



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
Regular Members "R" "RU" "LT" and "LU"

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. To prevent an overpayment of withdrawn (refunded) contributions, fax to this office as soon as the error is discovered and retain the original for your records.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 1 of the Form 100 in the Under or Over payment Columns</i> | *Adjustment(s) will appear on electronic file named: _____ |
| <small>Total adj. = (2) + (3) below</small> | | |

PLEASE CHECK ONE:

Overpayment (List amounts below as negative) R LT
 Underpayment (List amounts below as positive) RU LU

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>MEMBER CONTRIBUTIONS</u> | <u>EMPLOYER CONTRIBUTIONS</u> |
|-----------------------------------|------------------------|-----------------------------|-------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| TOTALS: | \$ _____ (1) | \$ _____ (2) | \$ _____ (3) |

SIGNATURE OF AUTHORIZED OFFICIAL: _____

DATE: _____