

STATE OF HAWAII



EMPLOYER'S SHARE OF CONTRIBUTION ADJUSTMENT SHEET										FORM 1-4 PC	PAYROLL NUMBER 5-7	EFF. DATE 8-13	DEPARTMENT			
UNIFORM ACCOUNTING CODE										ACCOUNTS TO BE ADJUSTED					ADJUSTMENT IS FOR	
F	YR	APPRN	D	S/D	OBJECT	FUNC- TION	LOC	PROJECT	ENC C O D E	990 MEDICAL	991 RET. HEALTH INSURANCE	992 W/C	993 GROUP LIFE INSURANCE	994 MEDICARE TAX	EMPLOYEE NAME DATE PAID	
14		15-17	18	19-21	22-25	26-29	30-32	33-36	37	38	989 UNEMPLOYMENT INSURANCE	988 ADULT DENTAL	987 VISION CARE	986		999 ADM. FND.
										1	39-46	47-54	55-62	63-70	71-78	
										2						
										3						
										1						
										2						
										3						
										1						
										2						
										3						
										1						
										2						
										3						
BATCH TOTALS										1	990	991	992	993	994	TOTAL OF ALL
PC1B										2	995	996	997	998	999	
FORM 1-4	PAYROLL NO. 5-7	EFFECTIVE DATE 8-13								3	989	988	987	986		
REMARKS:										14	21-30	31-40	41-50	51-60	61-70	71-80

I CERTIFY THAT THE ABOVE ADJUSTMENTS ARE
PROPER AND CORRECT

AUTHORIZED SIGNATURE

OFFICIAL TITLE