

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

Department Name and Member Information	
Department Name:	
Member Name:	
Member Email:	

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 of 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.		
Signature	Printed Name of TESRS Staff	Signature Date
X		

For Agency Use Only		
Contributions and Interest Charges Attached		
TESRS Chief Financial Officer's Approval of Contributions and Interest Charges		
Signature	Printed Name of Chief Financial Officer	Signature Date
X		

TESRS Executive Director's Approval of Correction of Errors		
Signature	Printed Name of Executive Director	Signature Date
X		

