

SCF CSEA CORRECTION SHEET

Department _____ Agency Code _____

A = Addition
C = Change
D = Deletion

Employee ID

Name

Inc
Code *

LLS
Amount

Comments

*** Enter Increment Code 1810 or 1910 for employees eligible for the 5-year payment (\$1,500). Note: Prior to October 2023, all LLS payments were processed on the April cycle**