



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

**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.

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

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						

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:** \_\_\_\_\_

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

