

**TEXAS EMERGENCY SERVICES RETIREMENT SYSTEM  
FORM 200 D: CORRECTION OF ERRORS**

Department Name and Member Name	
Department Name	
Member Name	

Notes

CORRECTED SERVICE CREDIT				
Year	Start Date	End Date	Emergencies (Yes/No)	Training (Yes/No)

Approval by Local Board Chairman		
I certify that I am the chair of the local pension board and I approve the correction qualified service for the member(s) indicated above.		
Signature	Printed Name of Board Chair	Signature Date
X		

TESRS Staff Review and System Update
I certify that the member's service credit was updated as indicated above.
X

Executive Director's Approval of Correction of Error
Executive Director's Signature
X



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P.O. BOX 12577 AUSTIN TEXAS 78711 | (512) 936-3372 | FAX: (512) 936-3480

[WWW.TESRS.TEXAS.GOV](http://WWW.TESRS.TEXAS.GOV) | EMAIL: [INFO@TESRS.TEXAS.GOV](mailto:INFO@TESRS.TEXAS.GOV)

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