Form P-10 (Rev. 07-02)
COMPLETE ALL SECTIONS FOR "NEW'

COMPTROLLER GENERAL'S OFFICE
PAYROLL ADVICE

CURRENT DATE

DEPARTMENT NAME DEPT. NO. (3 Positions)

☐ NEW ☐ CHANGE ☐ TERMINATE EFFECTIVE DATE _____

☐ (01) SOCIAL SECURITY NO. _____

☐ (02) NAME _____ _____
First and Middle Initial (20 Positions) Last (20 Positions)

SECTION 11

☐ (03) STREET _____
(25 Positions)

☐ (04) CITY _____ STATE _____ ☐ (05) ZIP _____
(18 Positions) (2 Positions) (9 Positions)

(06) MARITAL STATUS NUMBER WITHHOLDING EXEMPTIONS (19) EXEMPT FROM FICA

☐ SINGLE ☐ MARRIED ☐ (07) FEDERAL _____ ☐ (08) STATE _____ Yes ____ No ____

SECTION III RETIREMENT

☐ 10-No Retirement - Non Member ☐ 15-Police Retirement ☐ 19-ORP

☐ 11 -State Retirement ☐ 17-Judicial And Solicitors Retirement ☐ 20-Contract Length _____

☐ 13-General Assembly Retirement

VOLUNTARY DEDUCTIONS

CODE	DEDUCTION	AMOUNT	CODE	DEDUCTION	AMOUNT
☐		$	☐		$
☐		$	☐		$
☐		$	☐		$
☐		$	☐		$

SECTION V

☐ 90-Earned Income Credit _____ ☐ 92-Job Code_____ ☐ 93-Home Dept. _____ Yes _____ No

☐ 91-Dept. Location Code _____ If No, Give Home Department Number _____

SECTION VI

(98) Type Payroll ☐ Regular Semi-monthly ☐ General Assembly (99) Amount Entered as ☐ Annualized ☐ Per Pay Period

CHECK ONE			AGENCY	TRANS CODE	MINI CODE	SUB FUND CODE	PROJECT CODE	PH	OBJECT CODE	DETAIL	AMOUNT PER ACCOUNT		PERQUISITE PER ACCOUNT		RET. CODE	MULTI PURPOSE CODE
NEW	CHG.	DEL.									Dollars	Cents	Dollars	Cents		

I certify that the above information is in accordance with all laws, rules and regulations, and where approval is required, such has been received.

_____
Signature

_____
Title