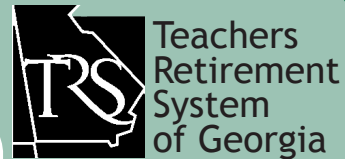


# Correction Advice Form CA-3



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									
<b>GRAND TOTALS</b>									

Employment Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Reason for this Adjustment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Reporting Authority

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Note:** Current Employer Rate: 9.28 percent

Past Year Rates: Refer to [www.trsga.com](http://www.trsga.com)

Current Employee Rate: 5 percent



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.