



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

OFFICE SERVICES ONLY

UNCREDITED MEMBER SERVICE - QUARTERLY
 (Use Only For Service Rendered From 7/1/72 thru 6/30/93)

INSTRUCTIONS: Please type or print in black ink and return to the System. Instructions regarding the completion of selected items below are printed on the reverse side of this form.

NAME	<i>Last</i>	<i>First</i>	<i>Middle Initial</i>	SOCIAL SECURITY NUMBER	MEMBER NUMBER
STREET ADDRESS				CITY, STATE, ZIP CODE	

School Year		Contract Salary (by Quarter)		Employment Base (by Quarter)		Total Salary		Member's Contributions	If Leave of Absence		
						Received	Earned		Amount of Part Pay	Type*	% of Full Pay
7/1	6/30	Q1	Q2	Q1	Q2						
		Q3	Q4	Q3	Q4						
		Q1	Q2	Q1	Q2						
		Q3	Q4	Q3	Q4						
		Q1	Q2	Q1	Q2						
		Q3	Q4	Q3	Q4						
		Q1	Q2	Q1	Q2						
		Q3	Q4	Q3	Q4						
		Q1	Q2	Q1	Q2						
		Q3	Q4	Q3	Q4						

I hereby certify that according to our records, the above named member taught in the public school of:

_____ **Location Code** _____

Salary information provided above is for service rendered in the unclassified title and, therefore, **billable** to the district.

AUTHORIZED SIGNATURE: _____

TITLE: _____ **DATE:** _____

* LEAVE OF ABSENCE TYPE:	
	<u>CODE AS</u>
SABBATICAL	1
SICK OR MATERNITY	2
MILITARY LEAVE	4

