



State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — RETIREMENT SECTION
CERTIFICATION OF SERVICE AND FINAL SALARY FOR
STATE POLICE RETIREMENT SYSTEM (SPRS)

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

1. Name of Member _____
2. Social Security Number _____ 3. Membership Number _____
4. Date Service Terminated ____/____/____ Applicant will not render any service to or earn salary from this agency after date service terminated. This date must be before the retirement date. If this information changes after certification has been submitted, you must notify the New Jersey Division of Pensions & Benefits (NJDPB) immediately to ensure the retirement benefits have been processed correctly prior to retirement date.
- 5a. Is the member currently on suspension? No Yes
 If yes, give date of suspension ____/____/____ Is suspension Paid or Unpaid
- 5b. Is the applicant facing disciplinary action or indictment? No Yes If you indicate yes for 5a or 5b, attach copies of the preliminary and final notices of disciplinary action or their equivalents or a copy of the indictment.
6. List unpaid leaves of one pay period or more, within the last 12 working months.

REASON FOR ABSENCE	DATE OF ABSENCE (FROM - TO)	REASON FOR ABSENCE	DATE OF ABSENCE (FROM - TO)
	TO		TO
	TO		TO

7. Base salary subject to pension contributions for the last twelve months of service ending on the date of termination.

ANNUAL RATE OF SALARY	ANNUAL RATE OF MAINTENANCE	DATES	TOTAL
\$ _____	\$ _____	from _____ to _____	\$ _____
\$ _____	\$ _____	from _____ to _____	\$ _____
\$ _____	\$ _____	from _____ to _____	\$ _____
\$ _____	\$ _____	from _____ to _____	\$ _____
TOTAL BASE SALARY PAID FOR LAST 12 MONTHS OF SERVICE			\$ _____

8. Has the member received a substantial salary increase of 10 percent or more in the last three years? No Yes
 If "Yes," please provide a detailed explanation with documentation.
9. Has there been any retroactive salary paid to the employee within the past three years? If so, please describe below:

AMOUNT OF PAYMENT	DATE OF PAYMENT	COVERING THE DATES (FROM - TO)	PENSION DEDUCTION	NEW ANNUAL BASE
\$ _____		TO	\$ _____	\$ _____
\$ _____		TO	\$ _____	\$ _____
\$ _____		TO	\$ _____	\$ _____

10. Please attach a screen print of TREADHOC biweekly certification with salaries projected until termination date.

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

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

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

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.

ITEMS REQUIRING SPECIAL ATTENTION

- ITEM 4:** 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. In addition, 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.
- ITEM 5:** If the member was dismissed under suspension or formal indictment, place an (X) in the "Yes" box. You must also indicate with an (X) if the suspension is paid or unpaid. If the "Yes" box is indicated in 5a or 5b, copies of the preliminary and final notices of disciplinary action or their equivalents, or a copy of the indictment must be attached. This information is required before processing the retirement application.
- ITEM 8:** If the NJDPB finds that there has been a significant salary increase in the last three years of employment and an explanation and supporting documentation is not included with this certification, the NJDPB will request the information and will not process the application until the information is received. This will delay the payment of retirement benefits to the member.
- ITEM 9:** Indicate any retroactive salary increases within the last 3 years. Include: (1) amount of payment, (2) the date of payment, (3) the beginning and ending dates for each increase, (4) the pension deduction, and (5) the new annual base salary.
- ITEM 10:** You must attach a screen print of the member's TREADHOC biweekly certification with salaries projected until termination date.

Submit this certification to:

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