



Office of the New York State Comptroller
 New York State and Local Retirement System
 Employees' Retirement System
 Police and Fire Retirement System
 110 State Street, Albany, New York 12244-0001

Adjustment Report

RS 2050

(Rev. 1/14)

SEE INSTRUCTIONS FOR COMPLETING FORM ON BACK

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

Employer Name	Employer Code	Report Code
		0

Page _____ of _____

Retirement Registration Number	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	Additional Contribution Adj.	Contributions 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 () - -
--------------	-------	------	--------------------------------------

Use these columns only if check is enclosed

All changes to your monthly report (except reductions in contributions) must be done on this form. For adjustments to loans or arrears, please call 518-474-2987 for instructions.

RETIREMENT SYSTEM USE ONLY

Examined By	Date
-------------	------

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 and/or **Additional** member contributions.

FOR A REFUND PLEASE NOTE:

For a refund of member contributions, loans or arrears overpayments, the employer must attach a separate memo listing the following: member's registration number, member's name, month and year of overpayment, the amount of overpayment and the reason the refund is requested. If you require additional assistance please contact our Report Control Office at (518) 408-4146 or 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. **IMPORTANT:** If you are making adjustments for more than one Report Code, use a separate Adjustment Report for each code.

- D **Pages** – Please number each page of RS 2050 being submitted for the same report code.
 - E **Retirement Registration Number** – Enter the member's 8 digit registration number (Police and Fire numbers always begin with "ØA" or "ØB").
 - F **Member's Name** – Enter full name (last, first, middle initial).
 - G **Social Security Number** – Enter the last 4 digits of member's Social Security Number.
 - H **Report Period Month/Year** – Enter the month and year to which the adjustment refers.
 - I ***Days Adjustment** – The number of days being either added or reduced. Reductions must be placed in parenthesis.
 - J **Days for Period Should Be** – The net result of original days reported on monthly report plus or minus the adjustment.
 - K ***Salary Adjustment** – The amount of salary being either added or reduced. Reductions must be placed in parenthesis.
 - L **Salary for Period Should Be** – The net result of original salary reported on monthly report plus or minus the adjustment.
- NOTICE** - Do not use contribution columns unless a check is being submitted with this report.
- M **Additional Contribution Adjustment** – Additional contributions equaling 3% of additional salary being reported.
 - N **Contributions for Period Should Be** – The net result of original contributions reported plus the adjustment.
 - O **Net Totals** – Enter the **net totals** for each column. **Days and salary adjustment** may be negative. Contribution adjustment totals **must** be positive. Each page must be totaled.
 - P **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 <u>TOWN OF SAMPLE</u>	REPORT CODE <u>0 1 0</u>									
EMPLOYER CODE <u>3 9 9 9 9</u>	Total Days Adj. <u>(1 50)</u>									
<table border="1"> <tr><th colspan="3">TODAY'S DATE</th></tr> <tr><td>MO</td><td>DA</td><td>YR</td></tr> <tr><td>0 8</td><td>0 6</td><td>9 2</td></tr> </table>	TODAY'S DATE			MO	DA	YR	0 8	0 6	9 2	Total Days Should Be <u>40 00</u>
TODAY'S DATE										
MO	DA	YR								
0 8	0 6	9 2								
	Total Salary Adj. <u>(89 00)</u>									
	Total Salary Should Be <u>2311 77</u>									
	Total Cont. Adj. <u>6 35</u>									
	Total Cont. Should Be <u>42 35</u>									
	Total Report Check Amount <u>6 35</u>									
	Number of Pages This Report <u>1</u>									

SAMPLE – RS 2050

A Employer Name TOWN OF SAMPLE				B Employer Code 3 9 9 9 9		C Report Code 0 1 0		D Page <u>1</u> of <u>1</u>			
E Retirement Registration Number	F Member's Name Last First M.I.			G Last 4 digits of Social Security Number	H Report Period Month/Year	I Days Adjustment	J Days for Period Should Be	K Salary Adjustment	L Salary for Period Should Be	M Additional Contribution Adj.	N Contributions For Period Should Be
39999999	Gordon	James	T	6789	0 6 9 2	3.50	20.00	211.00	1411.77	6.35	42.35
34444444	Brown	Ruth	C	1666	0 6 9 2	(5.00)	20.00	(300.00)	900.00		
O Totals						(1.50)	40.00	(89.00)	2311.77	6.35	42.35
P Certified By ORIGINAL SIGNATURE REQUIRED				Title Supervisor	Date 7/27/92	Telephone Number (555) 111-1111					

Mail completed form to:

NEW YORK STATE AND LOCAL RETIREMENT SYSTEM
 EMPLOYER SERVICES BUREAU
 MAIL DROP 5-1
 110 STATE STREET
 ALBANY NY 12244-0001