

**PUBLIC EMPLOYEES' RETIREMENT SYSTEM – TEACHERS' PENSION AND ANNUITY FUND
CERTIFICATION OF SERVICE AND FINAL SALARY — RETIREMENT**

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

PENSION FUND PERS TPAF

1. NAME OF MEMBER _____
2. MEMBERSHIP NO. _____ 3. SOCIAL SECURITY NO. _____
- 4a. EMPLOYING AGENCY _____ 4b. EMPLOYER LOCATION NO. _____
5. Date service terminated ____/____/____ Applicant will not render any service to, or earn salary from this agency after date service terminated. This date must be before the retirement date.
6. Was the member considered a part-time employee? NO YES
7. a) Is the member currently on suspension? NO YES If yes, give date of suspension _____
Is suspension Paid or Unpaid
- b) Is the applicant facing or recently been considered for disciplinary action or indictment? NO YES If yes, attach copies of the preliminary and final notices of disciplinary action or their equivalents or a copy of the indictment.
8. List unpaid leaves of one month (pay period for state locations) or more, without pay, within the last 12 working months.
- | REASON FOR ABSENCE | DATE OF ABSENCE (FROM - TO) | REASON FOR ABSENCE | DATES OF ABSENCE (FROM - TO) |
|--------------------|-----------------------------|--------------------|------------------------------|
| | TO | | TO |
| | TO | | TO |

9. Base salary subject to pension fund contributions paid for the last full year of service ending on the date of termination (line 5 above); please list number of months at the particular salary range, and show a total of 12 months for a 12-month employee or 10 months for a 10-month employee.
- | # | months @ \$ | from | to | \$ | TOTAL |
|---|-------------|------|----|----|-------|
| # | months @ \$ | from | to | \$ | |
| # | months @ \$ | from | to | \$ | |
| # | months @ \$ | from | to | \$ | |
- TOTAL BASE SALARY PAID FOR LAST YEAR OF SERVICE \$ _____**

10. 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.

11. Has there been any retroactive salary paid to the employee within the past three years? If so, please describe below:
- | AMOUNT OF PAYMENT | DATE OF PAYMENT | COVERING THE DATES (FROM - TO) | PENSION DEDUCTION | NEW ANNUAL BASE SALARY |
|-------------------|-----------------|--------------------------------|-------------------|------------------------|
| \$ | | TO | \$ | \$ |
| \$ | | TO | \$ | \$ |
| \$ | | TO | \$ | \$ |

12. The following deductions have been made or will be made from the member's base salary during the final two quarterly periods including the quarter in which service terminated (see QUARTERLY REPORT OF CONTRIBUTIONS).
State biweekly reporting agencies should attach a screen print of TREADHOC biweekly certification with salaries projected until termination date in lieu of Item 12.

QUARTER ENDING	BASE SALARY SUBJECT TO CONTRIBUTIONS THIS QUARTER	PENSION CONTRIBUTION	LOAN REPAYMENT	BACK DEDUCTIONS		ARREARS AND/OR PURCHASES	TOTAL PENSION DEDUCTIONS
				NO. PAYMENTS	AMOUNT		
	\$	\$	\$		\$	\$	\$
	\$	\$	\$		\$	\$	\$

COMPLETED BY: _____ **PHONE NUMBER** _____
E-MAIL ADDRESS _____

By signing this statement I am certifying, under penalty of perjury, to the truthfulness of the information contained herein.

SIGNATURE OF CERTIFYING OFFICER _____ **DATE** _____

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 7:** 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 9:** 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:

4 months @ \$ 4,000 from 9/1/99 to 12/31/99 \$ 16,000

5 months @ \$ 3,850 from 4/1/99 to 8/31/99 \$ 19,250

3 months @ \$ 3,700 from 1/1/99 to 3/31/99 \$ 11,100

Total base salary paid for last year of service \$ 46,350

- ITEM 10:** 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 11:** 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 12:** 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**