

After completing this form, please send to:

Employees' Retirement System  
 201 Merchant Street, Suite 1400  
 Honolulu, Hawaii 96813  
 ATTENTION: Marleen Nishimiya  
 OR Fax: 587-5766

**INFORMATION FOR EMPLOYEES' RETIREMENT SYSTEM**

Employee Name:	
Social Security Number:	XXX-XX-
Reason for Retroactive Payment:	
Period Affected:	
Amount of Retroactive Payment:	

Please provide the redistributed retroactive salary adjustment to the proper pay periods.

Affected Months and Year	Amended Salary Amounts
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	