

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

PROBATIONARY TIME VERIFICATION

INSTRUCTIONS: Please print or type in black ink. Return completed form to ERSRI. Incomplete or inaccurate forms will not be processed.

EMPLOYER DATA

REPORTING AGENCY	TELEPHONE NUMBER	FAX NUMBER
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