



Office of the New York State Comptroller
New York State and Local Retirement System
Employees' Retirement System
Police and Fire Retirement System
110 State Street, Albany, New York 12244-0001

Employer Certification Form

(Rev. 2/12)

Location Code: _____ Report Code: _____

Location Name: _____

I hereby certify that the information contained in the electronically transmitted data is the true and correct statement pertaining to all employees who are lawfully members of the Retirement System. I further certify that each person actually worked the number of days reported, which number was computed as is prescribed by part 315 of Title 2 of the New York State Codes, Rules and Regulations.

Print Name _____ Date _____

Signature _____ Title _____

Mailing Address _____

City, State, Zip Code _____

E-mail Address _____ Phone Number (____) ____ - _____

SERVICE PROVIDER INFORMATION (IF APPLICABLE)

Name of Organization _____