



VERIFICATION OF RETROACTIVE SALARY

Please print clearly in black ink.

Section 1 - Employer data

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	Last name	
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

<i>Employer: Please complete the following information.</i>			
Date retro paid	Effective start and end date of retro	Amount of retro per pay period	Total amount of retro pay



**Employees' Retirement
System of Rhode Island**

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Section 4 – Official's statement and signature

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

Preparer name (*print*)

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Preparer phone number (*area code and number*)

Official's signature

M	M	D	D	Y	Y	Y	Y
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Date of signature

Official's name (*print*)

Title

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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 2nd Floor
Warwick, RI 02886-1021
Office: (401) 462-7600 | Fax: (401) 462-7691
Email: ersri@ersri.org | Web site: www.ersri.org