



NEW YORK STATE TEACHERS' RETIREMENT SYSTEM
10 Corporate Woods Drive, Albany, NY 12211-2395

OFFICE SERVICES ONLY

STATEMENT OF SALARY DATA

MEMBERSHIP NO.	RETIREMENT NO.	SOCIAL SECURITY NO.
NAME		

SUPERINTENDENT: The above member of the New York State Teachers' Retirement System, who was formerly employed by your district, has requested an estimate of his retirement benefit. Before we can process this request, we must have the information requested below. **Please type or print in ink all items in the spaces provided.**

TEACHING LOCATION	LOCATION CODE	REQUESTED DATE OF RETIREMENT
Please list the last day for which salary was earned: _____		
Did member earn salary through the end of the school year _____ ? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Please list information regarding types of compensation other than salary for regular duties. Mark -0- or none in each space if no such payments were received. Please list any payments received in anticipation of termination of employment regardless of whether such payment was received in a lump sum or in periodic payments. This includes payment of unused sick leave, accumulated vacation in lieu of leave, one time only increments which did not become part of the regular base salary, payments for which no service was performed, etc.

COMPENSATION FOR OTHER THAN REGULAR DUTIES AND EIT	AMOUNT PAID FROM JULY 1 THROUGH				
	6/30/	6/30/	6/30/	6/30/	6/30/
UNUSED LEAVE: sick, annual, vacation, personal, etc.					
RETIREMENT INCENTIVES: payments in anticipation of retirement					
NON-REGULAR COMPENSATION - PLEASE SPECIFY: i.e., attendance bonus, taxable fringe benefits, one time only increments, etc.					

IF THIS MEMBER DID NOT RECEIVE PAYMENT FOR ANY OF THE THREE CATEGORIES ABOVE, PLEASE INDICATE THE REASON: _____

SIGNATURE OF SUPERINTENDENT	DATE
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