110 State Street, Albany, N Please type or print in blue or black ink Employer Locatio	New York 12244-0001		SEE INST	TRUCTION	IS FOR COMPLET	ING FOF	RM ON F	REVERSE SIDE			RS 5527 (Rev. 05/21)
D	O NOT COMPLETE	THIS FORM I	IF THIS INF	ORMATIC	ON HAS ALREAD	BEEN S	SUBMIT	TED ON A SALAR	AND SERVIC	E CERTIFICATIO	N
Employer Name				Em	ployer Code:			Report Code:		Page	_of
NYSLRS ID:	Emp Inst		nber's Name	e: M.I.	Last 4 digits of Social Security Number:		rt Period h/Year:	Days Adjustment:	Days for Period Should Be:	Salary Adjustment:	Salary for Period Should Be:
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accounting of all such any other report. I certi days or was paid the a	tments on this form cor adjustments. They have ify that each person act adjusted amount of salar 5 of Title 2 of the N	e not been and ually worked the ry and that this	l will not be s ne adjusted n data was de	shown on number of etermined		тоти	ALS				
Certified By: Title:			Date: Telephone Number:								
All Changes to your mo	onthly report (except red	uctions in contr	ributions) mu		on this form. For adju			service credit purchas	se, please call 51	8-474-2987 for instru	uctions.
Examined By:									Date:		

Received Date

Office of the New York State Comptroller

Adjustment Report for Pension Integrity Bureau

## **INSTRUCTIONS FOR COMPLETING ADJUSTMENT REPORT (RS 5527)**

Members of the Police and Fire Retirement System cannot be included on the same Adjustment Forms with members of the Employees' Retirement System.

Please use this form to correct members' days worked, and/or salary earned.

## FOR A REFUND PLEASE NOTE:

For a refund of member contributions, loans or service purchase overpayments, the employer must attach a separate memo listing the following: member's NYSLRS ID, member's name, month and year of overpayment, the amount of overpayment and the reason for refund is requested. If you require additional assistance please contact our Report Control Office at (518) 408-4146 or (518) 473-6793

## Letters refer to areas on the sample form segment below.

- A. Employer Name: Legal name of public employer
- B. Employer Code: The five digit number assigned to each participating employer by the Retirement System.
- **C. Report Code:** This is a 2 digit number assigned by the Retirement System to uniquely identify a report.
- D. Pages: Please number each page of RS 5527 being submitted.
- E. Retirement NYSLRS ID: Enter the member's NYSLRS ID.
- F. Emp Inst: This field is only required for Enhanced Reporters. This is a member's Employment Instance.

SAMPLE - RS 5527

G. Member's Name: Enter full name (last, first, middle initial)

- H. Social Security Number: Enter the last 4 digits of member's social security number.
- Report Period Month/Year: Enter the month and year to which the adjustment refers.
- J. Days Adjustment: The number of days being either added or reduced. Reductions must be placed in parenthesis.
- K. Days for Period Should Be: The net result of original days reported on monthly report plus or minus the adjustment.
- L. \*Salary Adjustment: The amount of salary being either added or reduced. Reductions must be placed in parenthesis.
- M. Salary for Period Should Be: The net result of original salary reported on monthly report plus or minus the adjustment.
- N. Net Totals: Enter the net totals for each column. Days and salary adjustment may be negative. Each page must be totaled.

D

 Certification Section: Original signature is required on each report. \*Important: All negative adjustments to days and salary must be in parentheses (), as in samples below. Positive and negative entries should not be entered on the same line.

Adjustment Report Label: (RS 5528) One copy of the label must be completed and attached to the first page of the Adjustment Report. Include the total(s) for all pages.

	EMPLOYER NAME: Town of Sample TODAY'S DATE:	Total Days Adj Total Days Should Be	(1 50) 40 00
	<u>08/06/18</u>	Total Salary Adj.	(89 00)
		Total Salary Should Be	2311 77
		Number of Pages in This Report	1
*			

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Town of Sample		39999	60	Page1of	_1			
Employer Name:		Employer Code:	Report Code:					

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NYSLRS ID:	Emp Inst	Member's Name:	Last 4 digits of Social Security Number:	Report Period Month/Year:		Days Adjustment:	Days for Period Should Be:	Salary Adjustment:	Salary for Period Should Be:
		Last First M.I.							
R5555555	1	Gordon, James T	6789	06	92	3.50	20.00	211.00	1411.77
R66666666	2	Brown, Ruth C	1666	06	92	(5.00)	20.00	(300.00)	90000
				N TOT	TALS	(1.50)	40.00	(89.00)	2311.77

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Certified By:	Title:	Date:	Telephone Number:
ORIGINAL SIGNATURE REQUIRED	Supervisor	7/27/1992	( 555 ) 111-1111

## MAIL COMPLETED FORM TO:

NEW YORK STATE AND LOCAL RETIREMENT SYSTEM PENSION INTEGRITY BUREAU 110 STATE STREET ALBANY, NY 12244-0001