



Office of the New York State Comptroller  
 New York State and Local Retirement System  
 Employees' Retirement System  
 Police and Fire Retirement System  
 110 State Street, Albany, New York 12244-0001

# Monthly Salary and Service Certification

## RS 5120

(Rev. 11/11)

User Name: \_\_\_\_\_

Date: \_\_\_\_\_

Unit:

Member's Name \_\_\_\_\_

Other Name(s) Known by \_\_\_\_\_

Registration Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Payroll Title & Department \_\_\_\_\_

Claimed Periods of Employment \_\_\_\_\_

**PLEASE COMPLETE AND RETURN BY:** \_\_\_\_\_

Location Code \_\_\_\_\_

The above named member of this Retirement System has claimed previous employment with your agency or was not reported during the period(s) indicated. A certification of salary and service is required so we can determine the amount of service credit this person may be entitled to receive.

Please indicate the established standard work day for this payroll title: (enter no. of hours per day in the box)

**Reminder: 6 Hours is the minimum and 8 hours is the maximum standard work day allowable for Tier 2, 3, 4 & 5**

First day worked \_\_\_\_\_

Last day worked \_\_\_\_\_ or  still working

If you have any questions please contact us at 1-866-805-0990 or 518-474-7736. or refer to the Employer Guide on our web site at: <http://www.osc.state.ny.us/retire/employers/index.htm>

School Employees Only – Please indicate if employee is a 10 or 12 month employee:

10  12

University and Community College Employers:  
 Was this employee a member of the Optional Retirement Program, TIAA/CREF?

Yes  No

If YES, what was the employee's first date of participation in the Optional Retirement Program? \_\_\_\_\_

### PLEASE COMPLETE ALL INFORMATION IN INK

I hereby certify that the information provided is correct.\*  
 (Please note, the certification cannot be accepted if signed by the member for whom the information is being provided.)

\_\_\_\_\_  
 Authorized Signature & Date

\_\_\_\_\_  
 Authorizer, Please Print Name

\_\_\_\_\_  
 Department & Title

\_\_\_\_\_  
 Telephone Number & Fax Number

**DO NOT SUBMIT AN ADJUSTMENT FORM FOR THE INFORMATION PROVIDED ON THIS FORM**

\* Please See Reverse

