



LOUISIANA SCHOOL EMPLOYEES'  
RETIREMENT SYSTEM

## Prior Year Correction of Earnings and Contributions

This form is to be used to make corrections to prior year earnings and contributions which have been reported incorrectly.

### Section 1 - Member Information

Last Name	First Name	MI	Suffix	Social Security Number
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### Section 2 - Employer Information

Employer Name	Employer Number
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### Section 3 - Fiscal Year Corrections

1.	Fiscal Year	Days Worked/Full Year	% Effort, if part-time	Hours/Hours
		<b>Actual Salary</b>	<b>Contributions</b>	<b>Full-time Salary</b>
	<b>Corrected</b>			
	<b>Original</b>			
	<b>Difference</b>			
2.	Fiscal Year	Days Worked/Full Year	% Effort, if part-time	Hours/Hours
		<b>Actual Salary</b>	<b>Contributions</b>	<b>Full-time Salary</b>
	<b>Corrected</b>			
	<b>Original</b>			
	<b>Difference</b>			
3.	Fiscal Year	Days Worked/Full Year	% Effort, if part-time	Hours/Hours
		<b>Actual Salary</b>	<b>Contributions</b>	<b>Full-time Salary</b>
	<b>Corrected</b>			
	<b>Original</b>			
	<b>Difference</b>			

### Section 4 - Agency Certification

This section must be completed by the employer and signed by the employer's representative whose authorized signature is on file at LSERS.

Employer signature (authorized representative)	Title	Date signed (mm/dd/yyyy)
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