Employees' Retirement System of Rhode Island

SALARY VERIFICATION FOR SERVICE CREDIT

For teachers, please use the Teacher Day Count Verification of School Days Worked form.

This form should only be used for reporting salary and determining service credit for state and municipal employees.

Do not submit this form for requesting purchase of leave time; for purchase of leave, use the Official Leave Verification form.

Please print clearly in black ink. Your promptness is appreciated.

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 service credit and salary

Employer: *Please complete the following information.*

State and municipal employees report salary on calendar year (Jan. – Dec.) *Indicate year below*	**Contractual salary** (*not actual salary earned*)	**Part-time** *Indicate "PT"*	**10 month employee**	**12 month employee**
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

(*continued on back*)

Employees' Retirement System of Rhode Island

SALARY VERIFICATION FOR SERVICE CREDIT

Section 3 – Employer certification of service credit and salary (*continued*)

State and municipal employees report salary on calendar year (Jan. – Dec.) *Indicate year below*	**Contractual salary** (*not actual salary earned*)	**Part-time** *Indicate "PT"*	**10 month employee**	**12 month employee**
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Section 4 – Employer official's statement 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*)

Employer official signature

M M D D Y Y Y Y

Date of signature

Employer official name (*print*)

Title

Employer official 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