



**DIVISION OF PENSIONS & BENEFITS — RETIREMENT**

**CERTIFICATION OF SERVICE AND FINAL SALARY FOR PUBLIC EMPLOYEES' RETIREMENT SYSTEM (PERS) AND TEACHERS' PENSION AND ANNUITY FUND (TPAF)**

This form must be completed by the employing agency. See instructions on page 2.

Retirement System  PERS  TPAF

Name of Member \_\_\_\_\_ Membership Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Retirement Date \_\_\_\_\_

1. I certify that this former employee  Resigned  Was Dismissed\*  Was Terminated (For definitions, please see instructions page.)

\*Employee was dismissed due to: (Please check all that apply)

Administrative Charges – Is the member appealing the dismissal?  Yes  No  Don't Know  
(Please provide copies of the Preliminary and Final Notices of Disciplinary Action.)

Criminal Charges – Is the member appealing the dismissal?  Yes  No  Don't Know  
(Please provide details of charges and agency to which matter was referred. For example, County, Prosecutor's Office, etc.)

Settlement Agreement (Please provide a copy of the settlement agreement.)

Reduction in Force (Please provide a copy of the layoff notification.)

2. The last pension deduction was/will be made for the period of \_\_\_\_\_  
Month or Pay Period/Year

If the last day of active service was 31 or more days prior to the retirement date:

Was the member on an official leave of absence?  Yes  No

If yes, was the leave of absence  paid or  unpaid?

Please enter the leave begin/end date combinations in order, starting with the most recent date:

Begin Date \_\_\_\_\_ (MM/DD/YYYY) End Date \_\_\_\_\_ (MM/DD/YYYY)

Begin Date \_\_\_\_\_ (MM/DD/YYYY) End Date \_\_\_\_\_ (MM/DD/YYYY)

Begin Date \_\_\_\_\_ (MM/DD/YYYY) End Date \_\_\_\_\_ (MM/DD/YYYY)

Was the member terminated?  Yes  No

Was the member suspended?  Yes  No

3. Member's title at time of retirement \_\_\_\_\_

4. Has the employee filed a claim for Workers' Compensation?  Yes  No

5. The employee  is\*  is not receiving periodic benefits under a claim filed for Workers' Compensation based on an injury incurred as a result of service performed in public employment.

\*Workers' Compensation Carrier's Name and Address \_\_\_\_\_

6. Did the employee receive a significant pay increase the year prior to the termination date?  Yes  No

If yes, please attach all supporting documentation including contracts, board minutes, title changes, longevity rates, or retroactive salary adjustments. Please enter the annual salary/effective date combinations starting with the most recent date. Attach additional pages if needed.

Annual Salary \_\_\_\_\_ Effective Date \_\_\_\_\_ (MM/DD/YYYY)

If no, please provide the salary for the last year of employment: \$ \_\_\_\_\_

7. Has the employee made any pre-arrangement to return to employment with your agency in any capacity?  Yes  No

By signing this statement I am certifying, under penalty of perjury, to the truthfulness of the information contained herein.

Certifying Officer: \_\_\_\_\_  
*Print Name* *Signature* *Month/Day/Year*

Phone Number: ( \_\_\_\_ ) \_\_\_\_\_ — \_\_\_\_\_ Ext: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employing Agency: \_\_\_\_\_ Employer Location Number: \_\_\_\_\_

## INSTRUCTIONS

This form must be completed by the employer when a member files an application for retirement benefits with the NJDPB. Failure to provide this information will delay processing of the member's retirement application.

### DEFINITIONS

**Resigned** – Member voluntarily left employment not due to the conditions of a settlement agreement, a reduction in force, or in lieu of charges.

**Dismissed** – Member left employment due to the conditions of a settlement agreement, a reduction in force/non-renewal of a contract or as a result of administrative and/or criminal charges.

**Terminated** – Member involuntarily left employment not due to the conditions of a settlement agreement, a reduction in force, or in lieu of charges.

### ITEMS REQUIRING SPECIAL ATTENTION

**ITEM 1:** If the employee was dismissed, the requested documents must be attached, or the processing of the member's *Retirement Application* will be held in abeyance until they are received.

**ITEM 2:** A member must terminate employment before his or her retirement date. For example, if a member is retiring April 1, he or she cannot be on payroll on April 1. If the member terminated employment 31 or more days prior to the retirement date, you must indicate if the member was on an official leave of absence, if the member was terminated, or if the member was suspended.

**ITEM 5:** If the employee is receiving periodic benefits under a claim filed for Workers' Compensation based on an injury incurred as result of service performed in public employment, provide the name and full mailing address of the Workers' Compensation carrier.

**ITEM 6:** If the employee received a significant pay increase in the year prior to the termination date, all supporting documentation including contracts, board minutes, title changes, longevity rates, or retroactive salary adjustments must be attached.

**ITEM 7:** An employer or employee may not make any pre-arrangements for the employee to return to employment after retirement in any capacity with that employer on either a paid or volunteer basis.

**Submit this certification to:**

**New Jersey Division of Pensions & Benefits  
Retirement Bureau  
P.O. Box 295  
Trenton, NJ 08625-0295**