BENJAMIN J. CAYETANO
GOVERNOR

DIRECTOR'S OFFICE
DEPT. OF
TRANSPORTATION
APR 18 9 01 AM '96

SAM CALLEJO
Comptroller
PATRICIA WATERHOUSE
Deputy Comptroller

STATE OF HAWAII
DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES
P. O. BOX 119
HONOLULU, HAWAII 96810-0119

APR 17 1996

COMPTROLLER'S MEMORANDUM NO. 1996-12

TO: Heads of Departments

ATTN: Administrative and Fiscal Officers

SUBJECT: Revised Notification For Payroll Adjustment, SAFORM D-70

This is to inform departments that a revised Notification For Payroll Adjustment, SAFORM D-70 will be effective July 1, 1996. New forms should have been ordered directly from the vendor through the State Procurement Office. Delivery of the new forms will be in early June. Remaining quantities of the old form may be used until depleted.

Attached for your information is a sample copy of the revised form with the specific changes described below:

NOTIFICATION FOR PAYROLL ADJUSTMENT, SAFORM D-70

1. In line 1, changed heading for column numbers 62-68 from "WARRANT NO." to "CHECK NO.".

2. In line 2, changed heading for column numbers 67-73 and 74-80 from "WIK OR COLA" to "WIK/COLA/MOV EXP".

3. In the section "SPECIAL INSTRUCTIONS", changed the word "WARRANT" to "CHECK".

4. Changed revision date to JULY 1, 1996 (REVISED).

Should there be any questions regarding this memorandum, please call Dona Kang of our Systems Accounting Branch at 586-0610.

Sam Callejo
SAM CALLEJO
State Comptroller

Attachment

cc: AIR-AF, HAR-SF, HWY-SF, AIR-AF (Maria), HARSF (Deanna), HWY-SF (Julie) Barbara

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

NAME OF EMPLOYEE (LAST, FIRST, M.I.)	1-4 FORM	5-14 SOCIAL SECURITY NO.	15-20 POSITION NO.	21

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. (1)		

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 (2)	WIK/COLA/MOV EXP CODE (2)

22	23-24	25-27	28-30	31-35	36-41	42-43	44-46	47-49	50-54	55-60	61-62	63-65	66-68	69-73	74-79
	PAYROLL DEDUCTION #1					PAYROLL DEDUCTION #2					PAYROLL DEDUCTION #3				
	TYPE	AGENT	PLAN	ASSIGNMENT NO.	AMOUNT	TYPE	AGENT	PLAN	ASSIGNMENT NO.	AMOUNT	TYPE	AGENT	PLAN	ASSIGNMENT NO.	AMOUNT
3															
3															
3															
3															

22	23	24-26	27	28-30	31-34	35-38	39-41	42-45	46	47-53	54
	UNIFORM ACCOUNTING CODE								ENC	GROSS AMOUNT	TYPE PAY
	F	YR	APP	D	S/D	OBJECT	FUNCTION	LOC	PROJECT		
4											
4											
4											
4											
4											
									TOTAL GROSS		

ADJUSTMENT	FOR DAGS USE ONLY
PAYROLL GROSS PAY	TDR:
AMOUNT PAID $ _____	AMOUNT _____
CORRECT AMOUNT _____	DATE _____
AMOUNT OVERPAID _____	NO. _____
LESS DEDUCTIONS RECOVERED THRU _____ CR PAYROLL ADJUSTMENT	AUDITED BY _____
$	EFFECTIVE DATE _____

AMOUNT TO BE RECOVERED FROM ABOVE [illegible] EMPLOYEE.

SPECIAL INSTRUCTIONS

ATTACH CHECK (3) TO BE CANCELLED OR ATTACH PERSONAL PAYMENT AND TREASURY DEPOSIT RECEIPT FOR DEPOSIT INTO THE PAYROLL CLEARANCE FUND.

REMARKS:

FOR 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

STATE COMPTROLLER (CENTRAL PAYROLL)

(4) STATE ACCOUNTING FORM D-70
JULY 1, 1996 (REVISED)