

Certification of Service for Retiree Reinstatement

Teachers' Retirement Systems of Alabama
PO Box 302150, Montgomery, Alabama 36130-2150
877.517.0020 • 334.517.7000 • www.rsa-al.gov



Your SSN _____

Your Information

Name _____
First Middle/Maiden Last

Mailing 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 period certified _____

Date full-time employment resumed _____

School Year July 1 - June 30	Annual Contract Salary	Salary Paid to Employee	Number of Days Contracted	Number of Days Worked	Time Basis (Full, 3/4, 1/2, 1/4)

Employer Certification

This certification is being provided to TRS to calculate a retiree reinstatement purchase for the certified period listed above. If there is a discrepancy in the wages reported in ESS and the wages certified on this form, then please indicate the differences and the pay periods it affects. (Ex: Non-pensionable wages; Supplements, etc.)

Scholastic Year	Amount	Wage Type

Certification of Future Wages for Three Pay Periods

Pay Period	Amount

Name and Title _____
Please Print

Name of Agency _____
Full name, no initials please

Telephone Number _____

Sign Here →
Certifying Official

Signature _____ Date _____