

SECTION 767: NOTIFICATION FOR PAYROLL ADJUSTMENT  
SAFORM D-69 (MEDICARE EMPLOYEES)  
AND SAFORM D-70 (ALL OTHER EMPLOYEES)

1. Purpose. To report the following types of payroll adjustments:
  - (a) Overpayment of salary and wages.
  - (b) Request for priority payment.
  - (c) Increase or decrease in deductions for one pay period.
  - (d) Correction to year-to-date garnishment and voluntary deduction records.
2. Prepared By. The appropriate office of the employing department or Central Payroll, DAGS.
3. Frequency. The form is prepared immediately when any of the payroll adjustments indicated above is required.
4. Distribution. All four copies are routed through supervisory personnel, as required by departments, and submitted to the appropriate departmental office for final review and approval. Copies #1, #2, and #3 are submitted to Central Payroll daily, but no later than 4:30 p.m. of the 7th work day before pay day if the adjustment is to be effected in the current payroll period.
  - (a) Copy #1 - To Central Payroll for verification and approval; to data processing center; and to Central Payroll for verification and control filing.
  - (b) Copy #2 - To Central Payroll and returned to department.
  - (c) Copy #3 - To Central Payroll and routed to Employees' Retirement System.
  - (d) Copy #4 - Retained by the department as a suspense copy and for optional use.

SECTION 767: NOTIFICATION FOR PAYROLL ADJUSTMENT  
SAFORM D-69 (MEDICARE EMPLOYEES)  
AND SAFORM D-70 (ALL OTHER EMPLOYEES)

5. Special Instructions on Adjustment Codes. Explanations of adjustment codes and filled in samples are presented as follows:

<u>Code</u>	<u>Explanation of Codes</u>	<u>Filled In Samples</u>
1	Table I	EXHIBIT B-1 and B-2
2	Table II	EXHIBIT C-1 and C-2
3	Table III	EXHIBIT D-1 and D-2
4	Table IV	EXHIBIT E-1

SECTION 767: NOTIFICATION FOR PAYROLL ADJUSTMENT  
SAFORM D-69 (MEDICARE EMPLOYEES)  
AND SAFORM D-70 (ALL OTHER EMPLOYEES)

TABLE I: Explanation of Code 1 - Overpayment Adjustment

1. Purpose. To adjust the employee's payroll records for any overpayment of salary and wages.
2. Processing Procedure.
  - (a) If the WARRANT has not been issued to the employee, the department or Central Payroll will cancel the WARRANT and attach it to the SAFORM D-69 or SAFORM D-70 for payroll processing.
  - (b) If the WARRANT was issued and cashed by the employee, the department will obtain the refund of the net pay amount of the overpayment directly from the employee. The employee's personal check or other payment document with the Treasury Deposit Receipt, SAFORM B-13 (to be deposited into the Payroll Clearance Fund) are then attached to the SAFORM D-69 or SAFORM D-70 and submitted to Central Payroll for payroll processing.
  - (c) Central Payroll reviews and approves the request for the cancellation of the WARRANT or the refund of the overpayment and submits the form to the data processing center.
3. Computer Action.
  - (a) No payment or deduction action will be taken for the employee for any overpayment adjustments. The refund for overpayment is handled manually. The computer program merely updates the employee's payroll records.
  - (b) Current payments to agents and/or assignees will be adjusted by the computer program to recover the payroll deduction reported on the SAFORM D-69 or SAFORM D-70.
  - (c) If the DATE PAID (Item ④ ) reflects a prior fiscal year, the computer program will cause a WARRANT for the gross pay amount of the overpayment to be issued to the Director of Finance, State of Hawaii, as a prior year recovery.
  - (d) If the DATE PAID (Item ④ ) reflects a prior calendar year payment, the employee's payroll records will not be updated, except for deductions that have a commitment amount established in the files.

(Note: See filled in samples of SAFORM D-69 on page 768.03, EXHIBIT B-1 and SAFORM D-70 on page 768.04, EXHIBIT B-2.)

SECTION 767: NOTIFICATION FOR PAYROLL ADJUSTMENT  
SAFORM D-69 (MEDICARE EMPLOYEES)  
AND SAFORM D-70 (ALL OTHER EMPLOYEES)

TABLE II: Explanation of Code 2 - Request for Priority Payment

1. Purpose. To request a priority payroll payment for an employee because the payroll system did not process the payment in a routine payroll cycle.
2. Processing Procedure.
  - (a) The department requests a priority payment by submitting the SAFORM D-69 or SAFORM D-70 to Central Payroll with a written request from the head of the employing agency, as required by the Comptroller.
  - (b) Central Payroll pre-audits the request for priority payment and submits the form to the Comptroller for his approval. Copy #1 of the SAFORM D-69 or SAFORM D-70 is then submitted to the Clerical Section of the Pre-Audit Branch if approved.
  - (c) Central Payroll obtains, through the Clerical Section of the Pre-Audit Branch, a WARRANT for the net amount of the priority payment.
  - (d) Central Payroll issues the WARRANT.
  - (e) Copy #1 of the SAFORM D-69 or SAFORM D-70 is then submitted to the data processing center.
3. Computer Action.
  - (a) No payment or deduction action will be taken for the employee for any priority pay adjustments. The priority payment is handled manually. The computer program merely updates the employee's payroll records.
  - (b) Future payments to agents and/or assignees will be adjusted by the computer program to remit the payroll deductions reported on the SAFORM D-69 or SAFORM D-70.

(Note: See filled in samples of SAFORM D-69 on page 768.05, EXHIBIT C-1 and SAFORM D-70 on page 768.06, EXHIBIT C-2.)

STATE OF HAWAII  
Accounting Manual

Volume III: Payroll Expenditures

Part 700: Appendix - Instructions and Related Sample Forms

Page 767.05

SECTION 767: NOTIFICATION FOR PAYROLL ADJUSTMENT  
SAFORM D-69 (MEDICARE EMPLOYEES)  
AND SAFORM D-70 (ALL OTHER EMPLOYEES)

TABLE III: Explanation of Code 3 - Adjustment to Deductions

1. Purpose.
  - (a) To deduct additional amounts from the employee for taxes, retirement contributions, and voluntary or other statutory deductions.
  - (b) To refund erroneously deducted amounts to the employee for taxes, retirement contributions, and voluntary or other statutory deductions.
2. Processing Procedure.
  - (a) The department or Central Payroll requests an adjustment to an employee's payroll deduction by submitting a SAFORM D-69 or SAFORM D-70.
  - (b) Central Payroll reviews and approves the request for adjustment to deductions and submits the form to the data processing center.
  - (c) Part of Central Payroll's review must be to assure that the SAFORM D-69 or SAFORM D-70 being processed will not result in deduction of FICA or Medicare tax in excess of the calendar year limit, as this limitation check is not performed by the computer program.
3. Computer Action.
  - (a) Payment or deduction action for the employee will be taken by the computer program for the payroll deduction adjustments for one payroll period and accordingly updates the employee's payroll records.
  - (b) Current payments to agents and/or assignees will be adjusted by the computer program to recover or remit the deductions reported on the SAFORM D-69 or SAFORM D-70.
  - (c) If the DATE PAID (Item (4) ) reflects a prior calendar year, only payment or deduction action will be taken, and the payroll records will not be updated, except for deductions that have a commitment amount established in the files.

(Note: See filled in samples of SAFORM D-69 on page 768.07, EXHIBIT D-1 and SAFORM D-70 on page 768.08, EXHIBIT D-2.)

SECTION 767: NOTIFICATION FOR PAYROLL ADJUSTMENT  
SAFORM D-69 (MEDICARE EMPLOYEES)  
AND SAFORM D-70 (ALL OTHER EMPLOYEES)

TABLE IV: Explanation of Code 4 - Adjustment to Year-to-Date Deductions

1. Purpose. To adjust the employee's year-to-date (YTD) voluntary and garnishment deduction payroll records. (NOTE: The year-to-date mandatory deductions, such as payroll withholding taxes and retirement, are adjusted through the PAYROLL YEAR-TO-DATE ADJUSTMENT, SAFORM D-83, by Central Payroll only.)
2. Processing Procedure.
  - (a) The department or Central Payroll requests an adjustment to an employee's year-to-date voluntary or garnishment payroll record by submitting the SAFORM D-70.
  - (b) Central Payroll reviews and approves the request for adjustment to YTD deductions and submits the form to the data processing center.
3. Computer Action.
  - (a) No payment or deduction action will be taken for the employee for any YTD deduction adjustments. The computer program only updates the employee's year-to-date voluntary and garnishment deduction records.
  - (b) Payments to agents and/or assignees will not be adjusted by the computer program for deduction adjustments reported on SAFORM D-70 under Adjustment Code 4.

(Note: See filled in sample of SAFORM D-70 on page 768.09, EXHIBIT E-1.)

SECTION 767: INSTRUCTIONS FOR COMPLETING  
NOTIFICATION FOR PAYROLL ADJUSTMENT,  
SAFORM D-69 (MEDICARE EMPLOYEES) AND SAFORM D-70 (ALL OTHER EMPLOYEES)

ITEM NO.	DATA AND DATA INSTRUCTIONS
	Instructions for completing NOTIFICATION FOR PAYROLL ADJUSTMENT, SAFORM D-69 (MEDICARE EMPLOYEES) and SAFORM D-70 (ALL OTHER EMPLOYEES) are identical except for Item Nos. (10) and (11) .
(A)	Note: Instructions for some data fields have been purposely omitted because they are considered self-explanatory. These fields are keyed with the letter (A) .
(1)	FORM - Leave Blank.
(2)	POSITION NO. - Enter the position number of the employee found on the Payroll Register, SAFORM D-95.
(3)	Enter the appropriate numeric code which identifies the type of adjustment to be made.  1 - Overpayment Adjustment 2 - Request for Priority Payment 3 - Adjustment to Deductions 4 - Adjustment to Year-to-Date Deductions
(4)	DATE EARNED - Enter, if applicable, the ending date of the payroll period for which the pay was earned, in six digits (05-15-86).
(5)	DATE PAID - <u>Codes 1, 3, and 4</u> : Enter the date of the WARRANT in six digits (05-15-86), if applicable.  <u>Code 2</u> : The date paid will be entered by Central Payroll, DAGS.
(6)	TOTAL GROSS - <u>Codes 1 and 2</u> : Enter the amount of gross pay to be adjusted. The amount in this field must be equal to the sum of the entries reflected in the column GROSS AMOUNT (Item (22) ) and as reflected in the TOTAL GROSS (Item (24) ).  <u>Codes 3 and 4</u> : Enter "0".
(7)	TOTAL DEDUCTIONS - Enter the adjustment to total deductions. TOTAL DEDUCTIONS must always equal the total of items (10) and (19) . The adjustment amount may be positive or negative (-).

STATE OF HAWAII

Accounting Manual

Volume III: Payroll Expenditures

Part 700: Appendix - Instructions and Related Sample Forms

Page 767.08

SECTION 767: INSTRUCTIONS FOR COMPLETING  
NOTIFICATION FOR PAYROLL ADJUSTMENT,  
SAFORM D-69 (MEDICARE EMPLOYEES) AND SAFORM D-70 (ALL OTHER EMPLOYEES)

ITEM NO.	DATA AND DATA INSTRUCTIONS												
7	<p>TOTAL DEDUCTIONS (cont'd.)</p> <p>EXAMPLES:</p> <table data-bbox="367 716 1143 873"> <thead> <tr> <th><u>Medical</u></th> <th><u>Parking</u></th> <th><u>Total Deductions</u></th> <th><u>Net Pay</u></th> </tr> </thead> <tbody> <tr> <td>\$75.00</td> <td>\$25.00</td> <td>\$100.00</td> <td>(\$100.00)</td> </tr> <tr> <td>(\$75.00)</td> <td>\$25.00</td> <td>(\$ 50.00)</td> <td>\$ 50.00</td> </tr> </tbody> </table>	<u>Medical</u>	<u>Parking</u>	<u>Total Deductions</u>	<u>Net Pay</u>	\$75.00	\$25.00	\$100.00	(\$100.00)	(\$75.00)	\$25.00	(\$ 50.00)	\$ 50.00
<u>Medical</u>	<u>Parking</u>	<u>Total Deductions</u>	<u>Net Pay</u>										
\$75.00	\$25.00	\$100.00	(\$100.00)										
(\$75.00)	\$25.00	(\$ 50.00)	\$ 50.00										
8	<p>NET - <u>Codes 1 and 2</u>: Enter the difference between TOTAL GROSS (Item 6) and TOTAL DEDUCTIONS (Item 7).</p> <p><u>Codes 3 and 4</u>: Enter the amount of the TOTAL DEDUCTIONS, Item 7, with the opposite sign, i.e. positive to negative and vice versa. See examples in Item 7, above.</p>												
9	<p>WARRANT NO. - <u>Code 1</u>: Enter the WARRANT number of the WARRANT to be adjusted, if applicable. For WARRANT cancellation, the WARRANT number <u>is</u> required. For cash recovery, the WARRANT number <u>is not</u> required.</p> <p><u>Codes 2, 3, and 4</u>: Leave blank. For code 2, the WARRANT number will be inserted by Central Payroll, DAGS.</p>												
10	<p><u>Codes 1, 2, and 3</u>: Enter the respective amounts of deductions in the appropriate fields.</p> <p><u>Code 3</u>: <u>Decreases</u> in deduction amounts are indicated in parenthesis. <u>Increases</u> in deduction amounts are <u>not</u> indicated in parenthesis.</p> <p><u>Code 4</u>: Leave blank.</p>												

SECTION 767: INSTRUCTIONS FOR COMPLETING  
NOTIFICATION FOR PAYROLL ADJUSTMENT,  
SAFORM D-69 (MEDICARE EMPLOYEES) AND SAFORM D-70 (ALL OTHER EMPLOYEES)

ITEM NO.	DATA AND DATA INSTRUCTIONS
(11)	<p>MEDICARE GROSS (SAFORM D-69)/FICA TAX GROSS (SAFORM D-70) -</p> <p><u>Codes 1, 2, and 3:</u> Enter on the appropriate form either the amount of Medicare taxable gross or FICA taxable gross to be adjusted. An entry in the MEDICARE TAX field requires an entry in the MEDICARE GROSS field. An entry in the FICA TAX field requires an entry in the FICA TAX GROSS field.</p> <p><u>Code 4:</u> Leave blank.</p>
(12)	<p>W-I-K AUTO - <u>Codes 1 and 2:</u> Enter the wages-in-kind auto amount, if applicable.</p> <p><u>Codes 3 and 4:</u> Leave blank.</p>
(13)	<p>WAGES-IN-KIND - <u>Codes 1 and 2:</u> Enter the wages-in-kind amount, if applicable.</p> <p><u>Codes 3 and 4:</u> Leave blank.</p>
(14)	<p>COLA - <u>Codes 1 and 2:</u> Enter the COLA amount, if applicable.</p> <p><u>Codes 3 and 4:</u> Leave blank.</p> <p>PAYROLL DEDUCTION #1, #2, and #3 - Use this area for voluntary deductions. Instructions for PAYROLL DEDUCTION #1, #2, and #3 are identical. See Items (15) to (19), below. If more than one deduction is reported, complete the first line (across the form) before entries are made on the second line. See sample entries in EXHIBIT B-1.</p>
(15)	<p>TYPE - Enter the assignment type code assigned to the particular deduction or salary assignment.</p> <p style="padding-left: 40px;">Example: MD (For State medical plan)</p>
(16)	<p>AGENT - Enter the agent code applicable to the particular deduction or salary assignment.</p> <p style="padding-left: 40px;">Example: 701 (Agent code for HMSA)</p>

SECTION 767: INSTRUCTIONS FOR COMPLETING  
NOTIFICATION FOR PAYROLL ADJUSTMENT,  
SAFORM D-69 (MEDICARE EMPLOYEES) AND SAFORM D-70 (ALL OTHER EMPLOYEES)

ITEM NO.	DATA AND DATA INSTRUCTIONS
(17)	<p>PLAN - Enter the plan code applicable to the particular deduction or salary assignment.</p> <p style="padding-left: 40px;">Example: 212 (HMSA, Self &amp; Family, Regular Plan)</p>
(18)	<p>ASSIGNMENT NO. - Enter the Julian date, when the assignment became effective. (Note: The Julian date is taken from the "ASSIGNMENT NO." column of the PAYROLL REGISTER. The Julian date is composed of the last two digits of the year and the regular Julian date.)</p> <p style="padding-left: 40px;">Example: 86 135 (Year, 1986 and date, May 15)</p>
(19)	<p>AMOUNT - Enter the payroll deduction amount.</p> <p style="padding-left: 40px;"><u>Code 3</u>: A <u>decrease</u> in the payroll deduction amount is indicated in parenthesis. An <u>increase</u> in the payroll deduction amount is not indicated in parenthesis.</p> <p>ITEM NOS. (20) to (25) :</p> <p style="padding-left: 40px;">For codes 3 and 4 - Leave blank.</p> <p style="padding-left: 40px;">For codes 1 and 2 - The following detail instructions are to be used.</p>
(20)	<p>UNIFORM ACCOUNTING CODE - Enter the appropriate Uniform Accounting Code (UAC) to be increased or decreased. If the type of adjustment is code 1, follow the additional special instructions below:</p> <ol style="list-style-type: none"> <li>1. If the payroll overpayment was made by a WARRANT dated in the <u>current fiscal year</u>, enter the UAC that was originally charged with the overpayment in the Comptroller's accounting records.</li> <li>2. If the payroll overpayment was made by a WARRANT dated in a <u>prior fiscal year</u>, and the account originally charged was:</li> </ol>

SECTION 767: INSTRUCTIONS FOR COMPLETING  
NOTIFICATION FOR PAYROLL ADJUSTMENT,  
SAFORM D-69 (MEDICARE EMPLOYEES) AND SAFORM D-70 (ALL OTHER EMPLOYEES)

ITEM NO.	DATA AND DATA INSTRUCTIONS
(20)	<p>UNIFORM ACCOUNTING CODE (cont'd.)</p> <p>(a) An account subject to General Fund lapsing, enter the current year code, "000" in the appropriation account field, and "1364" in the object field.</p> <p>(b) An account <u>not</u> subject to General Fund lapsing, enter the related year code and appropriation account currently in the Comptroller's accounting records, and "1364" in the object field. (For Bond Funds only, use "2000" instead of "1364".)</p>
(21)	<p>ENC - Enter one of the following codes in the encumbrance field:</p> <p style="padding-left: 40px;">Blank (No code) - Unencumbered A - Encumbered</p>
(22)	<p>GROSS AMOUNT - Enter the amount of gross pay adjustment or payment for each UAC, if applicable. The total in this field <u>must</u> be equal to the amounts reflected in TOTAL GROSS (Item (6) ) and TOTAL GROSS (Item (24) ).</p>
(23)	<p>TYPE PAY - Enter the type of pay code that identifies the gross amount to be adjusted or paid.</p>
(24)	<p>TOTAL GROSS - Enter the sum of the line entries in the GROSS AMOUNT column (Item (22) ). This amount must always equal the TOTAL GROSS amount (Item (6) ) recorded in the keypunch field 41-47 in Card 1, above.</p>
(25)	<p>ADJUSTMENT - This field is to be used for computation purposes; the figures are not entered into mechanized portions of the payroll system.</p>
(26)	<p>REMARKS - Explain the reason for the preparation and submission of adjustment request.</p>

STATE OF HAWAII

Accounting Manual

Volume III: Payroll Expenditures

Part 700: Appendix - Instructions and Related Sample Forms

Page 767.12

SECTION 767: INSTRUCTIONS FOR COMPLETING  
NOTIFICATION FOR PAYROLL ADJUSTMENT,  
SAFORM D-69 (MEDICARE EMPLOYEES) AND SAFORM D-70 (ALL OTHER EMPLOYEES)

ITEM NO.	DATA AND DATA INSTRUCTIONS
27	AUTHORIZED SIGNATURE - Signature by anyone authorized to sign the department's payrolls.
28	COMPTROLLER, STATE OF HAWAII - Signature by the State Comptroller, except that, with respect to adjustment codes 3 and 4 where the adjustments are merely clerical maintenance of payroll files without affecting the employing agency's accounting records, the approval signature may be internal to DAGS Accounting Division.



STATE OF HAWAII

Accounting Manual

Volume III: Payroll Expenditures

Part 700: Appendix - Instructions and Related Sample Forms

Page 768.02

EXHIBIT A-2: SAMPLE FORM KEYED TO INSTRUCTIONS  
FOR SAFORM D-70 (ALL OTHER EMPLOYEES)

STATE OF HAWAII  
NOTIFICATION FOR PAYROLL ADJUSTMENT

NAME OF EMPLOYEE (LAST, FIRST, M.I.)												1-4	5-14	15-20	21	ENTER: 1 OVERPAYMENT ADJUSTMENT 2 REQUEST FOR PRIORITY PAYMENT 3 ADJUSTMENT TO DEDUCTIONS 4 ADJUSTMENT TO YEAR-TO-DATE DEDUCTIONS	
(A)												FORM (1)	SOCIAL SECURITY NO. (A)	POSITION NO. (2)	(3)		
22	23-25	26-28	29-34	35-40	41-47	48-54	55-61	62-67									
1	PAYROLL NO. (A)	DATE EARNED (A)	DATE PAID (4)	(5)	TOTAL GROSS (6)	TOTAL DEDUCT. (7)	NET (8)	WARRANT NO. (9)									
22	23-28	29-34	35-40	41-47	48-53	54-59	60-64	65-69	70-75								
2	REG. RETIREMENT (10)	POST RETIREMENT (10)	FICA TAX (10)	FICA TAX GROSS (11)	FEDERAL TAX (10)	STATE TAX (10)	W/LK AUTO (12)	WAGES-IN-KIND (13)	COLA (14)								
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							
3	TYPE (15)	AGENT (16)	PLAN (17)	ASSIGNMENT NO. (18)	AMOUNT (19)	TYPE (15)	AGENT (16)	PLAN (17)	ASSIGNMENT NO. (18)	AMOUNT (19)	TYPE (15)	AGENT (16)	PLAN (17)	ASSIGNMENT NO. (18)	AMOUNT (19)		
3																	
3																	
3																	
22	23	24-26	27	28-30	31-34	35-38	39-41	42-45	46	47-53	54	(25) ADJUSTMENT			FOR DAGS USE ONLY		
(20) UNIFORM ACCOUNTING CODE											ENCL	GROSS AMOUNT	TYPE PAY	PAYROLL GROSS PAY	TDR:		
4	F	YR	APP	D	S/D	OBJECT	FUNCTION	LOC	PROJECT	(21)					(22)	(23)	AMOUNT PAID \$
4													CORRECT AMOUNT				
4													AMOUNT OVERPAID				
4													LESS DEDUCTIONS RECOVERED THRU PAYROLL ADJUSTMENT	CR	EFFECTIVE DATE		
TOTAL GROSS (24)																	
SPECIAL INSTRUCTIONS:												ATTACH WARRANT TO BE CANCELED OR ATTACH PERSONAL PAYMENT AND TREASURY DEPOSIT RECEIPT FOR DEPOSIT INTO THE PAYROLL CLEARANCE FUND.			AMOUNT TO BE RECOVERED FROM ABOVE NAMED EMPLOYEE		
REMARKS:												(26)			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 DB3		
(A) DATE						(27) AUTHORIZED SIGNATURE						(A) OFFICIAL TITLE					
(A) DATE						(28) COMPTROLLER						STATE OF HAWAII					

STATE OF HAWAII

Accounting Manual

Volume III: Payroll Expenditures

Part 700: Appendix - Instructions and Related Sample Forms

Page 768.03

EXHIBIT B-1: FILLED OUT SAMPLE OF SAFORM D-69 (MEDICARE EMPLOYEES)  
CODE 1 - OVERPAYMENT ADJUSTMENT

STATE OF HAWAII  
NOTIFICATION FOR PAYROLL ADJUSTMENT

NAME OF EMPLOYEE (LAST, FIRST, M.I.)												1 4		5 14		15 20		21			
DOE, JOHN A.												FORM	SOCIAL SECURITY NO.	POSITION NO.							
												575-62-5917	90004M	1	ENTER: 1 OVERPAYMENT ADJUSTMENT 2 REQUEST FOR PRIORITY PAYMENT 3 ADJUSTMENT TO DEDUCTIONS 4 ADJUSTMENT TO YEAR-TO-DATE DEDUCTIONS						
27	23 25	26 28	29 34	35 40	41-47	48-54	55-61	62-67	74												
1	PAYROLL NO. M04	DIST. 004	DATE EARNED 05-15-86	DATE PAID 05-15-86	TOTAL GROSS 28.00	TOTAL DEDUCT. 7.97	NET 20.03	WARRANT NO. P 122200	MEDICARE												
2	REG. RETIREMENT	POST RETIREMENT	35 40	41-47	48-53	54-59	60-64	65-69	70-75												
			MEDICARE TAX .41	MEDICARE GROSS 28.00	FEDERAL TAX 5.32	STATE TAX 2.24	W/K AUTO	WAGES IN KIND	COLA												
27	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						
3	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																					
22	23	24-26	27	28-30	31-34	35-38	39-41	42-45	46	47-53	54	ADJUSTMENT			FOR DAGS USE ONLY						
UNIFORM ACCOUNTING CODE												E N C		GROSS AMOUNT	TYPE PAY	PAYROLL GROSS PAY			TDR		
4	F	YR	APP	D	S/D	OBJECT	FUNCTION	LOC	PROJECT			AMOUNT PAID \$ 28.00			AMOUNT _____						
4	G	87	036	E	154	2000	2293		168			CORRECT AMOUNT -0-			DATE _____						
4												AMOUNT OVERPAID 28.00			NO _____						
4												TOTAL GROSS 28.00			AUDITED BY _____						
SPECIAL INSTRUCTIONS												LESS DEDUCTIONS RECOVERED THRU PAYROLL ADJUSTMENT		EFFECTIVE DATE							
ATTACH WARRANT TO BE CANCELLED OR ATTACH PERSONAL PAYMENT AND TREASURY DEPOSIT RECEIPT FOR DEPOSIT INTO THE PAYROLL CLEARANCE FUND.												\$ 20.03									
REMARKS: Warrant Cancellation 5/14-15/86 should have been reported on P/R E89, increase-in-hours.												FOR CENTRAL PAYROLL USE ONLY		RECEIVED FORM D-71			VERIFIED PRA 081				
														VERIFIED FORM D-95			PREPARED FORM C-53				
														PREPARED FORMS W2C W3C			PREPARED FORM D83				
_____ DATE												_____ AUTHORIZED SIGNATURE		_____ DATE			COMPTROLLER STATE OF HAWAII				

STATE COMPTROLLER (CENTRAL PAYROLL)

STATE ACCOUNTING FORM D-69  
JANUARY 1, 1987

April 1, 1987

STATE OF HAWAII

Accounting Manual

Volume III: Payroll Expenditures

Part 700: Appendix - Instructions and Related Sample Forms

Page 768.04

EXHIBIT B-2: FILLED OUT SAMPLE OF SAFORM D-70 (ALL OTHER EMPLOYEES)  
CODE 1 - OVERPAYMENT ADJUSTMENT

STATE OF HAWAII  
NOTIFICATION FOR PAYROLL ADJUSTMENT

NAME OF EMPLOYEE (LAST, FIRST, M.I.) DOE, JOHN A.												1-4 FORM		5-14 SOCIAL SECURITY NO. 575-62-5917				15-20 POSITION NO. 90004M		21 1		ENTER: 1 OVERPAYMENT ADJUSTMENT 2 REQUEST FOR PRIORITY PAYMENT 3 ADJUSTMENT TO DEDUCTIONS 4 ADJUSTMENT TO YEAR-TO-DATE DEDUCTIONS	
22	23-25	26-28	29-34	35-40	41-47	48-54	55-61	62-67															
1	PAYROLL NO. M04	DIST. 004	DATE EARNED 05-15-86	DATE PAID 05-15-86	TOTAL GROSS 574.50	TOTAL DEDUCT. 225.76	NET 348.74	WARRANT NO. 012345															
22	23-28	29-34	35-40	41-47	48-53	54-59	60-64	65-69	70-75														
2	REG. RETIREMENT 34.47	POST RETIREMENT 10.34	FICA TAX 41.36	FICA TAX GROSS 574.50	FEDERAL TAX 63.16	STATE TAX 33.42	W-K AUTO	WAGES-IN-KIND	COLA														
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													
3	TYPE	AGENT	PLAN	ASSIGNMENT NO.	AMOUNT	TYPE	AGENT	PLAN	ASSIGNMENT NO.	AMOUNT	TYPE	AGENT	PLAN	ASSIGNMENT NO.	AMOUNT								
3	MD	701	212	70135	28.01	PK	125	12	70135	15.00													
3																							
3																							
UNIFORM ACCOUNTING CODE												ADJUSTMENT		FOR DAGS USE ONLY									
4	F	YR	APP	D	S/D	OBJECT	FUNCTION	LOC	PROJECT	E N C	GROSS AMOUNT	TYPE PAY	PAYROLL GROSS PAY	TDR									
4	G	86	005	E	021	2000					574.50		AMOUNT PAID \$	AMOUNT	DATE	NO.	AUDITED BY						
4													CORRECT AMOUNT										
4													AMOUNT OVERPAID										
TOTAL GROSS												574.50											
SPECIAL INSTRUCTIONS												LESS DEDUCTIONS RECOVERED THRU PAYROLL ADJUSTMENT		AMOUNT TO BE RECOVERED FROM ABOVE NAMED EMPLOYEE									
ATTACH WARRANT TO BE CANCELLED OR ATTACH PERSONAL PAYMENT AND TREASURY DEPOSIT RECEIPT FOR DEPOSIT INTO THE PAYROLL CLEARANCE FUND.																							
REMARKS:  WARRANT cancellation, employee on LWOP.												FOR CENTRAL PAYROLL USE ONLY		<input checked="" type="checkbox"/> RECEIVED FORM D-71 <input type="checkbox"/> VERIFIED PRA 081 <input type="checkbox"/> VERIFIED FORM D-86 <input type="checkbox"/> PREPARED FORM C-63 <input type="checkbox"/> PREPARED FORMS W2C, W3C <input type="checkbox"/> PREPARED FORM D83									
DATE _____ AUTHORIZED SIGNATURE _____						DATE _____						COMPTROLLER STATE OF HAWAII											
						OFFICIAL TITLE _____																	

STATE COMPTROLLER (CENTRAL PAYROLL)

STATE ACCOUNTING FORM D-70  
JULY 1, 1986 (REVISED)

April 1, 1987

STATE OF HAWAII

Accounting Manual

Volume III: Payroll Expenditures

Part 700: Appendix - Instructions and Related Sample Forms

Page 768.05

EXHIBIT C-1: FILLED OUT SAMPLE OF SAFORM D-69 (MEDICARE EMPLOYEES)  
CODE 2 - REQUEST FOR PRIORITY PAYMENT

STATE OF HAWAII  
NOTIFICATION FOR PAYROLL ADJUSTMENT

NAME OF EMPLOYEE (LAST, FIRST, M.I.)												1 4		5 14		15 20		21	
DOE, JOHN A.												FORM	SOCIAL SECURITY NO.	POSITION NO.					
												575-62-5917	90004M	2					
22	23 25	26 28	29 34	35 40	41 47	48 54	55-61	62-67	74										
1	PAYROLL NO. MO4	DIST. 004	DATE EARNED 05-15-86	DATE PAID	TOTAL GROSS 28.00	TOTAL DEDUCT. 7.97	NET 20.03	WARRANT NO.	MEDICARE										
22	23 28	29 34	35 40	41-47	48-53	54-59	60-64	65-69	70-75										
2	REG. RETIREMENT	POST RETIREMENT	MEDICARE TAX .41	MEDICARE GROSS 28.00	FEDERAL TAX 5.32	STATE TAX 2.24	W/K AUTO	WAGES IN KIND	COLA										
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											
3	TYPE	AMOUNT	PLAN	ASSIGNMENT NO.	AMOUNT	TYPE	AMOUNT	PLAN	ASSIGNMENT NO.	AMOUNT	TYPE	AMOUNT	PLAN	ASSIGNMENT NO.	AMOUNT				
3																			
3																			
3																			
22	23	24-26	27	28-30	31-34	35-38	39-41	42-45	46	47-53	54	ADJUSTMENT			FOR DADS USE ONLY				
UNIFORM ACCOUNTING CODE												PAYROLL GROSS PAY			TDR				
4	F	YR	APP	D	S/D	OBJECT	FUNCTION	LOC	PROJECT	E N C	GROSS AMOUNT	TYPE PAY	AMOUNT PAID \$			AMOUNT			
4	G	87	036	E	154	2000	2293		168		28.00		CORRECT AMOUNT			DATE			
4													AMOUNT OVERPAID			NO			
4													LESS DEDUCTIONS RECOVERED THRU PAYROLL ADJUSTMENT			AUDITED BY			
4													TOTAL GROSS 28.00			EFFECTIVE DATE			
SPECIAL INSTRUCTIONS												ATTACH WARRANT TO BE CANCELLED OR ATTACH PERSONAL PAYMENT AND TREASURY DEPOSIT RECEIPT FOR DEPOSIT INTO THE PAYROLL CLEARANCE FUND			AMOUNT PAID FROM CHECK NUMBER				
REMARKS												FOR CENTRAL PAYROLL USE ONLY			RECEIVED FORM D-71				
Time sheet submitted after payroll closing.															VERIFIED PRA 051				
															VERIFIED FORM D-95				
															PREPARED FORM C-53				
															PREPARED FORMS W2C, W3C				
															PREPARED FORM D83				
DATE _____ AUTHORIZED SIGNATURE _____												DATE _____			COMPTROLLER STATE OF HAWAII				
OFFICIAL TITLE _____																			

STATE COMPTROLLER (CENTRAL PAYROLL)

STATE ACCOUNTING FORM D-69  
JANUARY 1, 1987

April 1, 1987

STATE OF HAWAII

Accounting Manual

Volume III: Payroll Expenditures

Part 700: Appendix - Instructions and Related Sample Forms

Page 768.06

EXHIBIT C-2: FILLED OUT SAMPLE OF SAFORM D-70 (ALL OTHER EMPLOYEES)  
CODE 2 - REQUEST FOR PRIORITY PAYMENT

STATE OF HAWAII  
NOTIFICATION FOR PAYROLL ADJUSTMENT

NAME OF EMPLOYEE (LAST, FIRST, M.I.) DOE, JOHN A.												1-4	5-14	15-20	21	ENTER: 1 OVERPAYMENT ADJUSTMENT 2 REQUEST FOR PRIORITY PAYMENT 3 ADJUSTMENT TO DEDUCTIONS 4 ADJUSTMENT TO YEAR-TO-DATE DEDUCTIONS											
FORM												SOCIAL SECURITY NO. 575-62-5917		POSITION NO. 90004M		2											
22	23-25	26-28	29-34		35-40		41-47		48-54		55-61		62-67														
1	PAYROLL NO. M04	DIST. 004	DATE EARNED 05-15-86		DATE PAID		TOTAL GROSS 574.50		TOTAL DEDUCT. 225.76		NET 348.74		WARRANT NO.														
22	23-28	29-34	35-40		41-47		48-53		54-59		60-64		65-69		70-75												
2	REG. RETIREMENT	POST RETIREMENT	FICA TAX		FICA TAX GROSS		FEDERAL TAX		STATE TAX		W+K AUTO		WAGES-IN-KIND		COLA												
	34.47	10.34	41.36		574.50		63.16		33.42																		
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 MD 701 212 70135 28.01												3 PK 125 12 70135 15.00															
3																											
3																											
3																											
22	23	24-26	27	28-30	31-34	35-38	39-41	42-45	46	47-53	54	ADJUSTMENT				FOR DAGS USE ONLY											
UNIFORM ACCOUNTING CODE												E N C				GROSS AMOUNT				TYPE PAY							
F YR APP D S/D OBJECT FUNCTION LOC PROJECT												574.50				PAYROLL GROSS PAY				TDR							
4 G 86 005 E 021 2000																AMOUNT PAID \$				AMOUNT							
4																CORRECT AMOUNT				DATE							
4																AMOUNT OVERPAID				NO.							
4																LESS DEDUCTIONS RECOVERED THRU PAYROLL ADJUSTMENT				AUDITED BY							
4																TOTAL GROSS 574.50				EFFECTIVE DATE							
SPECIAL INSTRUCTIONS																AMOUNT TO BE RECOVERED FROM ABOVE NAMED EMPLOYEE											
ATTACH WARRANT TO BE CANCELLED OR ATTACH PERSONAL PAYMENT AND TREASURY DEPOSIT RECEIPT FOR DEPOSIT INTO THE PAYROLL CLEARANCE FUND.																											
REMARKS:																											
Employee returned to work after LWOP and was not included on the payroll change schedule for current pay period.																				FOR CENTRAL PAYROLL USE ONLY							
																				RECEIVED FORM D-71							
																				VERIFIED PRA 081							
																				VERIFIED FORM D-95							
																				PREPARED FORM C-53							
																				PREPARED FORMS W2C, W3C							
																				PREPARED FORM D83							
DATE						AUTHORIZED SIGNATURE						DATE						COMPTROLLER STATE OF HAWAII									

STATE COMPTROLLER (CENTRAL PAYROLL)

STATE ACCOUNTING FORM D-70  
JULY 1, 1986 (REVISED)

April 1, 1987

STATE OF HAWAII

Accounting Manual

Volume III: Payroll Expenditures

Part 700: Appendix - Instructions and Related Sample Forms

Page 768.07

**EXHIBIT D-1: FILLED OUT SAMPLE OF SAFORM D-69 (MEDICARE EMPLOYEES)  
CODE 3 - ADJUSTMENT TO DEDUCTIONS**

**STATE OF HAWAII  
NOTIFICATION FOR PAYROLL ADJUSTMENT**

MEDICARE EMPLOYEE

ENTER

- 1 OVERPAYMENT ADJUSTMENT
- 2 REQUEST FOR PRIORITY PAYMENT
- 3 ADJUSTMENT TO DEDUCTIONS
- 4 ADJUSTMENT TO YEAR-TO-DATE DEDUCTIONS

NAME OF EMPLOYEE (LAST, FIRST, M.I.) DOE, JOHN A.										1, 4 FORM	5, 14 SOCIAL SECURITY NO. 575-62-5917	15, 20 POSITION NO. 90004M	21 3				
22	23 25	26 28	29 34	35 40	41-47 TOTAL GROSS	48-54 TOTAL DEDUCT.	55-61 NET	62-67 WARRANT NO.	74								
1	PAYROLL NO M04	DIST 004	DATE EARNED 04-15-86	DATE PAID 04-30-86	-0-	(2.70)	2.70		MEDICARE								
22	23 28	29 34	35 40	41-47 MEDI CARE GROSS	48-53 FEDERAL TAX	54-59 STATE TAX	60-64 WTR AUTO	65-69 WAGES IN KIND	70-75 COLA								
2	REG RETIREMENT	POST RETIREMENT	MEDICARE TAX (2.70)	(186.50)													
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		
3	PAYROLL DEDUCTION #1					PAYROLL DEDUCTION #2					PAYROLL DEDUCTION #3						
	TYPE	AGENT	PLAN	ASSIGNMENT #1	AMOUNT	TYPE	AGENT	PLAN	ASSIGNMENT #2	AMOUNT	TYPE	AGENT	PLAN	ASSIGNMENT #3	AMOUNT		
3																	
3																	
3																	
3																	
22	23	24-26	27	28-30	31-34	35-38	39-41	42-45	46	47-53	54	ADJUSTMENT		FOR DAGS USE ONLY			
UNIFORM ACCOUNTING CODE											E N C	GROSS AMOUNT	TYPE PAY	PAYROLL GROSS PAY		TDR	
4	F	YR	APP	D	S/D	OBJECT	FUNCTION	LOC	PROJECT			AMOUNT PAID \$	AMOUNT				
4												CORRECT AMOUNT	DATE				
4												AMOUNT OVERPAID	NO				
4													AUDITED BY				
4													EFFECTIVE DATE				
TOTAL GROSS													LESS DEDUCTIONS RECOVERED THRU PAYROLL ADJUSTMENT		CR		
SPECIAL INSTRUCTIONS																	
ATTACH WARRANT TO BE CANCELLED OR ATTACH PERSONAL PAYMENT AND TREASURY DEPOSIT RECEIPT FOR DEPOSIT INTO THE PAYROLL CLEARANCE FUND																	
REMARKS																	
SF-5 error. Retirement code should have been NN instead of NE.																	
													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 DB3				
DATE _____ AUTHORIZED SIGNATURE _____											DATE _____					COMPTROLLER STATE OF HAWAII	
ORIGINAL FILE																	

STATE COMPTROLLER (CENTRAL PAYROLL)

STATE ACCOUNTING FORM D-69  
JANUARY 1, 1987

April 1, 1987

STATE OF HAWAII

Accounting Manual

Volume III: Payroll Expenditures

Part 700: Appendix - Instructions and Related Sample Forms

Page 768.08

EXHIBIT D-2: FILLED OUT SAMPLE OF SAFORM D-70 (ALL OTHER EMPLOYEES)  
CODE 3 - ADJUSTMENT TO DEDUCTIONS

STATE OF HAWAII  
NOTIFICATION FOR PAYROLL ADJUSTMENT

NAME OF EMPLOYEE (LAST, FIRST, M.I.) DOE, JOHN A.										1-4 FORM	5-14 SOCIAL SECURITY NO. 575-62-5917	15-20 POSITION NO. 90004M	21 3										
22	23-25 PAYROLL NO. M04	26-28 DIST. 004	29-34 DATE EARNED 05-15-86	35-40 DATE PAID 05-15-86	41-47 TOTAL GROSS -0-	48-54 TOTAL DEDUCT. 225.76	55-61 NET (225.76)	62-67 WARRANT NO.															
22	23-28 REG. RETIREMENT 34.47	29-34 POST RETIREMENT 10.34	35-40 FICA TAX 41.36	41-47 FICA TAX GROSS 574.50	48-53 FEDERAL TAX 63.16	54-59 STATE TAX 33.42	60-64 W-K AUTO	65-69 WAGES-IN-KIND	70-75 COLA														
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								
3	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	MD	701	212	70135	28.01	PK	125	12	70135	15.00													
3																							
3																							
3																							
22	23	24-26	27	28-30	31-34	35-38	39-41	42-45	46	47-53	54	ADJUSTMENT		FOR DAGS USE ONLY									
UNIFORM ACCOUNTING CODE											E N C		GROSS AMOUNT		TYPE PAY								
F	YR	APP	D	S/D	OBJECT	FUNCTION	LOC	PROJECT				PAYROLL GROSS PAY		TDR:									
4												AMOUNT PAID \$		AMOUNT									
4												CORRECT AMOUNT		DATE									
4												AMOUNT OVERPAID		NO.									
4												LESS DEDUCTIONS RECOVERED THRU PAYROLL ADJUSTMENT		EFFECTIVE DATE									
TOTAL GROSS											\$		AMOUNT TO BE RECOVERED FROM ABOVE NAMED EMPLOYEE										
SPECIAL INSTRUCTIONS																							
ATTACH WARRANT TO BE CANCELLED OR ATTACH PERSONAL PAYMENT AND TREASURY DEPOSIT RECEIPT FOR DEPOSIT INTO THE PAYROLL CLEARANCE FUND.																							
REMARKS:											FOR CENTRAL PAYROLL USE ONLY		✓										
Due to processing error, employee's mandatory and voluntary deductions were not deducted on the May 15, 1986 pay period. The above adjustment is to effect the proper deductions.											RECEIVED FORM D-71												
											VERIFIED PRA 081												
											VERIFIED FORM D-95												
											PREPARED FORM C-53												
											PREPARED FORMS W2C, W3C												
											PREPARED FORM D83												
DATE						AUTHORIZED SIGNATURE						DATE						COMPTROLLER STATE OF HAWAII					
											OFFICIAL TITLE												

STATE COMPTROLLER (CENTRAL PAYROLL)

STATE ACCOUNTING FORM D-70  
JULY 1, 1986 (REVISED)

April 1, 1987

STATE OF HAWAII

Accounting Manual

Volume III: Payroll Expenditures

Part 700: Appendix - Instructions and Related Sample Forms

Page 768.09

EXHIBIT E-1: FILLED OUT SAMPLE OF SAFORM D-70 (ALL OTHER EMPLOYEES)  
CODE 4 - ADJUSTMENT TO YEAR-TO-DATE DEDUCTIONS

STATE OF HAWAII  
NOTIFICATION FOR PAYROLL ADJUSTMENT

NAME OF EMPLOYEE (LAST, FIRST, M.I.)										1-4	5-14	15-20	21						
DOE, JOHN A.										FORM	SOCIAL SECURITY NO. 575-62-5917	POSITION NO. 90004M	4						
22	23-25	26-28	29-34	35-40	41-47	48-54	55-61	62-67											
1	PAYROLL NO. M04	DIST 004	DATE EARNED 05-15-86	DATE PAID 05-15-86	TOTAL GROSS -0-	TOTAL DEDUCT.	NET	WARRANT NO.											
22	23-28	29-34	35-40	41-47	48-53	54-59	60-64	65-69	70-75										
2	REG. RETIREMENT	POST RETIREMENT	FICA TAX	FICA TAX GROSS	FEDERAL TAX	STATE TAX	W.I.K. AUTO	WAGES-IN-KIND	COLA										
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				
3	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				
	AP	917			(225.00)	AP	926			225.00									
22	23	24-26	27	28-30	31-34	35-38	39-41	42-45	46	47-53	54	ADJUSTMENT			FOR DAGS USE ONLY				
UNIFORM ACCOUNTING CODE											E N C	GROSS AMOUNT	TYPE PAY	PAYROLL GROSS PAY			TDR		
F	YR	APP	D	S/D	OBJECT	FUNCTION	LOC	PROJECT							AMOUNT PAID \$			AMOUNT	
4												CORRECT AMOUNT			DATE				
4												AMOUNT OVERPAID			NO.				
4												LESS DEDUCTIONS RECOVERED THRU PAYROLL ADJUSTMENT			AUDITED BY				
TOTAL GROSS													EFFECTIVE DATE						
SPECIAL INSTRUCTIONS											ATTACH WARRANT TO BE CANCELLED OR ATTACH PERSONAL PAYMENT AND TREASURY DEPOSIT RECEIPT FOR DEPOSIT INTO THE PAYROLL CLEARANCE FUND.			AMOUNT TO BE RECOVERED FROM ABOVE NAMED EMPLOYEE					
REMARKS:											FOR CENTRAL PAYROLL USE ONLY			RECEIVED FORM D-71			VERIFIED PRA 061		
Erroneously paid to agent code AP-917, changed to AP-926.														VERIFIED FORM D-96			PREPARED FORM C-53		
														PREPARED FORMS W2C W3C					
														PREPARED FORM D83					
DATE _____ AUTHORIZED SIGNATURE _____											DATE _____			COMPTROLLER STATE OF HAWAII					
OFFICIAL TITLE _____																			

STATE COMPTROLLER (CENTRAL PAYROLL)

STATE ACCOUNTING FORM D-70  
JULY 1, 1986 (REVISED)

April 1, 1987