



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

Recertification of the Record of Activities

RS 2419

(Rev. 9/12)

I, _____, certify that I completed a 3-month record of activities for the term that began _____ for my position as _____.

I attest that the record of activities maintained for the above named term is still representative of my hours worked and that my responsibilities have not substantially or materially changed. My current term begins on _____ and ends on _____.

Signature of Member

Date

NYSLRS Registration Number: _____

Employer Location Code: _____

NOTE: A record of activities and any certification based upon such record shall not be valid for more than eight years from the date of the taking of office for which the record of activities was initially maintained.

Please keep this form on file in your records and submit a copy to NYSLRS only upon request.