Guide to Retirement Forms

Teacher Employers

Teacher Employers

RETIRA

ALTER ALTERATION

Teacher Employer Retirement Verifications

anna manne

• Employer Certification of Retirement and Final Wages

 Teacher Day Count Verification for School Days Worked

Verification of Retroactive Salary



Teacher Employers

Employer **Certification of Retirement and** Final Wages –

Page 1 of 3

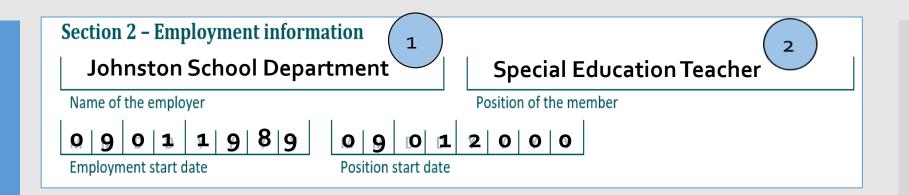
System of Rhode Island	
	EMPLO
	RETIREME
This form must be complet	orm more than 3 months prior to member's sted in entirety and signed by both the mem ianal information, see instructions at the em
Please print clearly in black ink.	
Section 1 – Member information	
First and middle names	Last name
Address (street number, street name and apart	rtment number)
City	State

ER CERTIFICATION OF NT AND FINAL WAGES

Do not submit this form more than 3 months prior to member's retirement.					
This form must be completed in entirety and signed by both the member and employer.					
For additional information, see instructions at the end.					
Please print clearly in black ink.					
Section 1 - Member information					
First and middle names Last name					
Address (street number, street name and apartment number)					
City State Zip code					
Home phone number (area code and number) Business phone number (area code and number)					
Date of birth (mm/dd/yyyy) Social Security number (4 last digits only)					
Section 2 - Employment information					
Name of the employer Position of the member					
M M D D Y Y Y Employment start date Position start date					
Section 3 - Termination information					
M D V					
Reason for separation from service					
Type of retirement (check one): 🔲 Service retirement 🔲 Disability retirement 🔲 Survivor benefit (death in service)					
Retirement sub type (for disability only – check one): 🛛 🔲 Ordinary 🔲 Accidental					
For accidental disability, please provide annual salary rate: \$					



Employment Information





Name of the employer

School teacher or administrator retired from

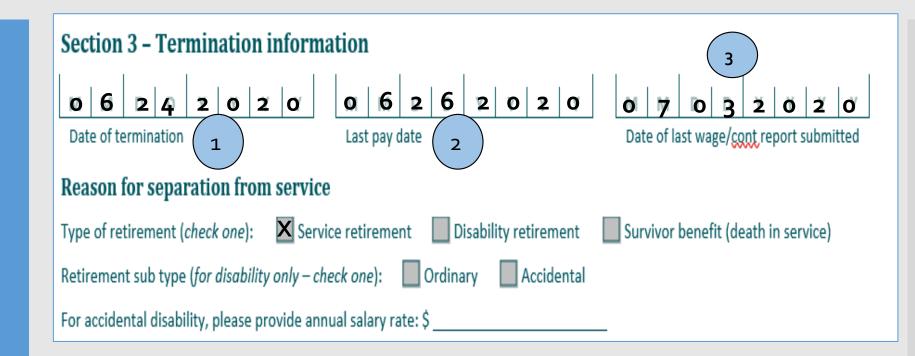


Position of the member

- Specific title of teacher or administrator



Termination Information





Date of Termination - last day of employment



Last pay date - final pay period end date for wages earned



Date of last wage/contribution submitted to retirement





EMPLOYER CERTIFICATION OF RETIREMENT AND FINAL WAGES

Section 4 - Unreported wages, contributions and service credit

Pay period start date	Pay period end date	Wages	Contributions	Types of wages	Service credited for this period

Section 5 - Supplemental pension information

your municipality accepting the provisions of § 16-7-19.1 (Optional Incentive Bonus)?	🔲 Yes	No No	
yes, please give the number of years in your municipality and amount of bonus: # of year	rs.	\$	per year

Section 6 - Salary certification

Report 5 highest consecutive years of salary or last 5 years salary, whichever is greater. Salary reported must not include avertime, unused sick or vacation time, compensatory time, or payments made in anticipation of member's retirement.

R	Year	Contractual salary	# of days in school year	# days compensated while students in session	Amount earned in school year
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×					
ш					

L	Year	Full contractual salary (calendar year)	# of pay periods	Longevity earned	Effective date of longevity	10 month employee	12 month employee
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-							
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z							
D N							
-							



Unreported wages, contributions and service credit

Section 4 – Unreported wages, contributions and service credit							
Pay period start date	Pay period end date	Wages	Contributions	Types of wages	Service credited for this period		
6/13/20	6/26/20	\$3,200	\$352	Regular	10 days		



Remaining pay periods of wages and contributions to be reported to retirement.





EMPLOYER CERTIFICATION OF RETIREMENT AND FINAL WAGES

per year

Section 4 - Unreported wages, contributions and service credit

Pay period start date	Pay period end date	Wages	Contributions	Types of wages	Service credited for this period
	1	1	1	1	

is your municipality accepting the provisions of § 16-7-19.1 (Optional incentive Bonus)?

If yes, please give the number of years in your municipality and amount of bonus: # of years ______ \$ _____

Section 6 - Salary certification

Report 5 highest consecutive years of salary or last 5 years salary, whichever is greater. Salary reported must not include avertime, unused sick or vacation time, compensatory time, or payments made in anticipation of member's retirement.

В	Year	Contractual salary	# of days in school year	# days compensated while students in session	Amount earned in school year
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AC					
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L	Year	Full contractual salary (calendar year)	# of pay periods	Longevity earned	Effective date of longevity	10 month employee	12 month employee
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-							
5							
z							
2							

Employer Certification of Retirement and Final Wages – Page 2 of 3



Supplemental pension information Teachers Section 5 – Supplemental pension information

Is your municipality accepting the provisions of § 16-7-19.1 (Optional Incentive Bonus)? Xes

If yes, please give the number of years in your municipality and amount of bonus: # of years <u>10</u> \$ <u>\$150</u> per year



Is your school committee, by resolution to the retirement board, accepting the provisions of Optional Incentive Bonus (16-7-19.1)?

Select either "Yes" or "No"

If yes, enter number of years in the school district and dollar amount of bonus per year (\$150) not to exceed 30 years (\$4,500).



No



EMPLOYER CERTIFICATION OF RETIREMENT AND FINAL WAGES

per year

Section 4 - Unreported wages, contributions and service credit

Pay period start date	Pay period end date	Wages	Contributions	Types of wages	Service credited for this period

Section 5 - Supplemental pension information

ls your municipality accepting the provisions of § 16-7-19.1 (Optional Incentive Bonus)? 🛛 🔲 Yes 🖉 No

If yes, please give the number of years in your municipality and amount of bonus: # of years______\$_____

Section 6 - Salary certification

Report 5 highest consecutive years of salary or last 5 years solary, whichever is greater. Solary reported must not include avertime, unused sick or vacation time, compensatory time, or payments made in anticipation of member's retirement.

R	Year	Contractual salary	# of days in school year	# days compensated while students in session	Amount earned in school year
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×					
ш Т					

L	Year	Full contractual salary (calendar year)	# of pay periods	Longevity earned	Effective date of longevity	10 month employee	12 month employee
A A							
-							
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D N							

ERSRI Employees' Retirement System of Rhode Island

Employer Certification of Retirement and Final Wages – Page 2 of 3

Report 5 highest consecutive years of salary or last 5 years salary, whichever is greater. Salary reported must not include overtime, unused sick or vacation time, compensatory time, or payments made in anticipation of member's retirement.

~	Year	Contractual salary	# of days in school year	# days compensated while students in session	Amount earned in school year
ш Ш	19/20	\$83,200	183	180	\$83,200
н	18/19				
A	17/18				\frown
ш –	16/17		(2)		
	15/16			3	
	-	•			

Contractual Salary – What teacher would have earned if worked all days required by contract to earn full contractual salary.



of days in school year – days teacher required to work by contract to earn full contractual salary.



1

2

days compensated while students in session - days compensated of the 180 days with students in session. Excludes compensated days without students (i.e. first day of school, parent/teacher conference).



Amount earned in the school year – total contractual salary earned for all compensated days both with and without students.



Salary Certification

Section 6

Teachers

Report 5 highest consecutive years of salary or last 5 years salary, whichever is greater. Salary reported must not include overtime, unused sick or vacation time, compensatory time, or payments made in anticipation of member's retirement.

	Year	Contractual salary	# of days in school year	# days compensated while students in session	Amount earned in school year
ш Ш	19/20	\$98,000	260	180	\$98,000
H	18/19				
A	17/18				
ш н	16/17		(2)		
	15/16			3	
		`			

Contractual Salary – What administrator **would have earned** if worked all days required by contract to earn full contractual salary.



1

of days in school year – days administrator required to work by contract to earn full contractual salary.



Salary Certification

days compensated while students in session – administrators earn service credit based on days compensated of the 180 days with students in session. Excludes compensated days without students.



Amount earned in the school year – total contractual salary earned for all compensated days both with and without students.

System of Rhode Island



Report 5 highest consecutive years of salary or last 5 years salary, whichever is greater. Salary reported must not include overtime, unused sick or vacation time, compensatory time, or payments made in anticipation of member's retirement.

e r	Year	Contractual salary	# of days in school year	# days compensated while students in session	Amount earned in school year
	19/20	\$83,200	183	180	\$83,200
E U	18/19	\$78,000	183	180	\$83,200 \$80,000
A C	17/18	1			4
ш	16/17				
-	15/16				



When the Amount earned in school year

exceeds



- Contractual salary by at least \$2,000
- an explanation should be attached along with
- section of the contract related to the additional salary payment
- job description stating it was a requirement of position



Section 6

Salary Certification

Report 5 highest consecutive years of salary or last 5 years salary, whichever is greater. Salary reported must not include overtime, unused sick or vacation time, compensatory time, or payments made in anticipation of member's retirement.

	Year	Contractual salary	# of days in school year	# days compensated while students in session	Amount earned in school year
Ш	19/20	\$83,200	183	180	\$83,200
E U	18/19	\$78,000	183	180	\$80,000 🔶
A O	17/18	\$73,200	183	180	\$74,000
ш —	16/17				
-	15/16				4



Section 6

When a change in Amount earned in school year **exceeds** \$5,000

- an explanation should be attached along with
- section of the contract related to the salary change
- job description stating it was a requirement of position



Teacher Employers

Salary Certification **Regulation 1.19 Retirement Contributions for Teacher Positions** Qualified payments to deduct retirement contributions

- Payments for regular longevity;
- Payments for teaching an extra class for at least 2 consecutive weeks;
- Payments for Teacher Mentor Coordinator plans;
- Payments for class overage for at least 2 consecutive weeks;
- Payments for regular department head or chair duties, or other comparable positions or duties;
- Excluding members employed in a superintendent capacity
 - payments for additional days worked in member's contract;
 - payments for additional positional requirements in member's contract;
- Payments awarded to teachers based on their completion of National Board Certification for Teaching Standards.



Report 5 highest consecutive years of salary or last 5 years salary, whichever is greater by reported must not include overtime, unused sick or vacation time, compensatory time, or payments made in anticipation time, compensatory time, compensatory time, or payments made in anticipation time, compensatory ti

	Year	in school yea		# days compensated while students in session	Amount earned in school year
ЕК	19/20	\$83,200	183	45 *	\$20,914
E U	18/19	\$78,000	183	180	\$80,000
A C	17/18	\$73,200	183	180	\$74,000
ш н	16/17	\$72,000	183	180	\$72,000
F	15/16	\$70,000	183	180	\$70,000
	14/15	\$68,000	183	180	\$68,000

* One additional compensated day without students for first day of school.

What if a teacher retires before the end of the school year?

- Report the five highest consecutive school years of salary information **and** the partial school year of salary information.
- 3
- Add a footnote with # of days compensated without students since these days must be excluded from column 3 (i.e. first day of school and parent/teacher conferences).



Section 6

Salary Certification

Report 5 highest consecutive years of salary or last 5 years salary, whichever is gre unused sick or vacation time, compensatory time, or payments made in anticipatio

iry reported must no nber's retirement.	4	overtime,
nder s retirement.	\setminus \angle	

	Year	Contractual salary	# of days in school year	# days compensated while students in session	Amount earned in school year
2	19/20	\$83,200	183	176 *	\$81,381
-	18/19	\$78,000	183	180	\$80,000
	17/18	\$73,200	183	180	\$74,000
	16/17	\$72,000	183	180	\$72,000
_	15/16	\$70,000	183	180	\$70,000

*3 additional compensated days without students for first day and conferences.

What if a teacher had days without pay?

Report the full-time equivalent days compensated with students in session. Exclude days compensated without students such as first day and parent/teacher conferences.

Add footnote with # of days compensated without students.

In 19/20, 176 days compensated with students + 3 days without students = 179 days compensated in Amount Earned.



Section 6

Salary Certification

Employer Certification of Retirement and Final Wages – Page 3 of 3



EMPLOYER CERTIFICATION OF RETIREMENT AND FINAL WAGES

FERSRI

Employees' Retirement

System of Rhode Island

Section 6 – Salary certification (continued)

	Year	Retro payments (if applicable to years listed)	Effective date of retro	Amount of retro per pay period	10 month employee	12 month employee
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<						
L S						

Section 7 - Disclaimer and signatures

The member understands that the Employment information, Termination information and Unreported wages, contributions and service credit contained on this form have been provided solely by the employer. By signing this form the member acknowledges that he/she has voluntarily made the decision to submit the completed form to the Employees' Retirement System of Rhode Island (ERSRI) which includes the member's date of termination and projected final wages and service credits through the date of termination. The member further understands that if he/she has made the determination not to terminate after submission of this form, he/she must notify ERSRI in writing immediately. After the member's pension has been processed, no further contributions will be accepted after the date of termination provided on this form, and once the member has cashed a pension check, the member's final and cannot be rescinded.

The undersigned acknowledges that he/she has read the foregoing disclaimer, understands the contents, has reviewed all information provided for accuracy and has determined it to be correct, and is signing it freely and voluntarily.

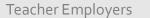
M M D D Y Y Y Y
Member signature
Date of signature

Please forward this campleted form, dated and signed, to the following address:

Employees' Retirement System of Rhode Island 50 Service Avenue 2¹⁴ Floor Warwick, RI 02886-1021

Office: (401) 462-7600 | Fax: (401) 462-7691

Email: ersri@ersri.org | Web site: www.ersri.org



Disclaimer and Signatures

Section 7 - Disclaimer and signatures

The member understands that the Employment information, Termination information and Unreported wages, contributions and service credit contained on this form have been provided solely by the employer. By signing this form the member acknowledges that he/she has voluntarily made the decision to submit the completed form to the Employees' Retirement System of Rhode Island (ERSRI) which includes the member's date of termination and projected final wages and service credits through the date of termination. The member further understands that if he/she has made the determination not to terminate after submission of this form, he/she must notify ERSRI in writing immediately. After the member's pension has been processed, no further contributions will be accepted after the date of termination provided on this form, and once the member has cashed a pension check, the member's retirement is final and cannot be rescinded.

The undersigned acknowledges that he/she has read the foregoing disclaimer, understands the contents, has reviewed all information provided for accuracy and has determined it to be correct, and is signing it freely and voluntarily.

I understand that any person who makes a false statement or shall falsify or permit to be falsified any record to the retirement system in an attempt to defraud the system may be subject to criminal prosecution, and with that understanding, I certify that all information on this form is true and correct.

	M M D D Y Y Y Y
Authorized employer representative signature	Date of signature
Authorized employer representative name (print)	Title
Authorized employer representative phone number	
(area code and number)	
	M M D D Y Y Y Y
Member signature	Date of signature

Authorized employer representative signature and member signature required before employer submits completed form to retirement.





TEACHER DAY COUNT VERIFICATION OF SCHOOL DAYS WORKED

Teacher Day Count Verification of School Days Worked

	For	purchase of substit	This form is to be This form is fo ute, leave or part-tir	e completed and sign or <u>verification</u> of cont	use the Salary Verific ned only by an ERSRI e tributing service credit nember must also sub ase requested.	mployer. t only.	purchase form		
P	Please print clearly in black ink. Your promptness is appreciated.								
s	ection	1 - Employer	data						
	Reportin	g agency							
Ļ	Address (street number and name) City State Zip code Phone number (area code and number) Fax number (area code and number)								
L		2 – Employee	e data		Last name				
L		street number, str	eet name and aparti	ment number)		Zip c	- 4-		
	City Social Se	curity number (4 la	ist digits only)	State		2100	ode		
7 7	he chart		certification	2	45 67 91	worked 5 - 66 7 - 90 - 134 or more	<u>Credit received</u> 3 months 6 months 9 months 12 months		
		r: Please provide El red on by the teach		ing information so th	at we may verify the	days per school year	worked and		
1	School year	# of school days in this year	# of school days compensated while students in session	# of school days employee worked	Indicate "F" if full days or days worked per week (1/5, 2/5, 3/5)	Total amount earned for the school days worked	Contractual fulltime salary for this school year		
E									

ERSRI Employees' Retirement System of Rhode Island

Employer Certification

Teachers

90/91 93/94	-	175 90	178 93	F -5	\$31,125 \$20,430	\$32,000 \$40,200
School year	# of school days in this year	# of school days compensated while students in session	# of school days employee worked	Indicate "F" if full days or days worked per week (1/5, 2/5, 3/5)	Total amount earned for the school days worked	Contractual fulltime salary fo this school year
Employe contribut		RSRI 2 follow	ing in 3 n so th	nat we may verify the	days per school year	worked and
					– 134 or more	9 months 12 months

of school days in this year – days teacher required to work by contract to earn full contractual salary



school days compensated while students in session – days compensated of the 180 days with students in session. Excludes compensated days without students.



Section 3 - Employer certification

The chart to the right is used for service credit through 11/17/2011.

Credit earned on or after 11/18/2011 is proportional credit.

of school days employee worked – total days teacher

compensated both with and without students.



Credit received

3 months

6 months

<u>Days worked</u> 45 – 66

67 - 90

Employer Certification

Administrators

11/12	260	180	260	F	\$75,000	\$75,000
08/09	260	180	260	F	\$60,000	\$60,000
School year	# of school days in this year	# of school days compensated while students in session	# of school days employee worked	Indicate "F" if full days or days worked per week (1/5, 2/5, 3/5)	Total amount earned for the school days worked	Contractual fulltime salary for this school year
Employe contribut			ing in 3 n so th	nat we may verify the	days per school year	worked and
		10,202210,000000	_	67 91 135	6 months 9 months 12 months	

Days worked

45 - 66

Credit received 3 months

of school days in this year – days administrator required to work by contract to earn full contractual salary



Section 3 - Employer certification

The chart to the right is used for service credit through 11/17/2011.

Credit earned on or after 11/18/2011 is proportional credit.

- # school days compensated while students in session –
- administrators earn service credit based on days compensated of the 180 days with students in session. Excludes compensated days without students.
- 3 # of school days employee worked total days administrator compensated both with and without students.



Section 3 – Employer certification

90/91	year 183	in session 175	worked 178	(1/5, 2/5, 3/5) F	worked \$31,125	this school year \$32,000	
	year	in session	worked	(1/5, 2/5, 3/5)	worked	this school year	
School year	# of school days in this	# of school days compensated while students	# of school days employee	Indicate "F" if full days or days worked per week	Total amount earned for the school days	Contractual fulltime salary fo	
	: Please provide E ed on by the teach	RSRI with the followi ner.	ing information so th	at we 4 fy the	days p 5 vear	worked and	
				– 134 or more	9 months 12 months		
		for service credit thi /18/2011 is proportic	45 67	<u>worked</u> 5 – 66 7 – 90	<u>Credit received</u> 3 months 6 months		

Section 3

Employer Certification



Indicate "F" if full days or days worked per week -

If teacher was less than fulltime, we need to know whether $\frac{1}{2}$ time (.5), $\frac{2}{5}$ (.4), $\frac{3}{5}$ (.6), or $\frac{4}{5}$ (.8) teacher.



Total amount earned for the school days worked – total contractual salary earned for all compensated days both with and without students.



Section 3 - Employer certification

The chart to the right is used for service credit through 11/17/2011.	Days worked	Credit received
Credit earned on or after 11/18/2011 is proportional credit.	45 - 66	3 months
creat earned on of ajter 11/18/2011 is proportional creat.	67 - 90	6 months
	91 – 134	9 months
	135 or more	12 months

Employer: Please provide ERSRI with the following information so that we may verify the days per school year worked and contributed on by the teacher.

School year	# of school days in this year	# of school days compensated while students in session	# of school days employee worked	Indicate "F" if full days or days worked per week (1/5, 2/5, 3/5)	Total amount earned for the school days worked	Contractual fulltime salary for this school year
90/91	183	175	178	F	\$31,125	\$32,000
93/94	183	90	93	-5	\$20,430	\$40,200

6 Contractual fulltime salary for this school year –

What **would have earned** if worked all days required by contract to earn full contractual salary.

What if the teacher was less than fulltime?

Provide the fulltime contractual salary **would have earned** if was a fulltime teacher.



Section 3

Employer Certification



TEACHER DAY COUNT VERIFICATION OF SCHOOL DAYS WORKED

Section 3 - Employer certification (continued)

School year	I of school days in this year	# of school days compensated while students in session	# of school days employee worked	Indicate "F" if full days or days worked per week (1/5, 2/5, 3/5)	Total amount earned for the school days worked	Contractual fulltime salary for this school year

Teacher Day Count Verification of School Days Worked

Section 4

Section 4 - Employer's certification and signature

I hereby certify the above information to be true and correct based upon our official records.

Preparer name (print)	Preparer phone number (area code and number)
Authorized employer representative signature	Date of signature
Authorized employer representative name (print)	Title
Authorized employer representative phone number (area code and number)	
Please forward this completed form, dated and signed, to the following add	dress:
Employees' Retirement System of Rhode Island 50 Service Avenue 2 nd Floor	

50 Service Avenue 2rd Floor Warwick, RI 02886-1021 Office: (401) 462-7600 | Fax: (401) 462-7691 Email: <u>ersri@ersri.org</u> | Web site: <u>www.ersri.org</u>



Verification of Retroactive Salary

Date retro naid	exction 1 - Employer data leporting agency iddress (street number and name) ity State line Zip code into e number (area code and number) Fax number (area code and number) ection 2 - Employee data irst and middle names Last name ddress (street number, street name and apartment number) ity State ity State coial Security number (4 last digits only) ection 3 - Employer certification of retroactive salary information imployer: Please complete the following information. Date retro naid Effective start and end date		VER	RIFICATION OF RET	ROACTIVE S
Reporting agency Address (street number and name) City State Zip code Phone number (area code and number) Fax number (area code and number) Section 2 - Employee data First and middle names Address (street number, street name and apartment number) City State Social Security number (4 last digits only) Section 3 - Employeer certification of retroactive salary information Employer: Please complete the following information. Date retro paid Effective start and end date	deporting agency ddress (street number and name) ity State Zip code Hone number (area code and number) Fax number, street name and apartment number) ity State Cip code Total amo Fax retro naid Effective start and end date Amount of retro Total amount of retro Total amount of retro	lease print clearly in blac	k ink.		
Reporting agency Address (street number and name) City State Zip code Phone number (area code and number) Fax number (area code and number) Section 2 - Employee data First and middle names Address (street number, street name and apartment number) City State Zip code Social Security number (4 last digits only) Section 3 - Employer certification of retroactive salary information Employer: Please complete the following information. Data retro paid Effective start and end date	deporting agency ddress (street number and name) ity State Zip code Hone number (area code and number) Fax number, street name and apartment number) ity State Cip code Total amo Fax retro naid Effective start and end date Amount of retro Total amount of retro Total amount of retro	Section 1 – Employ	er data		
Address (street number and name) City State Zip code Phone number (area code and number) Fax number (area code and number) Section 2 - Employee data First and middle names Last name Address (street number, street name and apartment number) City State Zip code City State Social Security number (4 last digits only) Section 3 - Employer certification of retroactive salary information Employer: Please complete the following information. Date retro paid Effective start and end date	ddress (street number and name)				
City State Zip code Phone number (area code and number) Fax number (area code and number) Section 2 - Employee data	ity	Reporting agency			
Phone number (area code and number) Fax number (area code and number) Section 2 - Employee data	hone number (area code and number) Fax number (area code and number) cection 2 - Employee data	Address (street number of	and name)		
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Section 2 - Employee data First and middle names Address (street number, street name and apartment number) City Social Security number (4 last digits only) Section 3 - Employer certification of retroactive salary information Employer: Please complete the following information. Date retro paid Effective start and end date Amount of retro Total i	ection 2 - Employee data irst and middle names ddress (street number, street name and apartment number) ity State ocial Security number (4 last digits only) ection 3 - Employer certification of retroactive salary information imployer: Please complete the following information. Date retro paid Effective start and end date		State Zip d		1.1.1
First and middle names Last name Address (street number, street name and apartment number) City State City State Zip code Social Security number (4 last digits only) Section 3 - Employer certification of retroactive salary information Employer: Please complete the following information.	irst and middle names Last name ddress (street number, street name and apartment number) ity State Zip code ocial Security number (4 last digits only) cection 3 – Employer certification of retroactive salary information imployer: Please complete the following information. Date retro paid Effective start and end date Amount of retro Total amo	Phone number (area coo	le and number) Fax nu	umber (area code and number)	
Address (street number, street name and apartment number) City Social Security number (4 last digits only) Section 3 – Employer certification of retroactive salary information Employer: Please complete the following information. Date retro paid Effective start and end date Amount of retro Total A	ddress (street number, street name and apartment number) ity State ity State ocial Security number (4 last digits only) ection 3 - Employer certification of retroactive salary information imployer: Please complete the following information. Date retro paid Effective start and end date Amount of retro Total amount	Section 2 – Employ	ee data		
Address (street number, street name and apartment number) City Social Security number (4 last digits only) Section 3 – Employer certification of retroactive salary information Employer: Please complete the following information. Date retro paid Effective start and end date Amount of retro Total A	ddress (street number, street name and apartment number) ity State ity State ocial Security number (4 last digits only) ection 3 - Employer certification of retroactive salary information imployer: Please complete the following information. Date retro paid Effective start and end date Amount of retro Total amount				
City State Zip code Social Security number (4 last digits only) Section 3 - Employer certification of retroactive salary information Employer: Please complete the following information. Effective start and end date Amount of retro Date retro paid Effective start and end date Amount of retro Total information	ity State Zip code ocial Security number (4 last digits only) ection 3 – Employer certification of retroactive salary information imployer: Please complete the following information. Date retro paid Effective start and end date Amount of retro Total amo	First and middle names		Last name	
Social Security number (4 last digits only) Section 3 – Employer certification of retroactive salary information Employer: Please complete the following information. Date retro paid Effective start and end date Amount of retro Total Amount of retro	ocial Security number (4 last digits only) ection 3 – Employer certification of retroactive salary information imployer: Please complete the following information. Date retro paid Effective start and end date Amount of retro Total amo	Address (street number,	street name and apartment number)		
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Teacher Employers

Employer Certification of Retroactive Salary Information

x <i>y</i>	e the following information.		
Date retro paid	Effective start and end date of retro	Amount of retro per pay period	Total amount of retro pay
6/29/14-7/12/14	9/1/13 – 6/30/14	26 pp at \$100	\$2,600
Totala	mount of rotro po		

Total amount of retro pay



Effective start and end date of retro

Section 3 – Employer certification of retroactive salary information

- start and end date of the pay period it was worked and earned.

Amount of retro per pay period

² – include number of pay periods and amount per pay period.



Verification of Retroactive Salary

Section 4

-	Employees' Retirement
<u> </u>	System of Rhode Island

VERIFICATION OF RETROACTIVE SALARY

FERSRI

Employees' Retirement

System of Rhode Island

Section 4 - Official's statement and signature

I hereby certify the above information to be true and correct based upon our official records.

		1 - I						I I	I I	1
Preparer name (print)	Pre	parer	phon	e nun	nber (area	code a	and n	umbe	r)
			м	м	D	D	Y	Y	Y	Y
Official's signature			Date	e of si	gnatu	ire				
Official's name (print)			Title	•						
Official's phone number (area code and number)										

Please forward this completed form, dated and signed, to the following address:

Employees' Retirement System of Rhode Island 50 Service Avenue 2rd Floor Warwick, RI 02886-1021 Office: (401) 462-7600 | Fax: (401) 462-7691 Email: <u>ersri@ersri.org</u> | Web site: <u>www.ersri.org</u>

Verification of Retroactive Salary (04/2016)

Employer Contacts

Pensionable Wage Determination

Kimberly C. DeCosta Director of Member Services Phone 401.462.7601 Email Kimberly.DeCosta@ersri.org

Reporting Wage and Contributions

Cheryl DerHagopian Business Analyst Phone 401.462.7611 Email Cheryl.DerHagopian@ersri.org

Questions?

