

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND
 50 Service Avenue
 Warwick, RI 02886
 Office (401) 462-7600, Fax (401) 462-7691
 Email: ersri@ersri.org Web Site: www.ersri.org

OFFICIAL LAYOFF VERIFICATION

INSTRUCTIONS: Please print or type in black ink. Up to 1-year layoff can be purchased. Incomplete or inaccurate forms will not be processed.

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 layoff during the following periods and wishes to purchase this time towards retirement. Provide ERSRI with the following information. Break down by school year for teachers and calendar year for others. Attach official documentation that clearly states that the member was on official lay-off.

Start Date	End Date	Number of Working Days (Max 180 for teachers, 260 for others)	Contractual Salary

Actual Dates employee was on layoff FROM: / / TO: / /

Returned to work, or

Terminated, on Date: / /

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