



State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS - LOAN SECTION

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

LOAN RECERTIFICATION REQUEST

Employers must use this form for a member returning from a leave of absence.

PART 1 — Member Information (*please print*)

- 1. Retirement system (*Check One*) PERS TPAF PFRS SPRS
- 2. Full name of member _____
- 3. Membership or Social Security number _____
- 4. Current annual salary \$ _____
- 5. Is member a 10-month employee or 12-month employee (*check one*)

PART 2 — Leave of Absence Information

- 1. Date leave started _____
- 2. Date member returned to payroll _____
- 3. Amount of loan contributions remitted since return (*if any*) \$ _____

PART 3 — Employer Information

Employer Name _____

Location Number _____ Telephone Number (____) _____

Signature of Certifying Officer

Date

Mail this completed form to:
 Division of Pensions & Benefits
 Attention: Supervisor, Loan Section
 P.O. Box 295
 Trenton, NJ 08625-0925
 or fax to (609) 292-3613