

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

## VOCATIONAL EDUCATION CREDIT REQUEST FORM

**Instructions: Please print or type in black ink. This form must first be authorized by the member and certified by current employer. The completed form must then be returned to the Employees' Retirement System of Rhode Island. Please attach verification from the past employer verifying the dates of service and position worked, and a copy of a vocational certificate for the given position.**

### MEMBER INFORMATION

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

### MEMBER AUTHORIZATION

**I, the undersigned, certify that the above information is true and correct. I understand that any member who knowingly makes a false statement regarding purchase credit shall not be entitled to a retirement allowance but only to a return of contributions.**

SIGNATURE OF MEMBER	DATE OF SIGNATURE (mm/dd/ccyy)
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### CURRENT EMPLOYER CERTIFICATION

CURRENT EMPLOYER AND POSITION	CURRENT CONTRACTUAL SALARY
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**I hereby certify the above salary information to be true and correct based upon our official records.**

SIGNATURE OF PERSONNEL OFFICIAL	DATE OF SIGNATURE (mm/dd/ccyy)
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