# SCF M/C CORRECTION SHEET

**Department**_____**Agency Code** _____

| A = Addition<br>C = Change<br>D = Deletion | Employee ID | Name | Updated Inc Code * | LLS Amount | Comments |
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***Enter Increment Code 1976-2006 for employees eligible for the 15-year payment ($4,500), 2007-2011 for employees eligible for the 10-year payment ($3,000) OR 2012-2016 for employee's eligible for the 5-year payment ($1,500).***