

**STATE RETIREMENT AND PENSION SYSTEM OF MARYLAND
PRIOR PERIOD PAYROLL ADJUSTMENT FORM FOR PENSION SYSTEM AND BIFURCATED MEMBERS
Telephone Number 410-625-4899 or Toll Free 1-800-492-5909**

INSTRUCTIONS FOR PREPARING TRANSACTION CODE 714

NOTE: REPORT ALL PAY PERIODS WITHIN EACH MONTH BEING REPORTED

**Please complete all information. Please do not send in duplicates or data that was previously reported on a prior SRA-714 Form. Send form to the attention of
Data Control Division- Payroll Unit.**

Field	Description
System Code	"1" - Teachers Retirement, "2" - Employees Retirement, "3" - State Police "6" - Teachers Pension, "7" - Employees' Pension, "9" Law Enforcement Officers Pension
Location Code	As assigned by State Retirement Agency
Social Security Number	Individual Member Number
Member's Name	(Last, First, MI)- Format
Job Title	Indicate Job Title for period
Status of Employment	Identify employment as permanent, temporary, or contractual
Pay Period Ending Date	Month/Day/Year- Format (M,DD,YYYY)
Actual Annual Compensation	Member's Actual Annual Salary Rounded to whole dollars
Employee Contribution Amount	Amount Dollar and Cents of employee contribution amount withheld for the Pay Period
Hours Worked	Number of actual hours paid for the Pay Period
Standard Hours	Number of Normal or Regular hours for the full-time equivalent position during the pay period
Percentage (%) of Time	If Member is full-time fill with Zeros. If the member is part-time, enter the budgeted part time percentage.
Pay Period Base Salary Paid	Dollar and cents of actual base earnings for the pay period, exclusive of overtime, shift differential,
Annual Earnable Compensation	Full-time Equivalent salary per employer's standard salary structure
Adjustment Amount	Actual adjustment to correct the data being reported
Reason for Adjustment	State what the adjustment is for (i.e retro-salary adjustment, Sick Leave, refund, missed contribution, etc.) short description.