## POLICE AND FIREMEN'S RETIREMENT SYSTEM CERTIFICATION OF SERVICE AND FINAL SALARY — RETIREMENT

## THIS FORM MUST BE COMPLETED BY EMPLOYING AGENCY — SEE INSTRUCTIONS ON REVERSE SIDE

1.	NAME	OF MEMBER _							
2. MEMBERSHIP		ERSHIP NO		····	3. SOCIAL SE	CURITY NO.			
4a.	EMPLOYING AGENCY				4b. EMPLOYER LOCATION NO.				
5. <b>DATE SERVICE TERMINATED</b> // Applicant will not render any se agency after date service terminated. This date must be before the retirement date.						ny service to, or ea	arn salary from this		
6.	a) Is	a) Is the member currently on suspension? $\square$ NO $\square$ YES If yes, give date of suspension							
	ls	Is suspension Paid or Unpaid							
							t? NO Dents or a copy of the		
7.	List unpaid leaves of one month (pay period for state locations) or more, without pay, within the last 12 working months.								
	REASON	I FOR ABSENCE	DATE OF ABS	SENCE (FROM - TO)	REASON FO	OR ABSENCE	DATES OF AB	SENCE (FROM - TO)	
				ТО				ТО	
				ТО				ТО	
8.	above) 10 mo	. Please list num nths for a 10-mon	ber of months at t th employee.	he particular salaı	ry range, and sho	ow a total of 1		termination (line 5 month employee or TOTAL	
							\$ \$		
							\$		
							\$		
							OF SERVICE \$		
9.	If the member received a significant annual salary increase in the last three years of employment, please attach a detailed explanation along with supporting documentation such as salary guides, contracts, and ruling body minutes. If the explanation or documentation is not attached, the processing of the member's retirement will be delayed until the Division receives it.								
10.	Has there been any retroactive salary paid to the employee within the past three years? If so, please describe below:								
	AMOUN <sup>-</sup> PAYMEI		DATE OF AYMENT	COVERING THE	DATES (FROM - TO)	Γ	PENSION DEDUCTION	NEW ANNUAL BASE SALARY	
\$					то	\$	\$		
\$					ТО	\$	\$		
\$					ТО	\$	\$		
11.	includi State b	ng the quarter in	which service tern agencies should	ninated (see QUAI	RTERLY REPOR	T OF CONTR	IBUTIONS).	o quarterly periods aries projected until	
	terriirie	BASE SALARY	n nem 12.		BACK DED	UCTIONS			
	JARTER NDING	SUBJECT TO CONTRIBUTIONS THIS QUARTER	PENSION CONTRIBUTION	LOAN REPAYMENT	NO. PAYMENTS	AMOUNT	ARREARS AND/OR PURCHASES	TOTAL PENSION DEDUCTIONS	
		\$	\$	\$	\$		\$	\$	
		\$	\$	\$	\$		\$	\$	
COMPLETED BY				PHONE NUMBER E-MAIL ADDRESS					
By si	gning th	is statement I am	certifying, under r	penalty of perjury.			nation contained h	erein.	
-									
SIGN	NAIURE	OF CERTIFYING	OFFICER			D <i>i</i>	ATE		

## **INSTRUCTIONS**

This form must be completed by the employer when a member files an application for retirement benefits. Failure to provide this information will delay processing the member's retirement application.

## ITEMS REQUIRING SPECIAL ATTENTION

- **ITEM 5:** A member must terminate employment **before** his or her retirement date. For example, if a member is retiring April 1, he or she cannot be on payroll on April 1.
- ITEM 6: If the member was dismissed under suspension or formal indictment, place an (X) in the YES block. You must also indicate with an (X) if the suspension is paid or unpaid. If the YES box is indicated in 7b, copies of the preliminary and final notices of disciplinary action or their equivalents, or a copy of the indictment must be attached. This information is required before processing the retirement application.
- ITEM 8: Indicate the following: (1) number of months, (2) amount of monthly base salary, (3) the beginning and ending dates of that salary, and (4) the total base salary for the period. A total of 12 months (10 months for those applicable) of salary must be indicated.

Example:

Total base salary paid for last year of service \$\_46,350

- If the Division finds that there has been a significant salary increase in the last three years of employment and an explanation and supporting documentation is not included with this certification, the Division will request the information and will not process the application until the information is received. This will delay the payment of retirement benefits to the member.
- **ITEM 10:** Indicate any retroactive salary increases within the last 3 years. Include: (1) amount of payment, (2) the date of payment, (3) the beginning and ending dates for each increase, (4) the pension deduction, and (5) the new annual base salary.
- **ITEM 11:** Indicate the actual or projected base salary subject to pension contributions for the last two quarters preceding the termination date. It is important to indicate all deductions withheld (pension, loan, back deductions, and arrears payments). Failure to do so could result in incorrect benefits being paid. The base salary should reflect the number of months worked in that quarter.

State biweekly reporting agencies must attach a screen print of the member's TREADHOC biweekly certification with salaries projected until termination date in lieu of completing Item 12.

SUBMIT THIS CERTIFICATION TO: RETIREMENT BUREAU

**DIVISION OF PENSIONS AND BENEFITS** 

PO BOX 295

TRENTON NJ 08625-0295