PRS-3.5 (10/04)

NY STRS

NEW YORK STATE TEACHERS' RETIREMENT SYSTEM
10 Corporate Woods Drive, Albany, NY 12211-2395

MONTHLY SALARY AND SERVICE VERIFICATION
FOR NYS PUBLIC SERVICE BEFORE JOINING NYSTRS

PART 1: TO THE MEMBER: Please complete PART 1 of this form and forward to the employer where service was rendered to complete PART 2.

LAST NAME　　　　　FIRST　　　　　M.I.	SOCIAL SECURITY NUMBER
STREET	TRS EMPLID
CITY　　　　　STATE　　　　　ZIP CODE	FORMER NAME(S)
Is this address your PERMANENT address to be used by the System?　☐ YES　☐ NO	PERIODS OF EMPLOYMENT
_____ _____ Signature　　　　　　　　　Date	EMPLOYER NAME

PART 2: TO THE EMPLOYER: Please complete and return to the System at the address above.

TO WHOM IT MAY CONCERN: The above named member of this Retirement System has claimed previous employment with you during the period(s) indicated. A certification of service is required so that we can determine the amount of service credit this person may be entitled to receive.

Are you <u>currently</u> a participating employer with a NYS or NYC Public Retirement System?　☐ Yes　☐ No

Payroll Title:_____　Please indicate the number of hours per day considered full-time for this payroll title: _____

Last Day on Payroll:_____ or ☐ still working.　First Day on Payroll: _____

SCHOOL EMPLOYEES ONLY: Please indicate if employee is a 10 or 12 month employee:　☐ 10　☐ 12

If this was service rendered in a New York State or New York City public college, were contributions　☐ Yes　☐ No
made to TIAA? If yes, what period of time did the contributions cover? _____

INSTRUCTIONS: The following relates to each column bearing the same number.
1. Indicate each calendar month during which wages were paid.
2. Indicate for first entry only (e.g.: $2.50 per hour, $30.00 per day, $10,000 per year), and thereafter only when a change occurred.
3. Indicate for first entry only (e.g.: Weekly, Bi-weekly, Semi-monthly, etc.) and thereafter only when a change occurred.
4. Enter the "Amount Paid" for each month.
5. Enter the "Days Worked" for each month.
6. Please indicate and identify any period of leave without pay or at ½ pay. Also indicate any period covered by Workers' Compensation.

1	2	3	4	5	6		
					Periods of Leave Without Pay		
Month/Year	Rate of Pay	Frequency of Payment	Amount Paid	Days Worked	From	To	Type of Leave

(REQUIRED CERTIFICATION ON REVERSE SIDE)

1	2	3	4	5	6		
Month/Year	Rate of Pay	Frequency of Payment	Amount Paid	Days Worked	Periods of Leave Without Pay		
					From	To	Type of Leave

I HEREBY CERTIFY THE ABOVE INFORMATION IS CORRECT AND WAS TAKEN FROM OFFICIAL RECORDS.

NAME OF EMPLOYER:

SCHOOL DISTRICT CODE:
 (if applicable)

SIGNATURE OF AUTHORIZED OFFICIAL:

TITLE:

DATE:

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NO:

(_____) _____-_____