

Received Date

Monthly Salary and Service Certification

RS 5120

(Rev.09/18)

Please type or print clearly in blue or black ink

NYSLRS ID

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Social Security Number [last 4 digits]

XXX-XX-

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Retirement System [check one]

Employees' Retirement System (ERS)
 Police and Fire' Retirement System (PFRS)

Employer: Please complete all fields on Page 1

Return to Bureau:	Date:	Location Code:
Member Name: (Please print)	Payroll Title:	Department:
Periods of Appointment: _____ to _____		

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.

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

University and Community College Employers: Was this employee a member of the Optional Retirement Program (ORP), TIAA/CREF? Yes No

Other Employers: Was this employee a member of the Voluntary Defined Contributions Program (VDC)? Yes No

If YES, what was the employee's first date of participation in the ORP/VDC? _____

Please indicate the established standard work day for this member's payroll title: (enter number of hours per day below)
Reminder: 6 hours is the minimum and 8 hours is the maximum standard work day allowable for Tier 2, 3, 4, 5 & 6

Hours Per Day:

First day worked: _____

Last day worked: _____ or: **Still Working**

I HEREBY CERTIFY THE INFORMATION PROVIDED IS CORRECT AND WAS TAKEN FROM OFFICIAL RECORDS.
 (Please note, the certification cannot be accepted if signed by the member for whom the information is being provided.)

 (Authorized Signature and Date)

 (Authorizer, Please Print Name)

 (Department & Title)

 (Contact Information (Email or Telephone Number))

See Page 2 for additional instructions. If you have any questions please contact us at 1-866-805-0990 or 518-474-7736.



