Office of the New York State Comptroller

NYSLRS
New York State and Local Retirement System

110 State Street, Albany, New York 12244-0001

Please type or print clearly in blue or black ink

Monthly Salary and Service Certification

RS 5120
(Rev.04/22)

Received Date

NYSLRS ID

Social Security Number [last 4 digits]

XXX-XX-

Retirement System [check one]

Employees' Retirement System (ERS) ☐

Police and Fire' Retirement System (PFRS) ☐

Employer: Please complete all fields on Page 1

Member Name: (Please print)	Date:	Location Code:
Periods of Appointment: From: _____ To: _____	Payroll Title:	Department:

School Employees Only – Please indicate if the employee is/was a 10 month employee or 12 month employee::   10 ☐   12 ☐

University and Community College Employers: Was this employee a member of the Optional Retirement Program (ORP), TIAA/CREF?   Yes ☐   No ☐

Other Employers: Was this employee a member of the Voluntary Defined Contributions Program (VDC)?   Yes ☐   No ☐

If YES, what was the employee's first date of participation in the ORP/VDC? _____

Please indicate the established standard work day for this member's payroll title: (enter number of hours per day below)
Reminder: 6 hours is the minimum and 8 hours is the maximum standard work day allowable for Tier 2, 3, 4, 5 & 6

Hours Per Day: ☐

First day worked: _____ Last day worked: _____ or: Still Working ☐

I**f you do not have information to report regarding the member, please indicate why using the below checkboxes.**

We have no record of the member working here during the specified time period(s). ☐

Member did work here during the specified time period(s), but we do not have their payroll records. ☐

If you have additional comments please leave them here.

_____

I HEREBY CERTIFY THE INFORMATION PROVIDED IS CORRECT AND WAS TAKEN FROM OFFICIAL RECORDS.
(Please note, the certification cannot be accepted if signed by the member for whom the information is being provided.)

_____
(Authorized Signature and Date)

_____
(Authorizer, Please Print Name)

_____
(Department & Title)

_____
(Contact Information (Email or Telephone Number)

See Page 2 for additional instructions. If you have any questions please contact us at 1-866-805-0990 or 518-474-7736.

IMPORTANT – You must complete other side

EMPLOYER INSTRUCTIONS: Please provide copy of payroll records that clearly show the member's name or other identifying information; or complete the worksheet below.

If you are using the enhanced reporting format, please complete this transaction as an adjustment report via your Employer Reporting Portal.

The following relates to each column bearing the same number:

(1) Indicate each calendar month during which wages were paid

(2) Indicate for first entry only and thereafter only when change occurred. (e.g.: $2.50 PER hour; $30.00 PER day; $10,000.00 PER year)

(3) Indicate for first entry and thereafter only when change occurred. (e.g.: Weekly, Bi-weekly, Semi-monthly, etc.)

(4) and **(5)** ENTER FOR EACH MONTH – Days worked must be based on time keeping records or a record of activities. If No Record of days worked exists, enter NR.

(6) Please indicate and identify any period of leave without pay OR at ½ pay. Also indicate any period covered by Worker's Compensation, changes in payroll titles and/or changes in the standard workday.

1 Example	2 Example	3 Example	4 Example	5 Example	6 Example
Month/Year	Rate of Pay	Frequency of Payment	Monthly Gross Salary Paid	Days Worked Monthly	Periods of Leave Without Pay or with Half Pay. Also list any changes in payroll titles and/or standard workdays. From: To: Types of Leave: mm/dd/yyyy mm/dd/yyyy
(Example)	(Example)	(Example)	(Example)	(Example)	(Example)
June 07	$7.15 Per Hour	Weekly	972.40	17.00	6/11/99-6/14/99 Sick Leave
July 07			1,430.00	25.00	8/1/07 new title- Sr. Clerk – SWD 7.5 hours

Member's Name:_____ NYSLRS ID_____

1	2	3	4	5	6
	$ Per				
	$ Per				
	$ Per				
	$ Per				
	$ Per				
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You may photocopy this page if additional space is needed.