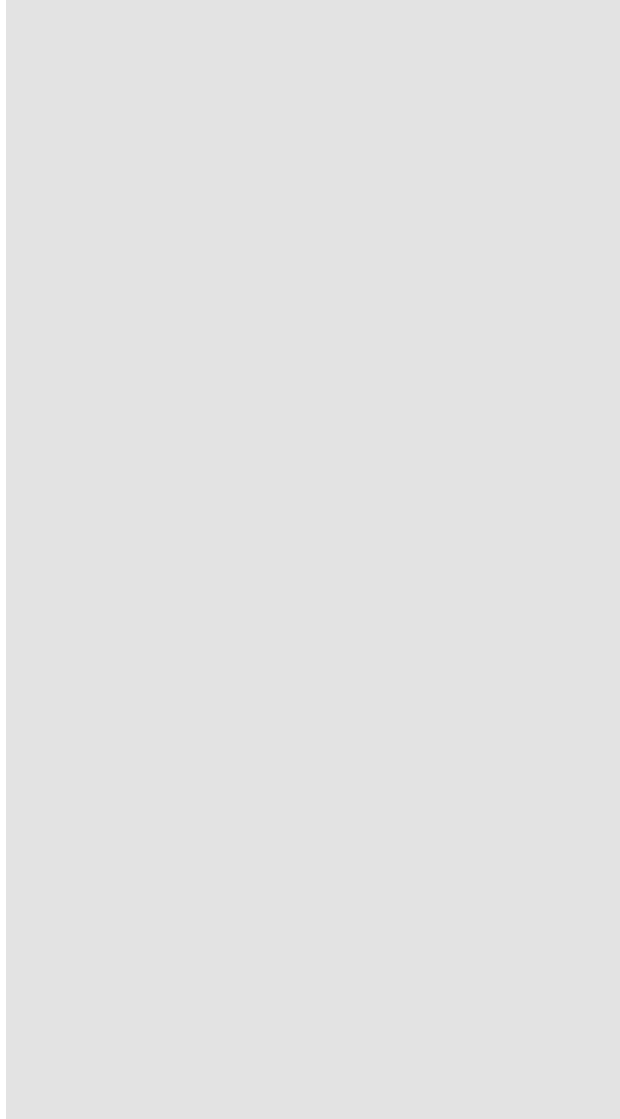




Guide to Retirement Forms

Municipal Employers



Municipal Employer Retirement Verifications

- Employer Certification of Retirement and Final Wages
- Salary Verification for Service Credit
- Verification of Retroactive Salary

Employer Certification of Retirement and Final Wages – Page 1 of 3



Employees' Retirement
System of Rhode Island

EMPLOYER CERTIFICATION OF RETIREMENT AND FINAL WAGES

*Do not submit this form more than 3 months prior to member's retirement.
This form must be completed in entirety and signed by both the member and employer.
For additional information, see instructions at the end.*

Please print clearly in black ink.

Section 1 – Member information

| | | | |
|---|---|--|--|
| First and middle names | | Last name | |
| Address (street number, street name and apartment number) | | | |
| City | State | Zip code | |
| Home phone number (area code and number) | | Business phone number (area code and number) | |
| Date of birth (mm/dd/yyyy) | Social Security number (4 last digits only) | | |

Section 2 – Employment information

| | | | |
|-------------------------------|-------------------------------|------------------------|--|
| Name of the employer | | Position of the member | |
| M M D D Y Y Y Y | M M D D Y Y Y Y | | |
| Employment start date | Position start date | | |

Section 3 – Termination information

| | | |
|-------------------------------|-------------------------------|---|
| M M D D Y Y Y Y | M M D D Y Y Y Y | M M D D Y Y Y Y |
| Date of termination | Last pay date | Date of last wage/cont report submitted |

Reason for separation from service

Type of retirement (check one): Service retirement Disability retirement Survivor benefit (death in service)

Retirement sub type (for disability only – check one): Ordinary Accidental

For accidental disability, please provide annual salary rate: \$ _____



Section 2

Employment Information

Section 2 - Employment information

Cranston School Department

Name of the employer

0 1 0 1 1 9 8 9

Employment start date

Custodian

Position of the member

1 2 3 0 2 0 0 0

Position start date

- 1 Name of the employer
 - the Municipal employer employee retired from
- 2 Position of the member
 - Specific title of the position retired from

Section 3

Termination Information

Section 3 - Termination information

| | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------|---|---|---|---|---|---|---|---------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 6 | 1 | 6 | 2 | 0 | 2 | 0 | 0 | 6 | 1 | 8 | 2 | 0 | 2 | 0 | 0 | 6 | 2 | 6 | 2 | 0 | 2 | 0 |
| Date of termination | | | | | | | | Last pay date | | | | | | | | Date of last wage/ <u>cont</u> report submitted | | | | | | | |

Reason for separation from service

Type of retirement (check one): Service retirement Disability retirement Survivor benefit (death in service)

Retirement sub type (for disability only – check one): Ordinary Accidental

For accidental disability, please provide annual salary rate: \$ _____

- 1 Date of Termination - last day of employment
- 2 Last pay date – final pay period end date for wages earned
- 3 Date of last wage/contribution submitted to retirement

Employer Certification of Retirement and Final Wages – Page 2 of 3



EMPLOYER CERTIFICATION OF RETIREMENT AND FINAL WAGES

Section 4 - Unreported wages, contributions and service credit

| Pay period start date | Pay period end date | Wages | Contributions | Types of wages | Service credited for this period |
|-----------------------|---------------------|-------|---------------|----------------|----------------------------------|
| | | | | | |
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| | | | | | |
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Section 5 - Supplemental pension information

Is your municipality accepting the provisions of § 16-7-19.1 (Optional Incentive Bonus)? Yes No
 If yes, please give the number of years in your municipality and amount of bonus: # of years _____ \$ _____ per year

Section 6 - Salary certification

Report 5 highest consecutive years of salary or last 5 years salary, whichever is greater. Salary reported must not include overtime, unused sick or vacation time, compensatory time, or payments made in anticipation of member's retirement.

| TEACHER | Year | Contractual salary | # of days in school year | # days compensated while students in session | Amount earned in school year | |
|---------|------|--------------------|--------------------------|--|------------------------------|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| MUNICIPAL | Year | Full contractual salary (calendar year) | # of pay periods | Longevity earned | Effective date of longevity | 10 month employee | 12 month employee | |
|-----------|------|---|------------------|------------------|-----------------------------|-------------------|--------------------------|--------------------------|
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |



Section 4

Unreported wages, contributions and service credit

Section 4 - Unreported wages, contributions and service credit

1

| Pay period start date | Pay period end date | Wages | Contributions | Types of wages | Service credited for this period |
|-----------------------|---------------------|-------|---------------|----------------|----------------------------------|
| 6/07/20 | 6/18/20 | \$980 | \$90.65 | Regular | 7 days |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

1

Remaining pay periods of wages and contributions to be reported to retirement.

EMPLOYER CERTIFICATION OF
RETIREMENT AND FINAL WAGES

Section 4 - Unreported wages, contributions and service credit

| Pay period start date | Pay period end date | Wages | Contributions | Types of wages | Service credited for this period |
|-----------------------|---------------------|-------|---------------|----------------|----------------------------------|
| | | | | | |
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Section 5 - Supplemental pension information

Is your municipality accepting the provisions of § 16-7-19.1 (Optional Incentive Bonus)? Yes No
 If yes, please give the number of years in your municipality and amount of bonus: # of years _____ \$ _____ per year

Section 6 - Salary certification

Report 5 highest consecutive years of salary or last 5 years salary, whichever is greater. Salary reported must not include overtime, unused sick or vacation time, compensatory time, or payments made in anticipation of member's retirement.

| TEACHER | Year | Contractual salary | # of days in school year | # days compensated while students in session | Amount earned in school year | |
|---------|------|--------------------|--------------------------|--|------------------------------|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| MUNICIPAL | Year | Full contractual salary (calendar year) | # of pay periods | Longevity earned | Effective date of longevity | 10 month employee | 12 month employee | |
|-----------|------|---|------------------|------------------|-----------------------------|-------------------|--------------------------|--------------------------|
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |



Employer
Certification of
Retirement and
Final Wages –
Page 2 of 3

Section 6

Salary Certification

1

| MUNICIPAL | Year | Full contractual salary (calendar year) | # of pay periods | Longevity earned | Effective date of longevity | 10 month employee | 12 month employee |
|-----------|------|--|---------------------|------------------|--------------------------------|--------------------------|-------------------------------------|
| | 2020 | \$36,400 | 26 | \$500 | 7/1/19 -6/30/20 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | 2019 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | 2018 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | 2017 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | 2016 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

1

Full Contractual Salary (calendar year) – not actual salary earned

For 12-month employee - What **would have earned** in a calendar year if worked and earned the full 26 pay periods or 52 weeks of salary without any time without pay.

For 10-month employee - what **would have earned** in calendar year if worked all the required school days from January to June and September to December without any time without pay.

For an hourly employee - what **would have earned** in a calendar year if worked the required minimum hours per day for position times the hourly pay rate without any hours without pay.

Section 6

Salary Certification

| M U N I C I P A L | Year | Full contractual salary (calendar year) | # of pay periods | Longevity earned | Effective date of longevity | 10 month employee | 12 month employee |
|-------------------|------|--|---------------------|------------------|--------------------------------|--------------------------|-------------------------------------|
| | 2020 | \$36,400 | 26 | \$500 | 7/1/19 -6/30/20 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | 2019 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | 2018 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | 2017 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | 2016 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

2

of pay periods – based on type of position

If 12-month employee – 26 pay periods or 52 weeks

If 10-month employee – number of pay periods from January to June and September to December.

Section 6

Salary Certification

Longevity earned

The amount of regular longevity per contract the employee earned for the period worked.

Example Scenario

Employee has a July 1 anniversary date for longevity.

Employee earns \$500 longevity for working 7/1 to 6/30.

Last day of employment 12/31/20.

Contract states if last day of employment is after December 30, the full \$500 longevity is paid to employee.

However, because the employee did not work the full 12-months from 7/1 to 6/30 before ending employment, a pro-rated longevity amount will be included in retirement wages. The pro-rated longevity amount would be \$250 for working 7/1/20 through 12/31/20.

Section 6

Salary Certification

3

| M U N I C I P A L | Year | Full contractual salary (calendar year) | # of pay periods | Longevity earned | Effective date of longevity | 10 month employee | 12 month employee |
|-------------------|------|--|---------------------|------------------|--------------------------------|--------------------------|-------------------------------------|
| | | | | \$250 * | 7/1/20 - 12/31/20 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | 2020 | \$36,400 | 26 | \$500 | 7/1/19 - 6/30/20 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | 2019 | \$35,400 | 26 | \$500 | 7/1/18 - 6/30/19 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | 2018 | \$34,400 | 26 | \$500 | 7/1/17 - 6/30/18 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | 2017 | \$33,400 | 26 | \$400 | 7/1/16 - 6/30/17 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | 2016 | \$32,400 | 26 | \$400 | 7/1/15 - 6/30/16 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

* Pro-rated longevity. Full year longevity \$500 (7/1/20 – 6/30/21).

3

Longevity earned – the amount of regular longevity per contract the employee earned for the period worked

- Attaching contract section if available is most helpful.
- Include **pro-rated longevity** earned for the period worked.
- Add a footnote to include what the full year longevity would have been if employee continued to work.

Section 6

Salary Certification

4

| M U N I C I P A L | Year | Full contractual salary (calendar year) | # of pay periods | Longevity earned | Effective date of longevity | 10 month employee | 12 month employee |
|-------------------|------|--|---------------------|------------------|--------------------------------|--------------------------|-------------------------------------|
| | | | | \$250 * | 7/1/20 - 12/31/20 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | 2020 | \$36,400 | 26 | \$500 | 7/1/19 - 6/30/20 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | 2019 | \$35,400 | 26 | \$500 | 7/1/18 - 6/30/19 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | 2018 | \$34,400 | 26 | \$500 | 7/1/17 - 6/30/18 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | 2017 | \$33,400 | 26 | \$400 | 7/1/16 - 6/30/17 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | 2016 | \$32,400 | 26 | \$400 | 7/1/15 - 6/30/16 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

* Pro-rated longevity. Full year longevity \$500 (7/1/20 – 6/30/21).

4

Effective date of longevity – the start and end date of the period the longevity was earned for the period worked. (i.e. 7/1/19 – 6/30/20).

Section 6

Salary Certification

3

| M U N I C I P A L | Year | Full contractual salary <i>(calendar year)</i> | # of pay periods | Longevity earned | Effective date of longevity | 10 month employee | 12 month employee |
|-------------------|------|---|---------------------|------------------|--------------------------------|--------------------------|-------------------------------------|
| | 2020 | \$36,400 | 26 | bi-weekly | 7/1/19 – 6/30/20 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | 2019 | \$35,400 | 26 | N/A | N/A | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | 2018 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | 2017 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | 2016 | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

Use this example when longevity included in each payroll or ineligible.

3

Longevity earned

- Specify if included in each weekly or bi-weekly payroll
- Specify with "N/A" if employee ineligible for longevity

Section 6

Salary Certification

Excerpt from Rhode Island General Law § 36-8-1

(8) "**Compensation**" ... shall mean salary or wages earned and paid for the performance of duties for covered employment, including **regular longevity** or incentive plans approved by the board, but **shall not include** payments made for overtime or any other reason other than performance of duties, including but not limited to the types of payments listed below:

- (i) Payments contingent on the employee having terminated or died;
- (ii) Payments made at termination for unused sick leave, vacation leave, or compensatory time;
- (iii) Payments contingent on the employee terminating employment at a specified time in the future to secure voluntary retirement or to secure release of an unexpired contract of employment;
- (iv) Individual salary adjustments which are granted primarily in anticipation of the employee's retirement;
- (v) Additional payments for performing temporary or extra duties beyond the normal or regular workday or work year.

Employer Certification of Retirement and Final Wages – Page 3 of 3



EMPLOYER CERTIFICATION OF RETIREMENT AND FINAL WAGES

Section 6 – Salary certification (continued)

| S T A T E | Year | Retro payments (if applicable to years listed) | Effective date of retro | Amount of retro per pay period | 10 month employee | 12 month employee |
|-----------------------|------|---|----------------------------|-----------------------------------|--------------------------|--------------------------|
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

Section 7 – Disclaimer and signatures

The member understands that the Employment information, Termination information and Unreported wages, contributions and service credit contained on this form have been provided solely by the employer. By signing this form the member acknowledges that he/she has voluntarily made the decision to submit the completed form to the Employees' Retirement System of Rhode Island (ERSRI) which includes the member's date of termination and projected final wages and service credits through the date of termination. The member further understands that if he/she has made the determination not to terminate after submission of this form, he/she must notify ERSRI in writing immediately. After the member's pension has been processed, no further contributions will be accepted after the date of termination provided on this form, and once the member has cashed a pension check, the member's retirement is final and cannot be rescinded.

The undersigned acknowledges that he/she has read the foregoing disclaimer, understands the contents, has reviewed all information provided for accuracy and has determined it to be correct, and is signing it freely and voluntarily.

I understand that any person who makes a false statement or shall falsify or permit to be falsified any record to the retirement system in an attempt to defraud the system may be subject to criminal prosecution, and with that understanding, I certify that all information on this form is true and correct.

 Authorized employer representative signature

 Date of signature

 Authorized employer representative name (print)

 Title

 Authorized employer representative phone number (area code and number)

 Member signature

 Date of signature

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: ersri@ersri.org | Web site: www.ersri.org



Section 7

Disclaimer and Signatures

Section 7 – Disclaimer and signatures

The member understands that the Employment information, Termination information and Unreported wages, contributions and service credit contained on this form have been provided solely by the employer. By signing this form the member acknowledges that he/she has voluntarily made the decision to submit the completed form to the Employees' Retirement System of Rhode Island (ERSRI) which includes the member's date of termination and projected final wages and service credits through the date of termination. The member further understands that if he/she has made the determination not to terminate after submission of this form, he/she must notify ERSRI in writing immediately. After the member's pension has been processed, no further contributions will be accepted after the date of termination provided on this form, and once the member has cashed a pension check, the member's retirement is final and cannot be rescinded.

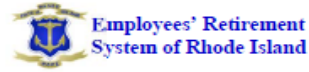
The undersigned acknowledges that he/she has read the foregoing disclaimer, understands the contents, has reviewed all information provided for accuracy and has determined it to be correct, and is signing it freely and voluntarily.

I understand that any person who makes a false statement or shall falsify or permit to be falsified any record to the retirement system in an attempt to defraud the system may be subject to criminal prosecution, and with that understanding, I certify that all information on this form is true and correct.

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|--|--|
| <input type="text"/> | <table border="1"><tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> | M | M | D | D | Y | Y | Y | Y | | |
| M | M | D | D | Y | Y | Y | Y | | | | |
| Authorized employer representative signature | Date of signature | | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | | | | | | | | | | |
| Authorized employer representative name (<i>print</i>) | Title | | | | | | | | | | |
| <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | |
| | | | | | | | | | | | |
| Authorized employer representative phone number (<i>area code and number</i>) | | | | | | | | | | | |
| <input type="text"/> | <table border="1"><tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> | M | M | D | D | Y | Y | Y | Y | | |
| M | M | D | D | Y | Y | Y | Y | | | | |
| Member signature | Date of signature | | | | | | | | | | |

Authorized employer representative signature and member signature **required** before employer submits completed form to retirement.

Salary Verification for Service Credit



SALARY VERIFICATION FOR SERVICE CREDIT

*For teachers, please use the Teacher Day Count Verification of School Days Worked form.
This form should only be used for reporting salary and determining service credit for state and municipal employees.
Do not submit this form for requesting purchase of leave time; for purchase of leave, use the Official Leave Verification form.*

Please print clearly in black ink. Your promptness is appreciated.

Section 1 - Employer data

Reporting agency

Address (street number and name)

City State Zip code

Phone number (area code and number) Fax number (area code and number)

Section 2 - Employee data

First and middle names Last name

Address (street number, street name and apartment number)

City State Zip code

Social Security number (4 last digits only)

Section 3 - Employer certification of service credit and salary

Employer: Please complete the following information.

| State and municipal employees report salary on calendar year (Jan. - Dec.) <i>Indicate year below</i> | Contractual salary <i>(not actual salary earned)</i> | Part-time <i>Indicate "PT"</i> | 10 month employee | 12 month employee |
|--|---|-----------------------------------|--------------------------|--------------------------|
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |



Section 3

Employer certification of service credit and salary

Section 3 - Employer certification of service credit and salary

| Employer: Please complete the following information. | | | | |
|--|---|-----------------------------------|--------------------------|-------------------------------------|
| State and municipal employees report salary on calendar year (Jan. – Dec.) <i>Indicate year below</i> | Contractual salary <i>(not actual salary earned)</i> | Part-time <i>Indicate "PT"</i> | 10 month employee | 12 month employee |
| 1990 | \$20,200 | PT | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1991 | \$22,100 | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |

1 Contractual Salary (not actual salary earned) + Longevity

For 12-month employee - What **would have earned** in a calendar year if worked and earned the full 26 pay periods or 52 weeks of salary without any time without pay.

For 10-month employee - what **would have earned** in calendar year if worked all the required school days from January to June and September to December without any time without pay.

For an hourly employee - what **would have earned** in a calendar year if worked the required minimum hours per day for position times the hourly pay rate without any hours without pay.

Section 3

Employer Certification of Service Credit and Salary

Section 3 – Employer certification of service credit and salary

2

Employer: Please complete the following information.

| State and municipal employees report salary on calendar year (Jan. – Dec.) <i>Indicate year below</i> | Contractual salary <i>(not actual salary earned)</i> | Part-time <i>Indicate "PT"</i> | 10 month employee | 12 month employee |
|--|---|-----------------------------------|--------------------------|-------------------------------------|
| 1990 | \$20,200 | PT | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1991 | \$22,100 | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |

2

Three types of Part-time service which require you to indicate "PT" in column 2.

- Working Part-Time in a Full-Time position
- Working in a Posted Part-Time position
- Management changed hours to Part-Time

Section 3

Employer certification of service credit and salary

Section 3 – Employer certification of service credit and salary

| Employer: Please complete the following information. | | | | |
|--|---|-----------------------------------|--------------------------|-------------------------------------|
| State and municipal employees report salary on calendar year (Jan. – Dec.) <i>Indicate year below</i> | Contractual salary <i>(not actual salary earned)</i> | Part-time <i>Indicate "PT"</i> | 10 month employee | 12 month employee |
| 1990 | \$20,200 | PT | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1991 | \$22,100 | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |

- 2 If working Part-Time in a Full-Time position
 - provide contractual salary at the full-time salary rate.

Section 3

Employer certification of service credit and salary

Section 3 – Employer certification of service credit and salary

| Employer: Please complete the following information. | | | | |
|--|---|-----------------------------------|--------------------------|-------------------------------------|
| State and municipal employees report salary on calendar year (Jan. – Dec.) <i>Indicate year below</i> | Contractual salary <i>(not actual salary earned)</i> | Part-time <i>Indicate "PT"</i> | 10 month employee | 12 month employee |
| 1990 | \$12,600 | PT | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1991 | \$22,100 | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |

- 2 If working in a Posted Part-Time position (minimum 20 hours per week)
- provide contractual salary at the part time salary rate for the minimum hours per week required to work.
 - provide supporting documentation
 - defined in Regulation 1.20 Membership and Service Credit (excerpt to follow).

Section 3

Employer certification of service credit and salary

Section 3 – Employer certification of service credit and salary

| Employer: Please complete the following information. 2 | | | | |
|--|---|-----------------------------------|--------------------------|-------------------------------------|
| State and municipal employees report salary on calendar year (Jan. – Dec.) <i>Indicate year below</i> | Contractual salary <i>(not actual salary earned)</i> | Part-time <i>Indicate "PT"</i> | 10 month employee | 12 month employee |
| 1990 | \$12,600 | PT | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1991 | \$22,100 | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |

2

What is a Posted Part-Time position?

A posted part-time position is a position posted with the requirement that the employee work at least 20 hours per week in that position, up to but not including full time or standard hours as defined by the employer.

Section 3

Employer Certification of Service Credit and Salary

2

Regulation 1.20 Membership and Service Credit

Excerpt from Part C.

1. The following documentation must be provided to ERSRI to establish employment in an eligible posted part-time position:

- a. The job posting or the history file; and
- b. The personnel action form signed by the Personnel Administrator, Appointing Authority, Town Manager, or Mayor; or
- c. Any other employer documentation deemed appropriate and approved by the ERSRI.

Section 3

Employer certification of service credit and salary

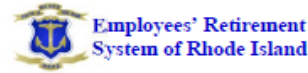
Section 3 - Employer certification of service credit and salary

| <i>Employer: Please complete the following information.</i> | | | | |
|--|---|-----------------------------------|--------------------------|-------------------------------------|
| State and municipal employees report salary on calendar year (Jan. – Dec.) <i>Indicate year below</i> | Contractual salary <i>(not actual salary earned)</i> | Part-time <i>Indicate "PT"</i> | 10 month employee | 12 month employee |
| 1990 | \$12,600 | PT | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1991 | \$22,100 | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |

- 2 What if management changed hours to part-time?
- provide contractual salary at the part time salary rate
 - provide documentation of management decision

Salary Verification for Service Credit

Section 4



SALARY VERIFICATION FOR SERVICE CREDIT

Section 3 – Employer certification of service credit and salary *(continued)*

| State and municipal employees report salary on calendar year (Jan. – Dec.) <i>Indicate year below</i> | Contractual salary <i>(not actual salary earned)</i> | Part-time <i>Indicate "PT"</i> | 10 month employee | 12 month employee |
|--|---|-----------------------------------|--------------------------|--------------------------|
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |

Section 4 – Employer official's statement and signature

I hereby certify the above information to be true and correct based upon our official records.

| | | | | | | | | | |
|---|--|---|---|---|---|---|---|---|---|
| <input type="text"/> | | <input type="text"/> | | | | | | | |
| Preparer name <i>(print)</i> | | Preparer phone number <i>(area code and number)</i> | | | | | | | |
| <input type="text"/> | | <input type="text"/> | | | | | | | |
| Employer official signature | | M | M | D | D | Y | Y | Y | Y |
| <input type="text"/> | | Date of signature | | | | | | | |
| Employer official name <i>(print)</i> | | Title | | | | | | | |
| <input type="text"/> | | <input type="text"/> | | | | | | | |
| Employer official phone number <i>(area code and number)</i> | | | | | | | | | |
| <input type="text"/> | | | | | | | | | |

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: ersri@ersri.org | Web site: www.ersri.org

Verification of Retroactive Salary



VERIFICATION OF RETROACTIVE SALARY

Please print clearly in black ink.

Section 1 – Employer data

Reporting agency

Address (street number and name)

City State Zip code

Phone number (area code and number) Fax number (area code and number)

Section 2 – Employee data

First and middle names Last name

Address (street number, street name and apartment number)

City State Zip code

Social Security number (4 last digits only)

Section 3 – Employer certification of retroactive salary information

Employer: Please complete the following information.

| Date retro paid | Effective start and end date of retro | Amount of retro per pay period | Total amount of retro pay |
|-----------------|---------------------------------------|--------------------------------|---------------------------|
| | | | |
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Section 3

Employer certification of retroactive salary information

Section 3 – Employer certification of retroactive salary information

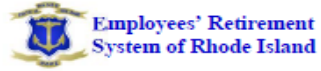
| <i>Employer: Please complete the following information.</i> | | | |
|---|---------------------------------------|--------------------------------|---------------------------|
| Date retro paid | Effective start and end date of retro | Amount of retro per pay period | Total amount of retro pay |
| 1/26/19 – 2/8/19 | 7/1/17 – 6/29/18 | 26 pp at \$30 | \$1,350 |
| | 6/30/18 – 1/25/19 | 15 pp at \$38 | |
| | | | |
| | | | |
| | | | |
| | | | |

Total amount of retro pay

- 1 Effective start and end date of retro
 - start and end date of the pay period it was worked and earned.
- 2 Amount of retro per pay period
 - include number of pay periods and amount per pay period.

Verification of Retroactive Salary

Section 4



VERIFICATION OF RETROACTIVE SALARY

Section 4 - Official's statement 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) | | | | | | | |
| Official's signature | | | | | | | | | | M | M | D | D | Y | Y | Y | Y |
| Official's name (print) | | | | | | | | | | Date of signature | | | | Title | | | |
| Official's phone number (area code and number) | | | | | | | | | | | | | | | | | |

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

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Warwick, RI 02886-1021
Office: (401) 462-7600 | Fax: (401) 462-7691
Email: ersri@ersri.org | Web site: www.ersri.org

Employer Contacts

Pensionable Wage Determination

Kimberly C. DeCosta

Director of Member Services

Phone 401.462.7601

Email Kimberly.DeCosta@ersri.org

Reporting Wage and Contributions

Cheryl DerHagopian

Business Analyst

Phone 401.462.7611

Email Cheryl.DerHagopian@ersri.org

Questions?