| Office of the New York State Comptroller      |  |   |  |        |                  |           |                          |                      |
|---|--|---|--|--------|------------------|-----------|--------------------------|----------------------|
|   | -  |   | per for one Employr                          | nentIn | stance.          |           |                          |                      |
|   | Used for Enrollme  |   |  |        | Member Date      | of Birth: | Employ                   | yment Instance:      |
| Full Employer Name: (No abbreviations please) |  |   |  |        | Location Code:   |           | Report Code: Eg. 010,020 |                      |
| Were the contrib                              | ive adjustments r<br>outions withheld f<br>stments already s | rom the member                              | 's earnings?                                 |        |                  |           | Yes [<br>Yes [<br>Yes [  | No No No No No No No |
| Report<br>Period<br>MM/DD/YYYY                | +/- Days<br>To Be<br>Adjusted for<br>Period                  | Days<br>Reported<br>Should Be<br>For Period | +/- Hours<br>to be<br>Adjusted for<br>Period |        | Adjustment for S |           | lary<br>Be<br>od         | **Earnings<br>Code   |
|   | •  | ٠   |  |        | ٠                |           | •                        |                      |
| / /   | •  | •   |  |        | •                |           | •                        |                      |
| / /   | •  | •   |  |        | •                |           | •                        |                      |
| / /   | •  | ٠   |  |        | •                |           | •                        |                      |
| / /   | •  | •   |  |        | •                |           | •                        |                      |
| / /   | •  | •   |  |        | •                |           | •                        |                      |
| / /   | •  | •   |  |        | •                |           | •                        |                      |
|   | •  | •   |  |        | •                |           | •                        |                      |
|   | •  | •   |  |        | •                |           | •                        |                      |
|   | •  | •   |  |        | •                |           | •                        |                      |
|   | •  | •   |  |        | •                |           | •                        |                      |
|   | •  | •   |  |        | •                |           | •                        |                      |
| Totals  | •  | •   | d complete to the                            | heate  | •                |           | •                        |                      |

I certify that the information on this report is true and complete to the best of my knowledge. I further certify that I am aware that any false statement I knowingly make or permit to be made on this or any record of the Retirement System constitutes a crime punishable by potential incarceration and other sanctions.

(Please note, the report cannot be accepted if signed by the member for whom the information is being provided.)

**Certifying/Authorized Signature** 

**Certified Authorizer Printed Name** 

Department & Title

**Contact Information Phone & Email** 

Date

See Page 2 for additional instructions. If you have any questions, please contact us at 1-866-805-0990 or 518-474-7736 RS 2050 (Rev.08/23)

| Carry Over<br>Totals from |   |   |   |   |  |
|---------------------------|---|---|---|---|--|
| Page 1                    | • | • | • | • |  |

| Report<br>Period<br>MM/DD/YYYY | +/- Days<br>To Be<br>Adjusted for<br>Period | Days<br>Reported<br>Should Be<br>For Period | +/- Hours<br>to be<br>Adjusted for<br>Period | +/- Gross Salary<br>Adjustment for<br>Period | Gross Salary<br>Should Be<br>for Period | **Earnings<br>Code |
|--------------------------------|---|---|--|--|---|--------------------|
| / /                            |   | •   |  | •  | •                                       |                    |
| / /                            | •   | •   |  | •  | •                                       |                    |
|                                | •   | •   |  | •  | •                                       |                    |
| / /                            | •   | •   |  | •  | •                                       |                    |
| / /                            | •   | •   |  | •  | •                                       |                    |
| / /                            | •   | •   |  | •  | •                                       |                    |
| / /                            | •   | •   |  | •  | •                                       |                    |
| / /                            | •   | •   |  | •  | •                                       |                    |
| / /                            |   | •   |  | •  | •                                       |                    |
| / /                            |   | •   |  | •  | •                                       |                    |
| / /                            | •   | •   |  | •  | •                                       |                    |
| / /                            | •   | •   |  | •  | •                                       |                    |
| Totals                         | •   | •   |  | •  | •                                       |                    |

## Instructions for Completing Adjustment Form (RS2050)

NYSLRS ID - 9-digit code assigned to each employee that begins with an "R".

Employment Instance - Number that is associated with the job whose salary/days are being adjusted.

Location Code – The five-digit number assigned to each participating employer by the Retirement System. For State employers this is not the same as your Agency code.

Report Code – This is a three-digit number assigned by the Retirement System to uniquely identify a member being reported. It may identify an unusual pay frequency or a location classification.

Report Period – The Month/Day/Year of original reported period.

+/- Days Adjustment – Please indicate the number of days to be added or subtracted (use parentheses for reductions).

Days Reported Should Be – The total amount of days to be credited after the adjustment.

+/- Gross Salary Adjustment for Period – Please indicate the number of days to be added or subtracted (use parentheses for reductions).

Gross Salary Should Be for Period – The Total amount of salary/earnings to be credited after the adjustment.

\*\* Earnings Code – For Enhanced Reporting only, please indicate the type of earnings being adjusted.

Totals should be indicated on each page of the adjustment. Days and Salary figures can be negative.

Certification/Authorization Section – Each sheet submitted must be completed and signed by a Payroll or CFO contact that is listed on your contact listings for your location code.

For a refund of member contributions, loans or service purchase overpayments, the employer should contact the Employer Reporting area for a form to request a credit for overpayment.

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