



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

OFFICE SERVICES ONLY

**MONTHLY SALARY AND SERVICE VERIFICATION
 FOR NYS PUBLIC SERVICE BEFORE JOINING NYSTRS**

PART 1: TO THE MEMBER: Please complete PART 1 of this form and forward to the employer where service was rendered to complete PART 2.

LAST NAME	FIRST	M.I.	SOCIAL SECURITY NUMBER
STREET			NYSTRS EMPLID
CITY	STATE	ZIP CODE	FORMER NAME(S)
Is this address your PERMANENT address to be used by the System? <input type="checkbox"/> YES <input type="checkbox"/> NO			PERIODS OF EMPLOYMENT
Signature _____			EMPLOYER NAME
Date _____			

PART 2: TO THE EMPLOYER:

TO WHOM IT MAY CONCERN: The above named member of this Retirement System has claimed previous employment with you during the period(s) indicated. A certification of service is required so we can determine the amount of service credit this person may be entitled to receive.

Are you currently a participating employer with a NYS or NYC Public Retirement System? Yes No

Payroll Title: _____ Please indicate the number of hours per day considered full-time for this payroll title: _____

Last Day on Payroll: _____ or still working. First Day on Payroll: _____

SCHOOL EMPLOYEES ONLY: Please indicate if employee is a 10 or 12 month employee: 10 12

If this was service rendered in a New York State or New York City public college, were contributions made to TIAA? If yes, what period of time did the contributions cover? Yes No _____

INSTRUCTIONS: The following relates to each column bearing the same number.

1. Indicate each calendar month during which wages were paid.
2. Indicate for first entry only (e.g.: \$2.50 per hour, \$30.00 per day, \$10,000 per year), and thereafter only when a change occurred.
3. Indicate for first entry only (e.g.: Weekly, Bi-weekly, Semi-monthly, etc.) and thereafter only when a change occurred.
4. Enter the "Amount Paid" for each month.
5. Enter the "Days Worked" for each month.
6. Please indicate and identify any period of leave without pay or at 1/2 pay. Also indicate any period covered by Workers' Compensation.

1 Month/Year	2 Rate of Pay	3 Frequency of Payment	4 Amount Paid	5 Days Worked	6 Periods of Leave Without Pay		
					From	To	Type of Leave

(REQUIRED CERTIFICATION ON REVERSE SIDE)

