



# THRIFT SAVINGS PLAN

## CERTIFICATION OF TRANSFER OF FUNDS AND JOURNAL VOUCHER FOR EARNINGS ADJUSTMENT

# TSP-2-F

### I. IDENTIFICATION

To: TSP Agency Technical Services Fairfax Post Office ATS – P.O. Box 4570 Fairfax, VA 22038-9998 Telephone: (888) 802-0179 Fax Number: (703) 788-2936	1. From:		
2. Payroll Office Number	3. Journal Voucher Report Number  ____ F ____ yy      xxx	4. Submission Date (mm/dd/yyyy)	5. Type of Media <input type="checkbox"/> Electronic Submission <input type="checkbox"/> Disk

### II. TYPE OF ADJUSTMENT

6. Check one: FERCCA Adjustment <input type="checkbox"/> Miscellaneous Earnings Adjustment <input type="checkbox"/>	
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### III. NUMBER OF RECORDS SUBMITTED

7. _____	
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### IV. ADJUSTMENTS BY CONTRIBUTION SOURCE

	Total Earnings Adjustments	
8. Employee Contributions	\$ _____	
9. Agency Automatic (1%) Contributions	\$ _____	
10. Agency Matching Contributions	\$ _____	
11. Total	\$ _____	

### V. CERTIFICATION

I certify that prudent measures have been taken to ensure that the TSP transactions associated with this voucher are correct according to applicable law and TSP procedures and that the amount in Block 11 is available to be credited to the TSP receipt account.

12. _____ Typed or Printed Name of Authorized Administrative or Certifying Officer	13. (_____) _____ Telephone (Area Code and Number)
14. _____ Signature of Authorized Administrative or Certifying Officer	15. (_____) _____ Telefax (Area Code and Number)
16. _____ Date Certified	

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**INSTRUCTIONS**

Mail completed form and diskette, if applicable, to the address on the front of the form.

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**IDENTIFICATION**

- 1. From.** Enter the address of the sender. Include the payroll office name, address, and Zip Code.
  - 2. Payroll Office Number.** Enter the 8-position assigned payroll office number in XX-XX-XXXX format.
  - 3. Journal Voucher Report Number.** Enter the 6-position report number. The first two positions represent the calendar year of the reporting pay period. The last three positions represent a sequential number beginning with 001. This number will serve as a control over receipt of the reports.
  - 4. Submission Date.** Enter date in mm/dd/yyyy format.
  - 5. Type of Media.** The Web-based data submission application or the PC program must be used for the submission.
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**TYPE OF  
ADJUSTMENT**

- 6. Check one.** Check whether the records being submitted contain earnings adjustments made pursuant to FERCCA or whether the earnings adjustments are made otherwise. Only one type of adjustment may be submitted per journal voucher.
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**NUMBER OF  
RECORDS  
SUBMITTED**

- 7.** Enter the total number of records submitted.
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**ADJUSTMENTS  
BY  
CONTRIBUTION  
SOURCE**

- 8. Employee Contributions.** Enter the total earnings adjustments for employee contributions.
  - 9. Agency Automatic (1%) Contributions.** Enter the total earnings adjustments for agency automatic (1%) contributions.
  - 10. Agency Matching Contributions.** Enter the total earnings adjustments for agency matching contributions.
  - 11. Total.** Enter the total of all earnings adjustments.
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**CERTIFICATION**

- 12. Typed Name of Authorized Administrative or Certifying Officer.** Type or print the name of the official who is responsible for the accuracy of this voucher and the data that it transmits.
- 13. Telephone Number.** Enter the telephone number of the certifying officer, including area code.
- 14. Signature of Authorized Administrative or Certifying Officer.** Signature of person named in Item 12.
- 15. Telefax Number.** Enter the commercial telefax number of the certifying officer, including area code.
- 16. Date Certified.** Enter the date the document is signed.