

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND
 50 Service Avenue, 2nd Floor
 Warwick, RI 02886-1021
 Office (401) 462-7600 Fax (401) 462-7691
 Email: ersri@ersri.org Web Site: www.ersri.org

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. Employer should also state if full time, if not full time, indicate % of time worked. Vocational Education teacher must currently be employed as a Vocational Education teacher by the State of Rhode Island or a city or town in the state of Rhode Island. Please attach a copy of a vocational certificate for the given position. Incomplete or inaccurate forms will not be processed.

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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