

RECORD OF EMPLOYER DETERMINATION ON EMPLOYEE PROTEST OF SERVICE AND COMPENSATION

Name	BA Number	<input type="checkbox"/> Employee proof attached.
Social Security Number	Payroll Ident .	

	YEAR	SERVICE MONTHS											
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
EMPLOYEE CLAIMS													
EMPLOYER REPORTED													

	YEAR	RUIA CREDITABLE AMOUNT				RRA CREDITABLE AMOUNT	
						TIER I	TIER II
		EMPLOYEE CLAIMS					
EMPLOYER REPORTED							

1. I have reviewed the employee's claim and find it is correct.
 - A. Form BA-4 certifying the above adjustment is attached.
 - B. The above adjustment will be included on our next adjustment report.

2. I have reviewed the employee's claim but do not concur.
 - A. An adjustment is being certified which is different than the one claimed. Form BA-4 is attached.
 - B. The employee's service and compensation is correct as reported. No adjustment is required. The employee's documentation does not support this claim because

SIGNATURE

TITLE

DATE