Clear Print

STATE OF CALIFORNIA

MISCELLANEOUS DEDUCTION CHANGE REPORT

STD. 650 (REV. 5-90)

DOCUMENT NUMBER

(1)

TO: STATE CONTROLLER—PPSD/PAYROLL SERVICES

(2) SOCIAL SECURITY NUMBER	(3) NAME	(4) POSITION UMBER			
		AGENCY	UNIT	CLASSIFICATION	SERIAL

(5) DEDUCTION CODE	(6) ORGANIZATION CODE	(7) DEDUCTION AMOUNT	(8) CHANGE TYPE			(9) PAY PERIOD		(10) NUMBER OF TIMES DEDUCTION IS TO BE TAKEN *(IF APPLICABLE)*
			NEW	DELETE	CHANGE	MONTH	YEAR	

REMARKS

FORM COMPLETED BY	TELEPHONE NUMBER	***Payroll information certified in accordance with Board of Control Rule 660.***
(Agency Name) FROM:		AUTHORIZED SIGNATURE / DATE SIGNED

FOR CONTROLLER'S USE ONLY

DOC. TYPE	DED. CODE	ORG. CODE	DEDUCTION AMOUNT DOLLARS	DEDUCTION AMOUNT CENTS	CHANGE TYPE	PMT. TYPE	PAY PERIOD MONTH	PAY PERIOD YR	ARREARS PAY PERIOD T	ARREARS PAY PERIOD MONTH	ARREARS PAY PERIOD YR	NUMBER OF DED.	AGENCY PREFIX	001,012,030 POLICY NUMBER
1 2 3	18 19 20	21 22 23	24 25 26 27 28	29 30	31	32	33 34	35	36	37 38	39	40 41 42	43 44	45 46 47 48 49 50 51 52
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