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

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. (Please note: If you have not already submitted a Prior Service Claim (PRS-2), you can do so by downloading the form at NYSTRS.org, or by creating a MyNYSTRS account and submitting the form electronically.)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>M.I.</th>
<th>Social Security Number</th>
<th>Street</th>
<th>NYSTRS EmplID</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
<td>Former Name(s)</td>
<td>Is this address your PERMANENT address to be used by the System?</td>
<td>YES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Periods of Employment</th>
<th></th>
</tr>
</thead>
</table>

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<tr>
<th>Signature</th>
<th>Date</th>
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</thead>
</table>

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.

Were you a participating employer with a NYS or NYC public retirement system at the time this service was rendered?  □ Yes □ No

Member’s Payroll Title: __________________________ Please indicate number of hours per day considered full-time for this payroll title: ______

Last Day on Payroll: ____________ or □ still working. First Day on Payroll: ____________

Was this service reported to a NYS public retirement system? □ Yes □ No

SCHOOL EMPLOYEES ONLY: Please indicate if member 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? □ Yes □ No

If yes, what period of time did the contributions cover? _____________________________________________________

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 ½ pay. Also indicate any period covered by Workers’ Compensation.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>Periods of Leave Without Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month/Year</td>
<td>Rate of Pay</td>
<td>Frequency of Payment</td>
<td>Gross Pay</td>
<td>Days Worked</td>
<td>From</td>
<td>To</td>
</tr>
</tbody>
</table>

(REQUIRED CERTIFICATION ON REVERSE SIDE)
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<td>To</td>
<td>Type of Leave</td>
<td></td>
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**I HEREBY CERTIFY THE ABOVE INFORMATION IS CORRECT AND WAS TAKEN FROM OFFICIAL RECORDS.**

Name of Employer

Signature of Authorized Official

Street Address

City

School District Code (if applicable)

Title

Date

Phone Number

State

Zip Code

( )

Return completed form to the New York State Teachers’ Retirement System by fax to (518) 431-8793, or by mail to the address listed at the top of the form on the front page.