A-30-0029-0699

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS
PO Box 295 Trenton, New Jersey 08625

SUPPLEMENTAL BI-WEEKLY CERTIFICATION OF EMPLOYING AGENCY

[ ] Please complete this form in addition to part 2 of the Application for Withdrawal.

[ ] Please complete in lieu of item 11 of the Certification of Service and Final Salary-Retirement.

[ ] Please complete as supplement to Employers Certification-Death Claim.

CERTIFICATION

Name of employee _____ Membership No. _____

[ ] Public Employees' Retirement System [ ] Police and Firemen's Retirement System

[ ] Teachers' Pension and Annuity Fund [ ] Judicial Retirement System

Payroll # _____ Social Security # _____

I hereby certify that the figures indicated below are an exact abstract from the bi-weekly payrolls of the above named employee for the last 13 payroll periods preceding.

[ ] Retirement [ ] Withdrawal [ ] Death

PAYROLL PERIOD	P/P#	BASE WAGES	LOAN PAYMENTS	ARREARS PAYMENTS	PENSION DEDUCTIONS	BACK DEDUCTIONS	TOTALS

This final salary deduction (will be/was) made from the payroll period ending _____

_____ _____
Date *Signature of Certifying Officer or Department Head*

_____ _____
Title *Employing Agency*

NOTE: In order to avoid delay in honoring the withdrawal or retirement application, this certification will be used to calculate the payment due. In the event of withdrawal, you should not execute and return this form until the last deduction from salary has been made. For retirement purposes, this form should be returned in advance of the retirement date.