

# STATE OF HAWAII NOTIFICATION FOR PAYROLL ADJUSTMENT

ENTER: ▼	1 OVERPAYMENT ADJUSTMENT 2 REQUEST FOR PRIORITY PAYMENT 3 ADJUSTMENT TO DEDUCTIONS 4 ADJUSTMENT TO YEAR-TO-DATE DEDUCTIONS 5 ADJUSTMENT FOR CP USE ONLY
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NAME OF EMPLOYEE (LAST, FIRST, M.I.)				1-4	5-14	15-20	21
				FORM	SOCIAL SECURITY NO.	POSITION NO.	

22	23-25	26-28	29-34	35-40	41-47	48-54	55-61	62-68		
1	PAYROLL NO. DIST.		DATE EARNED	DATE PAID	TOTAL GROSS	TOTAL DEDUCT.	NET	CHECK. NO.		

22	23-29	30-35	36-42	43-48	49-54	55-60	61-66	67-73	74-80
2	SS OR FICA GROSS	SS OR FICA TAX	MEDICARE GROSS	MEDICARE TAX	FEDERAL TAX	STATE TAX	REG. RETIREMENT	WIK/COLA/MOV EXP CODE	WIK/COLA/MOV EXP CODE

22	23	24-26	27	28-30	31-34	35-38	39-41	42-45	46	47-53	54	61-62	63-65	66-68	69-73	74-79
3	PAYROLL DEDUCTION #1					PAYROLL DEDUCTION #2					PAYROLL DEDUCTION #3					
	TYPE	AGENT	PLAN	ASSIGN NO.	AMOUNT	TYPE	AGENT	PLAN	ASSIGN NO.	AMOUNT	TYPE	AGENT	PLAN	ASSIGN NO.	AMOUNT	

22	23	24-26	27	28-30	31-34	35-38	39-41	42-45	46	47-53	54	ADJUSTMENT			FOR DAGS USE ONLY	
4	UNIFORM ACCOUNTING CODE										ENC	GROSS AMOUNT	TYPE PAY	PAYROLL GROSS PAY		TDR:
	F	YR	APP	D	S/D	OBJECT	FUNCTION	LOC	PROJECT	AMOUNT PAID				\$	AMOUNT	DATE
TOTAL GROSS																

SPECIAL INSTRUCTIONS	ATTACH CHECK TO BE CANCELLED OR ATTACH PERSONAL PAYMENT AND TREASURY DEPOSIT RECEIPT FOR DEPOSIT INTO THE PAYROLL CLEARANCE FUND.	\$	▲	AMOUNT TO RECOVER FROM EMPLOYEE
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REMARKS:	CENTRAL PAYROLL USE ONLY
	RECEIVED FORM D-71
	VERIFIED PRA 061
	VERIFIED FORM D-95
	PREPARED FORM C-53
	PREPARED FORMS W2C, W3C
	PREPARED FORM D83

_____ DATE	_____ AUTHORIZED SIGNATURE  _____ OFFICIAL TITLE	_____ DATE	_____ COMPTROLLER STATE OF HAWAII
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