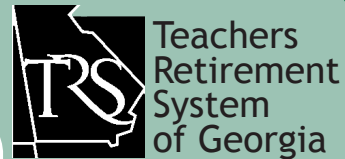


Correction Advice Form CA-3



Employer Number: _____ Reporting Employer's Name: _____

Member SSN: _____ Member Name: _____

Fiscal Year _____	# of Days Paid in Calendar Month	Contributions as Reported	Salary as Reported	Corrected Contributions	Corrected Salary	Difference in Contributions	Difference in Salary	Matching Funds Due TRS ()	Total Due to TRS
July									
August									
September									
October									
November									
December									
January									
February									
March									
April									
May									
June									
GRAND TOTALS									

Employment Date: _____ Termination Date: _____

Reason for this Adjustment: _____

Signature of Reporting Authority _____ Title _____ Date _____

Note: Current Employer Rate: 10.28 percent
 Current Employee Rate: 5.53 percent

Past Year Rates: Refer to www.trsga.com

*** CORRECTION ***

MEMBER CONTRIBUTIONS SHOULD BE PRE-TAX. (Deducted and not taxed from employee paycheck)
 If, for some reason, contributions are not pre-tax (after tax), a letter of explanation must be included with this form.