



MONTHLY EMPLOYER REPORTING CORRECTION FORM

Adjustments (+/-) to Monthly Report Only

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

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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, **billable** to the district.

Comments: _____

AUTHORIZED SIGNATURE: _____

TITLE: _____