



EDUCATIONAL RETIREMENT BOARD
 701 CAMINO DE LOS MARQUEZ
 P.O. BOX 26129
 SANTA FE, NM 87502-0129
 FAX NUMBER: (855)214-0835 or (505) 827-8010

ADJUSTMENTS TO MONTHLY REPORTS
Alternative Retirement Plan only

This form must be completed, signed and submitted to the Educational Retirement Board when an employee has been over or under paid and the incorrect amount was reported on a **previous** report. Please fax to this office as soon as the error is discovered and retain the original for your records.

***Remember that the electronic file should include all entries as they appear on this form.**

SCHOOL NAME: _____

EMPLOYEE NAME: _____ EMPLOYEE SS#: _____

TOTAL ADJUSTMENT AMT: \$ _____	<i>The total must be reported on Line II of the Form 100 in the Under or Over payment Columns</i>	*Adjustment(s) will appear on electronic file named: _____
Total adj. = (2) below		

PLEASE CHECK ONE:

- _____ Overpayment (List amounts below as negative)
 _____ Underpayment (List amounts below as positive)

NOTE: If this adjustment is due to a Job Category reported in error you might need to complete 2 Form 9's. Refer to instructions.

Explanation of adjustment. _____

<u>EACH PERIOD TO BE ADJUSTED</u>	<u>SALARY</u>	<u>AP EMPLOYER CONTRIBUTIONS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTALS:	\$ _____ (1)	\$ _____ (2)

SIGNATURE OF AUTHORIZED OFFICIAL: _____

DATE: _____