

TEACHER DAY COUNT VERIFICATION OF SCHOOL DAYS WORKED

For state/municipal employees, please use the Salary Verification form.

This form is to be completed and signed only by an ERSRI employer.

This form is for <u>verification</u> of contributing service credit only.

For purchase of substitute, leave or part-time teaching credit, member must also submit the appropriate purchase form for the type of purchase requested.

Please print clearly in black ink. Your promptness is appreciated.							
Section	ı 1 – Employeı	data					
Reportin	g agency						
Address	(street number and	I name)		State Z	Zip code		
Phone n	umber (<i>area code d</i>	ind number)	Fax numb	er (area code and nur	mber)		
Section	1 2 – Employee	e data	1.1				
First and middle names Last name							
Address	(street number, str	eet name and apart	ment number)				
City	City State				Zip code		
Social Se	ecurity number (4 la	ast digits only)					
The chart	_	certification for service credit th 18/2011 is proportion	Days worked 45 – 66 67 – 90 91 – 134 135 or more		Credit received 3 months 6 months 9 months 12 months		
	er: Please provide E ted on by the teach		ing information so th	at we may verify the	days per school year	worked and	
School year	# of school days in this year	# of school days compensated while students in session	# of school days employee worked	Indicate "F" if full days or days worked per week (1/5, 2/5, 3/5)	Total amount earned for the school days worked	Contractual fulltime salary for this school year	



TEACHER DAY COUNT VERIFICATION OF SCHOOL DAYS WORKED

Section 3 - Employer certification (continued)

School year	# of school days in this year	# of school days compensated while students in session	# of school days employee worked	Indicate "F" if full days or days worked per week (1/5, 2/5, 3/5)	Total amount earned for the school days worked	Contractual fulltime salary for this school year

Section 4 - Employer's certification and signature

I hereby certify the above information to be true and correct based upon our official records.						
Preparer name (print)	Preparer phone number (area code and number)					
	M M D D Y Y Y					
Authorized employer representative signature	Date of signature					
Authorized employer representative name (print)	Title					
Authorized employer representative phone number (area code and number)						

Please forward this completed form, dated and signed, to the following address:

Employees' Retirement System of Rhode Island 50 Service Avenue 2nd Floor

Warwick, RI 02886-1021

Office: (401) 462-7600 | Fax: (401) 462-7691 Email: <u>ersri@ersri.org</u> | Web site: <u>www.ersri.org</u>