

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
NO CONTRIBUTIONS "PT", "EX", and Return to Work "RE" or "RW"

This form must be completed, signed and submitted to the Educational Retirement Board when an employee has been reported with an incorrect Job Category on a previous report. **This will not affect contributions.** 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#: _____

Adjustment(s) will appear on electronic file named: _____

PLEASE CHECK ONE:

_____ Over Reported Salary (List amounts below as negative)
 _____ Under Reported Salary (List amounts below as positive)

INDICATE JOB CATEGORY:

_____ EX (not an ERB Retiree)
 _____ RE (ERB Retiree)
 _____ RW (ERB Retiree)
 _____ PT (not an ERB Retiree)

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</u>	<u>SALARY</u>
<u>TO BE ADJUSTED</u>	<u>SALARY</u>

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTALS: \$ _____
 (1)

SIGNATURE OF AUTHORIZED OFFICIAL: _____

DATE: _____