



PSERS Employer Certification of Contributions for Retirement

Section 1: Employee Information

1. Complete employee information
2. Provide form to Employer HR to complete Section 2

Name (please print): _____

Social Security Number: _____ Retirement Date: _____

School System: _____ School Number: _____

Section 2: Employer Information

Provide the following dates for the employee above (mm/dd/yyyy):

Last day of employment: _____ Termination date: _____

Contributions for year 20 ____ (if none, enter 'NONE'):

Month	Contributions
September:	_____
October:	_____
November:	_____
December:	_____
January:	_____
February:	_____
March:	_____
April:	_____
May:	_____

I certify that the dates for last day of employment and day of termination of employment listed above are correct. I also certify that the amounts listed above are all of the contributions withheld from this employee's pay for the current year.

I understand that this school system is responsible to the Public School Employees Retirement System for the accuracy of the amounts shown above and for the timely submission of this form.

Approving Authority Signature: _____ Date: _____

Title: _____

Phone: _____ Fax: _____

Mail, fax, or scan and email this signed form to:

ERSGA
Two Northside 75, Suite 300
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404.350.6310
contact@ers.ga.gov