



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	Total Months Worked	Number of Months 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*