

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

SALARY VERIFICATION for SERVICE CREDIT

Instructions: Please print or type in black ink. Please return completed form to ERSRI. Your promptness is appreciated.

THIS FORM IS TO BE USED ONLY FOR REPORTING SALARY FOR DETERMINING SERVICE CREDIT. Do NOT submit this form for requesting purchase of Leave time; for purchase of Leave complete the Office Leave Verification form.

EMPLOYER DATA

REPORTING AGENCY	TELEPHONE NUMBER	FAX NUMBER
ADDRESS		
CITY	STATE	ZIP

EMPLOYEE DATA

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

EMPLOYER CERTIFICATION of SERVICE CREDIT & SALARY

	<u>SCHOOL DAYS WORKED</u>	<u>TEACHER CREDIT RECEIVED</u>
State and Municipal Employees report salary on Calendar Year (January-December).	45 – 66	3 months
	67 – 90	6 months
Teachers/Administrators report contractual salary on School Year.	91 – 134	9 months
	135 or more	12 months

EMPLOYER: PLEASE COMPLETE THE FOLLOWING INFORMATION *Report Teachers/Administrators by School Year.*

Indicate Year below: School Year OR Calendar Year (Teachers) (ex. 92/93) (State/ Muni)	Contractual Salary

SCHOOL 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