



**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.) <i>Indicate year below</i>	Contractual salary <i>(not actual salary earned)</i>	Part-time <i>Indicate "PT"</i>	10 month employee	12 month employee
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>



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

State and municipal employees report salary on calendar year (Jan. – Dec.) <i>Indicate year below</i>	Contractual salary <i>(not actual salary earned)</i>	Part-time <i>Indicate "PT"</i>	10 month employee	12 month employee
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

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 <i>(print)</i>	Preparer phone number <i>(area code and number)</i>
	M M D D Y Y Y Y
Employer official signature	Date of signature
Employer official name <i>(print)</i>	Title
Employer official phone number <i>(area code and number)</i>	

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