A-30-0029-0619

State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS

P.O. Box 295, Trenton, NJ 08625-0295

SUPPLEMENTAL BI-WEEKLY CERTIFICATION OF EMPLOYING AGENCY

This form should be used as a supplement to:

- ☐ Part 2 of the *Application for Withdrawal*
- ☐ The *Certification of Service and Final Salary — Retirement*
- ☐ *Employer Certification — Death Claim*

CERTIFICATION

Name of Employee _____ Membership Number _____

- ☐ Public Employees' Retirement System
- ☐ Police and Firemen's Retirement System
- ☐ Teachers' Pension and Annuity Fund
- ☐ Judicial Retirement System

Payroll Number _____ Social Security Number _____

I hereby certify that the figures indicated below are an exact abstract from the bi-weekly payrolls of the above-named employee for the last 13 payroll periods preceding ☐ Retirement ☐ Withdrawal ☐ Death

Payroll Period	P/P#	Base Wages	Loan Payments	Arrears Payments	Pension Deductions	Back Deductions	Totals

This final salary deduction (will be/was) made from the payroll period ending _____

Certifying Officer: _____ _____
Print Name *Signature* *Date*

Phone Number: (____) _____ — _____ Ext: _____ Email Address: _____

Note: In order to avoid delay in processing the withdrawal or retirement application, this certification will be used to calculate the payment due. In the event of withdrawal, you should not complete and return this form until the last deduction from salary has been made. For retirement purposes, this form should be returned in advance of the retirement date.