



MICHIGAN OFFICE OF RETIREMENT SERVICES

Big Plans. Small Steps.

P.O. Box 30171 · Lansing, MI 48909-7671

www.michigan.gov/ors

Toll Free: 800-381-5111

Local: 517-284-4400

Fax: 517-284-4416

Request for Adjusting DTL4 Records Prior to October 2015

Complete this form if you are adjusting a Detail 4 record with a pay period reported prior to October 2015.

MEMBER'S NAME (LAST, FIRST, M.I.)	LAST 4 DIGITS OF SSN XXX-XX-
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Section I – Request for Adjustment

Complete this section with the wages that Office of Retirement Services (ORS) should have on the member's account. ORS will determine the necessary adjustments with the correct Defined Contribution (DC) and/or Personal Healthcare Fund (PHF) employee and employer contributions

PAY PERIOD TO ADJUST	PAY PERIOD BEGIN DATE (MM/DD/YYYY)	PAY PERIOD END DATE (MM/DD/YYYY)	AMOUNT OF WAGES TO ADD OR REMOVE	ADJUSTMENT REQUEST
PAY PERIOD 1:				<input type="checkbox"/> REMOVE WAGES <input type="checkbox"/> ADD MISSING WAGES
PAY PERIOD 2:				<input type="checkbox"/> REMOVE WAGES <input type="checkbox"/> ADD MISSING WAGES
PAY PERIOD 3:				<input type="checkbox"/> REMOVE WAGES <input type="checkbox"/> ADD MISSING WAGES
PAY PERIOD 4:				<input type="checkbox"/> REMOVE WAGES <input type="checkbox"/> ADD MISSING WAGES
PAY PERIOD 5:				<input type="checkbox"/> REMOVE WAGES <input type="checkbox"/> ADD MISSING WAGES
PAY PERIOD 6:				<input type="checkbox"/> REMOVE WAGES <input type="checkbox"/> ADD MISSING WAGES
PAY PERIOD 7:				<input type="checkbox"/> REMOVE WAGES <input type="checkbox"/> ADD MISSING WAGES
PAY PERIOD 8:				<input type="checkbox"/> REMOVE WAGES <input type="checkbox"/> ADD MISSING WAGES

PLEASE EXPLAIN THE REASON FOR THE ABOVE ADJUSTMENT REQUEST.

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 TITLE
REPORTING UNIT OFFICIAL'S CONTACT NUMBER	REPORTING UNIT OFFICIAL'S SIGNATURE	DATE

**Mail your completed form and any attachments to:
Office of Retirement Services, PO Box 30170, Lansing, MI 48909-7671**

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

