



Contra Costa County Office of Education

77 Santa Barbara Rd., Pleasant Hill, CA 94523 • (925) 942-3388 • www.cocoschools.org

District Name: _____

Munis Corrections (MC20) – SEC 125 Adjustments

This form is used to adjust or correct previous premiums, dependent care or medical reimbursement contributions.

Employee #: _____

Certificated Classified

Last Name: _____ First Name: _____

Original Check Date: ____/____/____ Check Number: _____

Adjustments to be made on payroll (Check Date): ____/____/____

If error is on more than one check, use one sheet for each check number.

Refund Pick Up

SEC 125 Type: _____ (P = Premium, F= Flexible, C= Cash Option)

Deduction Code: _____

Deduction Gross: \$ _____

** For refund, use negative \$ amounts **

Employee Amount: \$ _____

If correct SACS differs from Employee Master, please specify here:

%	SACS

Reason For Adjustment:

Please attach a copy of original check.

Prepared By: _____

Date: ____/____/____

DPS Use Only

Processed by:

Date: ____/____/____