

School Adjustment Report

SCHOOL _____ **EMPLOYER NUMBER** _____

PAYROLL PERIOD		NAME	SSN	HOURS	SALARY	CONTRIBUTIONS
Begin Date	End Date					

TOTAL EMPLOYEE CONTRIBUTION ADJUSTMENTS \$ _____

TOTAL EMPLOYER CONTRIBUTION \$ _____

TOTAL ADJUSTMENTS \$ _____

Explanation of adjustments (Required)

Please check one:

- To be entered by NPERS office
- Submitted via the web on the _____ Wage and Contribution Report
Month/Year

EMPLOYER CONTACT SIGNATURE