

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**  
**Return to Work "RT", "RP" and "PU"**

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

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

**PLEASE CHECK ONE:**

\_\_\_\_\_ Overpayment (Amounts must be shown as negative)  
 \_\_\_\_\_ Underpayment (Amounts must be shown as positive)

**INDICATE JOB CATEGORY:**

\_\_\_\_\_ RT (ERB Retiree)  
 \_\_\_\_\_ RP (PERA Retiree)  
 \_\_\_\_\_ PU (PERA Ret <20K)

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>RT / RP / PU EMPLOYER CONTRIBUTIONS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>TOTALS:</b>	_____ (1)	\$ _____ (2)

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

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

