

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 _____

Section 3: Employer Certification

The above employee was a Workshare Program participant and wishes to purchase missed salary towards retirement. Please provide ERSRI with the following information.

Workshare Start Date	Workshare End Date	Number of Workshare Days	Contractual/Full Annual Salary (before Workshare)

(Employer Certification continued on next page)

Actual dates employee was out due to Workshare From: _____ To: _____
(mm/dd/yyyy) (mm/dd/yyyy)
Returned to regular work schedule,
or Terminated, on Date: _____
(mm/dd/yyyy)

Section 4: Official's Statement and Signature

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

Official 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