

**EMPLOYER'S RETIREMENT CERTIFICATION OF CONTRIBUTIONS - PSERS**

Preliminary       Final

1. Please print or type clearly.
2. Send this form to your Payroll Department. **Do not send to the Public School Employees Retirement System (PSERS).**

**SECTION 1 - MEMBER INFORMATION**

Name: \_\_\_\_\_ SSN:     
(Last) (First) (MI) (Maiden)

Retirement Date (MM/YYYY): \_\_\_\_\_

School System: \_\_\_\_\_ School Number: \_\_\_\_\_

**SECTION 2 - EMPLOYER'S CERTIFICATION**

Please provide the following dates for the above mentioned employee (MM/DD/YYYY):

Employee's last day of employment was or will be on: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employee was or will be terminated of this date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Complete contributions information for the current fiscal year, 20\_\_\_\_. If none, write "NONE."

MONTH	CONTRIBUTIONS
September	
October	
November	
December	
January	
February	
March	
April	
May	
<b>TOTALS:</b>	

**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.**

Signature of Approving Authority: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

FAX Number: (\_\_\_\_) \_\_\_\_\_