

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

PRIOR TIME VERIFICATION
 State Teaching Municipality

EMPLOYER DATA

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

EMPLOYEE DATA

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

EMPLOYER CERTIFICATION

The above employee did not contribute for the dates: _____ to _____ and wishes to purchase this time towards retirement.

1. Was employment seasonal or casual? YES NO

2. Did employee work at least 20 hours per week? YES NO

If employment was not seasonal/casual, and employee worked at least 20 hours per week, state reason employee did not contribute:

Dates (Please breakdown by school year for teachers/calendar year for others)		Number of Days Worked (Max 180 for teachers/ 260 for others)	Salary (actually earned during this period)
From (mm/dd/ccyy)	To (mm/dd/ccyy)		

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