

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

PROBATIONARY TIME 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

1. Was employment seasonal or casual? YES NO
2. Did employee work at least 20 hours per week? YES NO

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

Dates (Please breakdown by calendar)		Number of Days Worked (Max 260 per Year)	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