

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND
 40 Fountain Street, 1st Floor
 Providence, RI 02903 – 1854
 Office (401) 222-2203, Fax (401) 222-2430

OFFICIAL LAYOFF VERIFICATION

INSTRUCTIONS: Please print or type in black ink. Up to 1-year layoff is purchasable.

EMPLOYER DATA

REPORTING AGENCY	TELEPHONE NUMBER	FAX NUMBER
ADDRESS		
ADDRESS		
ADDRESS		
CITY	STATE	ZIP

EMPLOYEE DATA

SOCIAL SECURITY NUMBER		DATE OF BIRTH (mm/dd/ccyy)	
NAME	FIRST	MI	LAST
ADDRESS			
ADDRESS			
ADDRESS			
CITY	STATE	ZIP	

EMPLOYER CERTIFICATION

The above employee was on an official layoff during the following periods and wishes to purchase this time towards retirement. Please provide ERSRI with the following information. Please break down by school year for teachers and calendar year for others.

Start Date	End Date	Number of Working Days (Max 180 for teachers, 260 for others)	Contractual Salary

Actual Dates employee was on layoff FROM: / / TO: / /

Returned to work, or

Terminated, on Date: / /

OFFICIAL'S STATEMENT AND SIGNATURE

I hereby certify the above information to be true and correct based upon our official records.

SIGNATURE	DATE OF SIGNATURE (mm/dd/ccyy)
PRINT NAME	TITLE

