ERP-1 (12/19)

## MONTHLY EMPLOYER REPORTING CORRECTION FORM Adjustments (+/-) to Monthly Report Only



## NYS Teachers' Retirement System 10 Corporate Woods Drive, Albany, NY 12211-2395 Employer Reporting Fax Numbers (518) 447-4721 or (518) 431-8798

Reporting Month and Year	:								
Name	NYSTRS EmplID	Social Security Number	Service Days	A: MTD Gross Pay	B: MTD Base Pay	C: MTD Instructional Pay	D: MTD Summer Pay	E: MTD Holdover Pay	F: MTD Partial Leave Pay
	% of Part Pay	G: MTD Retro Pay (Yr=)	H: MTD Retro Pay (Yr=)	I: MTD Retro Pay (Yr=)	J: MTD Awards Pay	K: MTD Termination Pay	L: MTD Non-Regular Comp Pay	N: MTD Post-Retirement Pay	MTD Plan/ Voluntary Contributions
Name	NYSTRS EmplID	Social Security Number	Service Days	A: MTD Gross Pay	B: MTD Base Pay	C: MTD Instructional Pay	D: MTD Summer Pay	E: MTD Holdover Pay	F: MTD Partial Leave Pay
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I hereby certify that according to our records, the above named member(s) taught in the public school of:								Location Code	
Salary information provided above is for service rendered in a reportable title and, therefore, <b>billable</b> to the district.									
Comments:									
AUTHORIZED SIGNATURE: TITLE:									