

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**  
**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#: \_\_\_\_\_

<b>TOTAL ADJUSTMENT AMT: \$</b> _____ <p align="center">Total adj. = (2) below</p>	<i>The total must be reported on Line II of the Form 100 in the Under or Over payment Columns</i>	<b>*Adjustment(s) will appear on electronic file named:</b> _____
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**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>
	_____	_____		_____
	_____	_____		_____
	_____	_____		_____
	_____	_____		_____
	_____	_____		_____
	_____	_____		_____
	_____	_____		_____
	_____	_____		_____
<b>TOTALS:</b>		\$ _____ -		\$ _____ -
		(1)		(2)

SIGNATURE OF AUTHORIZED OFFICIAL: \_\_\_\_\_

DATE: \_\_\_\_\_