Toll Free: 800-381-5111 Michigan.gov/PSRU Fax: 517-284-4416

## Request for Adjusting Records Prior to October 1, 2002

MEMBER'S NAME (LAST, FIRST, M.I.)				LAST 4 DIGITS OF SSN (XXX-XX- )			
Complete this form if you are adjusting a Detail 2 record with a pay period reported before October 1, 2002.							
Section I – Request for Adjustment Complete this section with the wages and hours that ORS should have on the member's account. ORS will determine the necessary adjustments.							
DATE	WAGES	HOURS		LOYEE'S JOE SS CODES	ADJUSTMENT REQUEST		STUDENT
QUARTER 1: 07/01/					☐ REMOVE AN INCORRED ☐ ADD A MISSING RECOR		□ YES □ NO
QUARTER 2: 10/01/					□ REMOVE AN INCORREG		□ YES □ NO
QUARTER 3: 01/01/ to 03/31/					□ REMOVE AN INCORREG		□ YES □ NO
QUARTER 4: 04/01/					□ REMOVE AN INCORREG		□ YES □ NO
PLEASE EXPLAIN THE REASON FOR THE ABOVE ADJUSTMENT REQUEST.							
UNIVERSITY AND COMMUNITY COLLEGE ONLY WAS THE MEMBER PART OF THE OPTIONAL RETIREMENT PLAN?   YES  NO							
Section II – Certification							
By my signature I certify the above adjustment request information is correct to the best of my knowledge and belief.							
REPORTING UNIT NAME		REPORTING UNIT NUMBER			REPORTING UNIT OFFICIAL'S 1	TITLE	
REPORTING UNIT OFFI	NUMBER	REPORTING	PORTING UNIT OFFICAL'S SIGNATURE				

Fax your completed form and any attachments to: 517-284-4416

ORS will notify you when adjustments have been made to a member's account and they will reflect on a future pay cycle statement.

