

Up to one year layoff can be purchased. Incomplete or inaccurate forms will not be processed.

Please print clearly or type in black ink.

Section 1: Employer Data

Reporting Agency Telephone Number Fax Number

Address

Address

City State ZIP

Section 2: Employee Data

SSN Date of Birth (mm/dd/yyyy)

First Name MI Last Name

Address

Address

City State ZIP

(Layoff verification continued on next page).

Section 3: Employer Certification

The above employee was on an official layoff during the following periods and wishes to purchase this time towards retirement. Provide ERSRI with the following information. Break down by school year for teachers and calendar year for others. Attach official documentation that clearly states that the member was on an official layoff.

Start Date	End Date	Number of Working Days (Max 180 for teachers, 260 for others)	Contractual Salary

Actual dates employee was on layoff:

From _____ to _____ Returned to work, or Terminated on date _____

Section 4: Official's Statement and Signature

I hereby certify the above information to be true and correct based upon our official records.

Signature Date of Signature (mm/dd/yyyy)

Print Name Title

Return the completed form to the address below. Incomplete or inaccurate forms will not be processed.

Employees' Retirement System of Rhode Island

50 Service Avenue, 2nd Floor
Warwick, RI 02886-1021

Office: (401) 462-7600 | **Fax:** (401) 462-7691
Email: ersri@ersri.org | **Website:** www.ersri.org