| PREPARER INFORMATION | |
|----------------------|--|
| PREPARER: | |
| TITLE: | |
| DATE: | |
| TELEPHONE NUMBER: | |

PRIOR PERIOD PAYROLL ADJUSTMENT FORM

| ocation | Social Security Number | Name Last, First, Middle Initial | Job Title for Pay Period Indicated | | | | | % of | Base | Annual Earnable | Adjustment Amount | Reason for Adjustment |
|-----------|---------------------------|-------------------------------------|---------------------------------------|--|--|--|--|--|--|--|--|---|
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| <u>.0</u> | | Social Security Number | | | ocation Number Last, First, Middle Initial Period Indicated Contr. Ending Date | Social Security Number Last, First, Middle Initial Period Indicated Contr. Ending Date Compensation Amount Compensation Amount Contribution Amount Contribution Amount Contribution Compensation Comp | Social Security Number Last, First, Middle Initial Period Indicated Contr. Perm., Temp., Contr. Ending Date Compensation Compensation Compensation Amount Worked Contr. Contribution Morked Contribution Compensation Compensation Compensation Contribution Amount Worked Contr. Contr. Contribution Compensation Compensation Contribution Contrib | Social Security Number Last, First, Middle Initial Period Indicated Contr. Pay Period Ending Date Compensation Amount Hours Standard Hours Compensation Amount Worked Hours Compensation Amount Hours Standard Hours Compensation Amount Hours Compensation Amou | Social Security Number Last, First, Middle Initial Period Indicated Contr. Pay Period Ending Date Compensation Compensatio | Social Security Number Last, First, Middle Initial Period Indicated Contr. Social Security Number Last, First, Middle Initial Period Indicated Perm., Temp., Pay Period Ending Date Compensation Amount Worked Hours Time Salary Paid | Social Security Number Last, First, Middle Initial Period Indicated Period | Social Security Number Last, First, Middle Initial Name Last, First, Middle Initial De Title for Pay Period Indicated Period Indicated |

Total <u>\$</u> Total <u>\$</u>

SRA-714 (revised 05/16)

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 date that was previously reported on a prior SRA-714 Form. Send form to the attention of Data Control Division- Payroll Unit.

| Field | Description |
|-----------------------------------|---|
| | "1" - Teachers Retirement, "2" - Employees Retirement, "3" - State Police "6" - Teachers Pension, "7" - |
| System Code | 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 Dollar and Cents of employee contribution amount withheld for the Pay Period |
| Amount | |
| 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 |
| | If Member is full-time fill with Zeros. If the member is part-time, enter the budgeted part time |
| Percentage (%) of Time | percentage. |
| Pay Period Base Salary Paid | Dollar and cents of actual base earnings for the pay period, exclusive of overtime, shift differential, |
| | Full-time Equivalent salary per employer's standard salary structure |
| Annual Earnable Compensation | |
| Adjustment Amount | Actual adjustment to correct the data being reported |
| | State what the adjustment is for (i.e retro-salary adjustment, Sick Leave, refund, missed contribution, |
| Reason for Adjustment | etc.) short description. |