

Received Date

Adjustment Report

RS 2050

Please type or print clearly
 in blue or black ink

Employer Location Code

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(Rev.02/19)

SEE INSTRUCTIONS FOR COMPLETING FORM ON REVERSE SIDE

DO NOT COMPLETE THIS FORM IF THIS INFORMATION HAS ALREADY BEEN SUBMITTED ON A SALARY AND SERVICE CERTIFICATION

Employer Name:					Employer Code		Report Code		Page _____ of _____	
Reg No./ 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.		
						
						
						
						
						
						
						
						
						
						
						
						
						
TOTALS						

I certify that the adjustments on this form constitute a true, correct and complete accounting of all such adjustments. They have not been and will not be shown on any other report. I certify that each person actually worked the adjusted number of days or was paid the adjusted amount of salary and that this data was determined according to Part 315 of Title 2 of the New York State Codes, Rules and Regulations

Certified By:	Title:	Date:	Telephone Number: ()
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All changes to your monthly report must be done on this form.

RETIREMENT SYSTEM USE ONLY

Examined By:	Date:
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INSTRUCTIONS FOR COMPLETING ADJUSTMENT REPORT (RS 2050)

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 credit of member contributions, the employer must attach a separate memo listing the following: member's registration number, member's name, month and year of over-payment and the reason the refund is being requested. If you require additional assistance please contact our Employer Reporting 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. **Location 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 2050 being submitted up to 5 per label.
- E. **Retirement Registration Number/NYSLRS ID:** Enter the member's 8 digit registration number (Police and Fire numbers always begin with "0A" or "0B")/or NYSLRS ID is a 9 digit member identification starting with "R."
- F. ***Employment Instance:** This field is only required for Enhanced Reporters. This is a members Employment Instance.

- 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.
- I. **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.
- O. **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 2050-A) 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 submitted for the same report code for that date.

SAMPLE- RS 2050-A

EMPLOYER NAME: Town of Sample	Total Days Adj.	(1 50)
EMPLOYER CODE: 39999	Total Days Should Be	40 00
REPORT CODE: 010	Total Salary Adj.	(89 00)
TODAY'S DATE: 08/06/18	Total Salary Should Be	2311 77
	Number of Pages in This Report	1

A	SAMPLE - RS 2050	B	C	D
Employer Name:	Employer Code:	Report Code:		
Town of Sample	39999	010		Page <u>1</u> of <u>1</u>

E	F	G			H	I		J	K	L	M
Reg No./ 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.							
R55555555	10	Gordon,	James	T	6789	06	92	3.50	20.00	211.00	1411.77
R66666666	62	Brown,	Ruth	C	1666	06	92	(5.00)	20.00	(300.00)	900.00
TOTALS								(1.50)	40.00	(89.00)	2311.77

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Certified By: ORIGINAL SIGNATURE REQUIRED	Title: Supervisor	Date: 7/27/1992	Telephone Number: (555) 111-1111
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MAIL COMPLETED FORM TO:
 NEW YORK STATE AND LOCAL RETIREMENT SYSTEM
 EMPLOYER SERVICES BUREAU
 MAIL DROP 5-4
 110 STATE STREET
 ALBANY, NY 12244-0001