



Your SSN _____

Your Information

Name _____
First Middle/Maiden Last

Address _____
Street or P.O. Box City State ZIP Code

Telephone Number _____ Email Address _____

Date of Birth _____ PID (optional) _____

Employee Information

Job classification of employee for the time period certified _____

Dates of Employment _____

School Year July 1 - June 30	Contract Salary	Actual Salary Paid	Days Paid	Days Contracted	Time Basis (Full, 3/4, 1/2, 1/4)

Employer Certification

This certification is being provided to allow TRS to determine retirement service credit for this time period, to determine if this person is eligible to establish any additional service credit, and the cost for that additional service credit.

Name and Title _____
Please Print

Name of Agency _____
Full name, no initials please

Telephone Number _____

Sign Here → Signature _____ Date _____
Certifying Official