



**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.)

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.

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.

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

**(REQUIRED CERTIFICATION ON REVERSE SIDE)**

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

**I HEREBY CERTIFY THE ABOVE INFORMATION IS CORRECT AND WAS TAKEN FROM OFFICIAL RECORDS.**

Name of Employer		School District Code <i>(if applicable)</i>
Signature of Authorized Official	Title	Date
Street Address		Phone Number
City	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.