	11		14, 24, 28, 31	13	27	10	11	11, 12, 13	14	21	27	25, 26, 27	10/31	11/01/16	11/01/16
NOV	11/01 - 11/30	22	11	11	11, 24, 25	11, 15, 21, 24, 25, 29, 30	14	28	8	9	9, 10, 14	15	18	28	22, 23, 28	11/30	12/01/16	12/01/16
DEC	12/01 - 12/31	22	11	11	26	15, 21, 26, 29, 30	14	28	9	12	12, 13, 14	15	20	28	22, 23, 27, 28	12/30	01/01/17	01/03/17

** The first half of a semimonthly pay period always has an issue date of the 16th of the month. It always begins on the first day of the pay period and ends on the 15th of the month (e.g., 1st half of February - 1/31 through 2/15). The last half of a semimonthly pay period always starts on the 16th of the month and ends on the last day of the pay period (e.g., last of February - 2/16 through 2/28).

*** Subject to change without notice.

PAYROLL / AGENCY CUTOFF / CYCLE / TRANSFER DATE - 2017

2017 PAY PERIOD	SAM 8512 BEGINNING AND ENDING DATES IN PAY PERIOD	NUMBER OF COMPENSABLE DAYS			HOLIDAYS	NO CYCLE DAYS ***	BUSINESS MONTH CUTOFF		ROLL 2 FIRST HALF **				MASTER PAYROLL					
		FULL MO	1ST HALF	2ND HALF			1ST	2ND	CUTOFF	TRANS/ MAIL	GREEN CYCLES	PAYDAY 4 P.M.	CUTOFF	TRANS/ MAIL	GREEN CYCLES	PAYDAY 4 P.M.	ISSUE DATE	DIRECT DEPOSIT POSTING DATES
JAN	1/01 - 1/31	22	10	12	2, 16	2, 13, 16, 24, 30, 31	12	27	9	10	10, 11, 12	13	23	27	25, 26, 27	1/31	02/01/17	02/01/17
FEB	2/01 - 3/01	21	11	10	20	15, 20, 21, 27, 28	14	24	9	10	10, 13, 14	15	17	27	22, 23, 24	3/01	03/01/17	03/02/17
MAR	3/02 - 3/31	22	10	12	31	15, 23, 29, 30, 31	14	28	9	10	10, 13, 14	15	22	28	24, 27, 28	3/30	04/01/17	04/03/17
APR	4/01 - 5/01	21	10	11		14, 21, 27, 28	13	26	10	11	11, 12, 13	14	20	27	24, 25, 26	5/01	05/01/17	05/02/17
MAY	5/02 - 5/31	22	10	12	29	15, 23, 29, 30, 31	12	26	9	10	10, 11, 12	15	22	26	24, 25, 26	5/31	06/01/17	06/01/17
JUN	6/01 - 6/30	22	11	11		15, 22, 28, 29, 30	14	27	9	12	12, 13, 14	15	21	28	23, 26, 27	6/30	07/01/17	07/03/17
JUL	7/01 - 8/01	22	10	12	4	4, 14, 24, 28, 31	13	27	10	11	11, 12, 13	14	21	28	25, 26, 27	8/01	08/01/17	08/02/17
AUG	8/02 - 8/31	22	10	12		15, 24, 30, 31	14	29	9	10	10, 11, 14	15	23	29	25, 28, 29	8/31	09/01/17	09/01/17
SEP	9/01 - 9/30	21	11	10	4	4, 15, 22, 28, 29	14	27	11	12	12, 13, 14	15	21	27	25, 26, 27	9/29	10/01/17	10/02/17
OCT	10/01 - 10/31	22	10	12		13, 24, 30, 31	12	27	9	10	10, 11, 12	13	23	27	25, 26, 27	10/31	11/01/17	11/01/17
NOV	11/01 - 11/30	22	11	11	10, 23, 24	10, 15, 21, 23, 24, 29, 30	14	28	8	9	9, 13, 14	15	20	28	22, 27, 28	11/30	12/01/17	12/01/17
DEC	12/01 - 12/31	21	11	10	25	15, 20, 25, 28, 29	14	27	11	12	12, 13, 14	15	19	27	21, 22, 26, 27	12/29	01/01/18	01/02/18

** The first half of a semimonthly pay period always has an issue date of the 16th of the month. It always begins on the first day of the pay period and ends on the 15th of the month (e.g., 1st half of February - 1/31 through 2/15). The last half of a semimonthly pay period always starts on the 16th of the month and ends on the last day of the pay period (e.g., last of February - 2/16 through 2/28).

*** Subject to change without notice.

BIWEEKLY PAY PERIOD/DEDUCTION SCHEDULE FOR 2015

PAY PERIOD BEGIN		END	PAY PERIOD NUMBER	BIWEEKLY PAY PERIOD	SURVIVOR	FIXED DED.	PAY PERIOD DED.	BUS. MO.
12/28/14	-	01/10/15	1	A 01/15	X			
01/11/15	-	01/24/15	2	B 01/15				
01/25/15	-	02/07/15	3	A 02/15	X	X	01/15	02/15
02/08/15	-	02/21/15	4	B 02/15				
02/22/15	-	03/07/15	5	A 03/15	X	X	02/15	03/15
03/08/15	-	03/21/15	6	B 03/15				
03/22/15	-	04/04/15	7	A 04/15	X	X	03/15	04/15
04/05/15	-	04/18/15	8	B 04/15				
04/19/15	-	05/02/15	9	A 05/15	X	X	04/15	05/15
05/03/15	-	05/16/15	10	B 05/15				
05/17/15	-	05/30/15	11	C 05/15		X	05/15	06/15
05/31/15	-	06/13/15	12	A 06/15	X			
06/14/15	-	06/27/15	13	B 06/15		X	06/15	07/15
06/28/15	-	06/30/15	14	D 06/15				
07/01/15	-	07/11/15	15	E 06/15	X			
07/12/15	-	07/25/15	16	A 07/15				
07/26/15	-	08/08/15	17	A 08/15	X	X	07/15	08/15
08/09/15	-	08/22/15	18	B 08/15				
08/23/15	-	09/05/15	19	A 09/15	X	X	08/15	09/15
09/06/15	-	09/19/15	20	B 09/15				
09/20/15	-	10/03/15	21	A 10/15	X	X	09/15	10/15
10/04/15	-	10/17/15	22	B 10/15				
10/18/15	-	10/31/15	23	C 10/15		X	10/15	11/15
11/01/15	-	11/14/15	24	A 11/15	X			
11/15/15	-	11/28/15	25	B 11/15		X	11/15	12/15
11/29/15	-	12/12/15	26	A 12/15	X			
12/13/15	-	12/26/15	27	B 12/15				

BIWEEKLY PAY PERIOD/DEDUCTION SCHEDULE FOR 2016

PAY PERIOD BEGIN		END	PAY PERIOD NUMBER	BIWEEKLY PAY PERIOD	SURVIVOR	FIXED DED.	PAY PERIOD DED.	BUS. MO.
12/27/15	-	01/09/16	1	A 01/16	X	X	12/15	01/16
01/10/16	-	01/23/16	2	B 01/16				
01/24/16	-	02/06/16	3	A 02/16	X	X	01/16	02/16
02/07/16	-	02/20/16	4	B 02/16				
02/21/16	-	03/05/16	5	A 03/16	X	X	02/16	03/16
03/06/16	-	03/19/16	6	B 03/16				
03/20/16	-	04/02/16	7	A 04/16	X	X	03/16	04/16
04/03/16	-	04/16/16	8	B 04/16				
04/17/16	-	04/30/16	9	C 04/16		X	04/16	05/16
05/01/16	-	05/14/16	10	A 05/16	X			
05/15/16	-	05/28/16	11	B 05/16		X	05/16	06/16
05/29/16	-	06/11/16	12	A 06/16	X			
06/12/16	-	06/25/16	13	B 06/16				
06/26/16	-	06/30/16	14	D 06/16		X	06/16	07/16
07/01/16	-	07/09/16	15	E 06/16	X			
07/10/16	-	07/23/16	16	A 07/16				
07/24/16	-	08/06/16	17	A 08/16	X	X	07/16	08/16
08/07/16	-	08/20/16	18	B 08/16				
08/21/16	-	09/03/16	19	A 09/16	X	X	08/16	09/16
09/04/16	-	09/17/16	20	B 09/16				
09/18/16	-	10/01/16	21	A 10/16	X	X	09/16	10/16
10/02/16	-	10/15/16	22	B 10/16				
10/16/16	-	10/29/16	23	C 10/16		X	10/16	11/16
10/30/16	-	11/12/16	24	A 11/16	X			
11/13/16	-	11/26/16	25	B 11/16		X	11/16	12/16
11/27/16	-	12/10/16	26	A 12/16	X			
12/11/16	-	12/24/16	27	B 12/16				

BIWEEKLY PAY PERIOD/DEDUCTION SCHEDULE FOR 2017

PAY PERIOD BEGIN		PAY PERIOD END	PAY PERIOD NUMBER	BIWEEKLY PAY PERIOD	SURVIVOR	FIXED DED.	PAY PERIOD DED.	BUS. MO.
12/15/16	-	01/07/17	1	A 01/17	X	X	12/16	01/17
01/08/17	-	01/21/17	2	B 01/17				
01/22/17	-	02/04/17	3	A 02/17	X	X	01/17	02/17
02/05/17	-	02/18/17	4	B 02/17				
02/19/17	-	03/04/17	5	A 03/17	X	X	02/17	03/17
03/05/17	-	03/18/17	6	B 03/17				
03/19/17	-	04/01/17	7	A 04/17		X	03/17	04/17
04/02/17	-	04/15/17	8	B 04/17	X			
04/16/17	-	04/29/17	9	C 04/17		X	04/17	05/17
04/30/17	-	05/13/17	10	A 05/17	X			
05/14/17	-	05/27/17	11	B 05/17				
05/28/17	-	06/10/17	12	A 06/17	X	X	05/17	06/17
06/11/17	-	06/24/17	13	B 06/17				
06/25/17	-	06/30/17	14	D 06/17		X	06/17	07/17
07/01/17	-	07/08/17	15	E 06/17	X			
07/09/17	-	07/22/17	16	A 07/17				
07/23/17	-	08/05/17	17	A 08/17	X	X	07/17	08/17
08/06/17	-	08/19/17	18	B 08/17				
08/20/17	-	09/02/17	19	A 09/17	X	X	08/17	09/17
09/03/17	-	09/16/17	20	B 09/17				
09/17/17	-	09/30/17	21	C 09/17		X	09/17	10/17
10/01/17	-	10/14/17	22	A 10/17	X			
10/15/17	-	10/28/17	23	B 10/17		X	10/17	11/17
10/29/17	-	11/11/17	24	A 11/17	X			
11/12/17	-	11/25/17	25	B 11/17				
11/26/17	-	12/09/17	26	A 12/17	X	X	11/17	12/17
12/10/17	-	12/23/17	27	B 12/17				

Sample 1: TRANSFER OF FUNDS

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

DOCUMENT NO.

(1) TO STATE CONTROLLER'S OFFICE:
- [ ] ADMIN. & DISBURSEMENTS
- [x] PPSD/PAYROLL OPERATIONS

PPSD UNIT DESTINATION:
- [x] PAYROLL
- [ ] GARNISHMENTS
- [ ] DISABILITY
- [ ] RETIREMENT
- [ ] W-2/Non USPS
- [ ] BENEFIT DEDUCTIONS
- [ ] MISC. DEDUCTIONS

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

(3) NAME: EE Name

(4) POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1	XXX	XXX	XXXX	901
2	XXX	XXX	XXXX	902

(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:
- [ ] PAYMENT REQUEST
- [ ] RETURN WARRANT ONLY

ADJUSTMENT REQUEST
- [ ] SALARY [ ] TIME
- [x] TRANSFER OF FUNDS

PAY FREQUENCY: [x] MONTHLY [ ] SEMI MONTHLY [ ] BI WEEKLY [ ] INTERMITTENT

REMARKS:
SAMPLE 1 - TRANSFER OF FUNDS

PLEASE TRANSFER OVERTIME TO THE CORRECT SERIAL #.

DATES/HOURS ON DOCK:

(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	1	04	10	09	0	03	09	4	27.24			5 00		1	1		0	OT6		136.20	87.52	01-111111	X		
B. PAYMENT SHOULD BE	2				0	03	09	4	27.24			5 00		1	1		0	OT6		136.20					
C. UNDERPMT.																									

(7) FORM COMPLETED BY: ▶ YOUR NAME

TELEPHONE NUMBER AND EXTENSION: (XXX) XXX-XXXX

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

(AGENCY NAME)
FROM: YOUR AGENCY

Sample 2: TRANSFER AND ADJUSTMENT

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: EE Name

(4) POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1	XXX	200	XXXX	001
2	XXX	200	XXXX	901
3	XXX	201	XXXX	901

(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:

SAMPLE 2 - TRANSFER AND ADJUSTMENT

PLEASE TRANSFER OVERTIME TO CORRECT POSITION AND ADJUST RATE. EMPLOYEE WAS PROMOTED 4/13/09.

DATES/HOURS ON DOCK:

(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	1	05	08	09	0	04	09	4	46.17			15 00		1	1		0	OT6		692.55	587.92	02-222222	X		
B. PAYMENT SHOULD BE	2				0	04	09	4	46.17			5 00		1	1		0	OT6		230.85					
	3				0	04	09	4	48.60			10 00		1	1		0	OT6		486.00					
C. UNDERPMT.																									

(7) FORM COMPLETED BY: ▶ YOUR NAME

TELEPHONE NUMBER AND EXTENSION: (XXX) XXX-XXXX

(AGENCY NAME) FROM: YOUR AGENCY

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

Sample 3: TRANSFER SHOWING SIMILAR PAYMENT TYPES

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: EE Name

(4) POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1	XXX	XXX	XXXX	900
2	XXX	XXX	XXXX	901

(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:

SAMPLE 3 - TRANSFER REQUEST SHOWING SIMILAR PAYMENT TYPES

PLEASE TRANSFER EID 0T5 AND 0T6 TO CORRECT SERIAL NUMBER.

DATES/HOURS ON DOCK:

(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	1	06	08	09	0	05	09	4	46.17			15:00		1	1		0	OT6		692.55	587.92	03-333333	X		
	1	06	08	09	0	05	09	4	30.78			2:00		1	1		0	OT5		61.56	41.00	03-333333	X		
	1	06	08	09	0	05	09	4	.98			15:00		1	1	S	0	S6E	E	14.70	10.72	03-333333	X		
B. PAYMENT SHOULD BE	2				0	05	09	4	46.17			15:00		1	1		0	OT6		692.55					
	2				0	05	09	4	30.78			2:00		1	1		0	OT5		61.56					
	1				0	05	09	4	.98			15:00		1	1	S	0	S6E	E	14.70					
C. UNDERPMT.																									

(7) FORM COMPLETED BY: ▶ YOUR NAME

TELEPHONE NUMBER AND EXTENSION: (XXX) XXX-XXXX

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.

(AGENCY NAME)

FROM: YOUR AGENCY

AUTHORIZED SIGNATURE ▶

DATE

Sample 4: PAY PERIOD TRANSFER REQUEST

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: EE Name

(4) POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1	XXX	XXX	XXXX	908
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:

SAMPLE 4 - PAY PERIOD TRANSFER REQUEST

PLEASE TRANSFER DUPLICATE PAYMENT FROM 6/09 PP TO 7/09 PP.

DATES/HOURS ON DOCK:

(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		07	03	09	0	06	09	8	7.09		22			1	8		0	8G		154.88	108.56	01-111222	X		
		07	03	09	0	06	09	8	7.09		22			1	8		0	8G		154.88	108.56	01-111222	X		
B. PAYMENT SHOULD BE					0	06	09	8	7.09		22			1	8		0	8G		154.88					
					0	07	09	8	7.09		22			1	8		0	8G		154.88					
C. UNDERPMT.																									

(7) FORM COMPLETED BY: ▶ YOUR NAME

TELEPHONE NUMBER AND EXTENSION: (XXX) XXX-XXXX

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.

(AGENCY NAME)

AUTHORIZED SIGNATURE ▶

DATE

FROM: YOUR AGENCY

Sample 5A: PAY PERIOD TRANSFER PACKAGE 1 OF 2

STATE OF CALIFORNIA

PAYROLL ADJUSTMENT NOTICE

STD. 674 (REV. 10-2000)

DOCUMENT NO. 1 OF 2

(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: EE Name

(4) POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1	XXX	XXX	XXXX	901
2	XXX	XXX	XXXX	902

(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:

SAMPLE 5A - PAY PERIOD TRANSFER PACKAGE (1 OF 2)

PLEASE TRANSFER PARTIAL HOURS FOR EID OF5 FROM 4/09 PP TO 5/09 PP.

DATES/HOURS ON DOCK:

(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	1	05	08	09	0	04	09	4	29.00			35:00		1	1	F	0	OF6		1015.00	679.32	01-123456	X		
	1	05	08	09	0	04	09	4	18.15			15:00		1	1	F	0	OF5		272.25	189.40	01-123456	X		
	2	05	08	09	0	04	09	4	.75			35:00		1	1	S	0	S6N	N	26.25	19.50	01-123456	X		
B. PAYMENT SHOULD BE	1				0	04	09	4	29.00			35:00		1	1	F	0	OF6		1015.00					
	1				0	04	09	4	18.15			2:00		1	1	F	0	OF5		36.30					
	2				0	04	09	4	.75			35:00		1	1	S	0	S6N	N	26.25					
C. UNDERPMT.																									

(7) FORM COMPLETED BY: ▶ YOUR NAME

TELEPHONE NUMBER AND EXTENSION: (XXX) XXX-XXXX

(AGENCY NAME) FROM: YOUR AGENCY

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

Sample 5B: PAY PERIOD TRANSFER PACKAGE 2 OF 2

STATE OF CALIFORNIA

PAYROLL ADJUSTMENT NOTICE

STD. 674 (REV. 10-2000)

DOCUMENT NO. 2 OF 2

(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: EE Name

(4) POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1	XXX	XXX	XXXX	901
2	XXX	XXX	XXXX	902

(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:

SAMPLE 5B - PAY PERIOD TRANSFER PACKAGE (2 OF 2)

PLEASE TRANSFER PARTIAL HOURS FOR EID OF5 FROM 4/09 PP TO 5/09 PP.

DATES/HOURS ON DOCK:

(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	1	06	08	09	0	05	09	4	29.00			14 00		1	1	F	0	OF6		406.00	279.32	02-234567	X		
	2	06	08	09	0	05	09	4	.75			14 00		1	1	S	0	S6N	N	10.50	8.41	02-234567	X		
B. PAYMENT SHOULD BE	1				0	05	09	4	29.00			14 00		1	1	F	0	OF6		406.00					
	1				0	05	09	4	18.15			13 00		1	1	F	0	OF5		235.95					
	2				0	05	09	4	.75			14 00		1	1	S	0	S6N	N	10.50					
C. UNDERPMT.																									

(7) FORM COMPLETED BY: ▶ YOUR NAME

TELEPHONE NUMBER AND EXTENSION: (XXX) XXX-XXXX

(AGENCY NAME) FROM: YOUR AGENCY

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

Sample 6: RETURN WARRANT ONLY

DOCUMENT NO.

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: EE Name

(4) POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1	XXX	XXX	XXXX	900
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:

SAMPLE 6 - RETURN WARRANT ONLY

PLEASE REDEPOSIT WARRANT. EMPLOYEE IS NOT ENTITLED TO PAY.

DATES/HOURS ON DOCK:

(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		07	03	09	0	06	09	4	46.17			24 00		1	1		0	OT6		1108.08	871.32	02-111111		X	
B. PAYMENT SHOULD BE																									
C. UNDERPMT.																									

FORM COMPLETED BY: YOUR NAME

TELEPHONE NUMBER AND EXTENSION: (XXX) XXX-XXXX

(AGENCY NAME) DM: YOUR AGENCY

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 ▶

Sample 7: ADJUSTMENT TO TIME BASE

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:

- [x] PAYROLL
- [ ] GARNISHMENTS
- [ ] DISABILITY
- [ ] RETIREMENT
- [ ] W-2/Non USPS
- [ ] BENEFIT DEDUCTIONS
- [ ] MISC. DEDUCTIONS

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

(3) NAME: EE Name

(4) POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1	XXX	XXX	XXXX	001
2				

(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:

- [x] PAYMENT REQUEST
- [ ] RETURN WARRANT ONLY

ADJUSTMENT REQUEST

- [ ] SALARY
- [x] TIME
- [ ] TRANSFER OF FUNDS

PAY FREQUENCY: [x] MONTHLY [ ] SEMI MONTHLY [ ] BI WEEKLY [ ] INTERMITTENT

REMARKS:

SAMPLE 7 - ADJUSTMENT TO TIME BASE

EMPLOYEE CHANGED TIME BASE FROM 1/2 TIME TO FULL TIME ON 11/10/08. EMPLOYEE ALSO HAD DOCK IN THE PAY PERIOD.

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
		4																		4	4									

(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		12	01	08	0	11	08	1	3002.00		19		1/2	1	0		0			1296.32	1049.36	01-987654	X		
B. PAYMENT SHOULD BE					0	11	08	1	3002.00		05		1/2	1	0		0			341.14					
					0	11	08	1	3002.00		15		FT	1	0		0			2046.82					
C. UNDERPMT.																									

(7) FORM COMPLETED BY: ▶ YOUR NAME

TELEPHONE NUMBER AND EXTENSION: (XXX) XXX-XXXX

(AGENCY NAME) FROM: YOUR AGENCY

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

Sample 8: ADJUSTMENT TO SALARY

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: EE Name

(4) POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1	XXX	XXX	XXXX	900
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:

SAMPLE 8 - ADJUSTMENT TO SALARY

EMPLOYEE HAD A MID-MONTH SALARY INCREASE. PLEASE ADJUST.

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		12	05	08	0	11	08	4	8.41			135 00		1	0		0			1135.35	979.46	01-000001	X		
B. PAYMENT SHOULD BE					0	11	08	4	8.41			8 00		1	0		0			67.28					
					0	11	08	4	8.83			127 00		1	0		0			1121.41					
C. UNDERPMT.																									

(7) FORM COMPLETED BY: ▶ YOUR NAME

(AGENCY NAME)

TELEPHONE NUMBER AND EXTENSION: (XXX) XXX-XXXX

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

FROM: YOUR AGENCY

Sample 9: ADJUSTMENT TO OVERTIME AT THE FLSA RATE

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: EE Name

(4) POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1	XXX	XXX	XXXX	901
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:

SAMPLE 9 - ADJUSTMENT TO OVERTIME AT THE FLSA RATE

OVERTIME WAS PAID AS EID OT6; SHOULD BE EID OF6. PLEASE ADJUST.

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		12	09	08	0	11	08	4	26.50			13 00		1	1		0	OT6		344.50	259.50	01-110000	X		
B. PAYMENT SHOULD BE					0	11	08	4	28.23			13 00		1	1	F	0	OF6		366.99					
C. UNDERPMT.																									

(7) FORM COMPLETED BY: ▶ YOUR NAME

TELEPHONE NUMBER AND EXTENSION: (XXX) XXX-XXXX

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

(AGENCY NAME)

FROM: YOUR AGENCY

Sample 10: ADJUSTMENT TO REGULAR HOURS OUT OF HISTORY

STATE OF CALIFORNIA

PAYROLL ADJUSTMENT NOTICE

STD. 674 (REV. 10-2000)

DOCUMENT NO.

(1) TO STATE CONTROLLER'S OFFICE:

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

PPSD UNIT DESTINATION:

- [x] PAYROLL
- [ ] GARNISHMENTS
- [ ] DISABILITY
- [ ] RETIREMENT
- [ ] W-2/Non USPS
- [ ] BENEFIT DEDUCTIONS
- [ ] MISC. DEDUCTIONS

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

(3) NAME: EE Name

(4) POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1	XXX	XXX	XXXX	901
2				

(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:

- [x] PAYMENT REQUEST
- [ ] RETURN WARRANT ONLY

ADJUSTMENT REQUEST

- [x] SALARY
- [ ] TIME
- [ ] TRANSFER OF FUNDS

PAY FREQUENCY: [x] MONTHLY [ ] SEMI MONTHLY [ ] BI WEEKLY [ ] INTERMITTENT

REMARKS:

SAMPLE 9 - ADJUSTMENT TO OVERTIME AT THE FLSA RATE

OVERTIME WAS PAID AS EID OT6; SHOULD BE EID OF6. PLEASE ADJUST.

DATES/HOURS ON DOCK:

(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		12	09	08	0	11	08	4	26.50			13 00		1	1		0	OT6		344.50	259.50	01-110000	X		
B. PAYMENT SHOULD BE					0	11	08	4	28.23			13 00		1	1	F	0	OF6		366.99					
C. UNDERPMT.																									

(7) FORM COMPLETED BY: ▶ YOUR NAME

TELEPHONE NUMBER AND EXTENSION: (XXX) XXX-XXXX

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

(AGENCY NAME)

FROM: YOUR AGENCY

Sample 11: LESS DOCK FOR A FRACTIONAL EMPLOYEE

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: EE Name

(4) POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1	XXX	XXX	XXXX	002
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:

SAMPLE 11 - LESS DOCK FOR A FRACTIONAL EMPLOYEE

EMPLOYEE HAS LESS DOCK AND IS DUE ADDITIONAL TIME. CANNOT KEY. THIS IS AN EXCEPTION FOR A FRACTIONAL EMPLOYEE.

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
																	4	4	4	4			4	4						

(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		12	01	08	0	11	08	1	2153.00		12		1/2	1	0		0			587.18	401.11	01-158916	X		
B. PAYMENT SHOULD BE					0	11	08	1	2153.00		16		1/2	1	0		0			782.91					
C. UNDERPMT.																									

(7) FORM COMPLETED BY: ▶ YOUR NAME

TELEPHONE NUMBER AND EXTENSION: (XXX) XXX-XXXX

(AGENCY NAME) FROM: YOUR AGENCY

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