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| **SCF M/C CORRECTION SHEET** |
| **Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Agency Code \_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **A = Addition** **C = Change** **D = Deletion**  | **Employee ID** | **Name** | **Updated Inc****Code \*** | **LLS** **Amount**  | **Comments** |
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**\*Enter Increment Code 1976-2009 for employees eligible for the 15-year payment ($4,500), 2010-2014 for employees eligible for the 10-year payment ($3,000) OR 2015-2019 for employee’s eligible for the 5-year payment ($1,500).**