

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

A	B	C
Employer Name:	Employer Code:	Report Code:
Town of Sample	39999	60

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E			F			G			H	I		J	K	L	M
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.		Month	Year								
R55555555	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)	900..00				
N 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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***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	Total Days Adj.	(1 50)
TODAY'S DATE: 08/06/18	Total Days Should Be	40 00
	Total Salary Adj.	(89 00)
	Total Salary Should Be	2311 77
	Number of Pages in This Report	1

MAIL COMPLETED FORM TO:
NEW YORK STATE AND LOCAL RETIREMENT SYSTEM
PENSION INTEGRITY BUREAU
110 STATE STREET
ALBANY, NY 12244-0001