

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

OFFICIAL LEAVE VERIFICATION

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 leave of absence of 4 consecutive weeks or more in duration 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 leave FROM: / / TO: / /

Returned to work, or

Terminated, on Date: / /

Was employee on Leave Without Pay due to Workers' Compensation? YES NO

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