

NON-USPS ADJUSTMENT REQUEST--PAYMENTS (Fringe Benefit/Employee Business Expense)

P

STD. 676P (REV. 9/2017) (REVERSE)

INSTRUCTIONS

Please type or print clearly. Complete all required information for each line. Do not use ditto marks to indicate duplicate line information.
Entries on Form STD. 676P must be as follows:

SPECIAL REPORTING: See PPM Section N-172.2 for special reporting instructions for Student Assistants (CSU only) and Board Members.

BOX A -- Item Code. A separate form STD. 676P is required for each Item Code. Enter the two character ALPHA code, below, for the benefit being reported.

BOX B -- Item Description. Enter the full name, below, of the benefit being reported (e.g., CARS Standard Business Mileage.)

BOX C -- Tax Year. A separate form STD. 676P is required for each tax year. If tax year does not agree with the issue year (Column 9), issue date will be used.

- If the employee receives reimbursement via revolving fund check, tax year is the calendar year in which the revolving fund check is issued.
- If the employee receives reimbursement via the State Controller's Office Claims Process, the tax year is the calendar year in which the warrant is issued.
- If tax year does not agree with the issue date year (column 9), issue date year will be used.

BOX D -- Page ___ of ___. Must be completed.

COLUMN

1. Enter the employee's Social Security Number.
2. Enter the employee's first initial and last name.
3. Enter the three-digit agency code.
4. Enter the three-digit unit number.
5. Enter the two-digit month and year for the pay period (MM/YY) in which the benefit amounts were paid or incurred whether reporting reimbursement via revolving fund check or claim warrant.
6. Enter the gross amount subject to withholding.
7. Enter the gross amount **NOT** subject to withholding. This column is used **ONLY** to report the "UP TO" amounts of:
 - Standard Business Mileage;
 - Moving Expense Mileage Reimbursements; or
 - The non-taxable portion of Moving Expense Relocation reimbursement.

COLUMN

8. Enter the State Code-- **CA**, California
IL, Illinois
NY, New York
Blank, all others
NOTE: FOR VAN POOL DRIVER AND DISCOUNT TRAVEL/ TRANSIT PASSES, LEAVE STATE CODE BLANK.
9. Enter the issue date of the benefit payment. Issue date is defined as the last day of the pay period in which payments were issued to the employee.
10. Enter the the total number of line entries on page and total gross amounts for column 6 and/or 7

BOTTOM BOXES

- Enter the agency/campus name.
- Signature and printed name of the reporting officer is required.
- Enter the current date.
- Enter the name and telephone number of the person completing the form.
- Enter the mailing address to send inquiries regarding form.

ITEM CODE DESCRIPTION

- AR AIRCRAFT**
- Reimbursement Plans
- AE AWARDS/BONUSES/INCENTIVES**
- Employee Recognition and Morale Program (CS)
 - Health and Safety Incentive Award Program (CS)
 - Safety Incentive Award Program (CS)
 - Miscellaneous Incentive Programs
 - Incentives Provided by Third Parties

BC BICYCLE COMMUTER PROGRAM

BM BICYCLE MILEAGE

CAR MILEAGE

- Call Back Mileage
- Commuter Mileage
- Remote Headquarters Mileage
- Standard Business Mileage

EA EDUCATIONAL ASSISTANCE

EE ENTERTAINMENT EXPENSES

EL ELECTRONIC DEVICES

HOUSING

- Executive Housing Expense (CSU)
- Reimbursement Plans
- Possessory Interest Tax

ITEM CODE DESCRIPTION

ML LONG-TERM TRAVEL

MEALS AND LODGING

- Meals Less than 24-Hour Travel
- Non-Receipted Lodging
- State Per Diem
- Local Meals
- Local Lodging

MEALS

- Medical Officer of the Day
- Overtime Meals

MOVING EXPENSES

- Relocation Expense
- Relocation Mileage

DM PROFESSIONAL/NONPROFESSIONAL DUES AND MEMBERSHIPS

TA TOOL ALLOWANCES (CS)

TIPS/GRATUITIES

- Tips
- Gratuities

TRANSPORTATION SUBSIDIES

- Discount Travel/Transit Passes
- Commuter Highway Vehicle
- Van Pool Driver (CS)

UA UNIFORM ALLOWANCES