

EDUCATIONAL RETIREMENT BOARD
 701 CAMINO DE LOS MARQUEZ
 P.O. BOX 26129
 SANTA FE, NM 87502-0129
 PHONE: (505) 827-8030 FAX NUMBER: (505) 827-8010

ADJUSTMENTS TO MONTHLY REPORTS
Regular Members 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. To prevent an overpayment of withdrawn (refunded) contributions, fax to this office as soon as the error is discovered and retain the original for your records.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#: _____

<p style="text-align: center;">TOTAL</p> <p>ADJUSTMENT AMT: \$ _____ -</p> <p style="text-align: right; font-size: small;">Total adj. = (2) + (3) below</p>	<p><i>The total must be reported on Line I of the Form 100 in the Under or Over payment Columns</i></p>	<p>*Adjustment(s) will appear on electronic file named: _____</p>
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PLEASE CHECK ONE:

- _____ Overpayment (Amounts must be shown as negative)
 _____ Underpayment (Amounts must be shown 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>MEMBER CONTRIBUTIONS</u>	<u>EMPLOYER CONTRIBUTIONS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTALS:	\$ _____ - (1)	\$ _____ - (2)	\$ _____ - (3)

SIGNATURE OF AUTHORIZED OFFICIAL: _____

DATE: _____