



# Guide to Retirement Forms

Teacher Employers

# Teacher Employer Retirement Verifications

- Employer Certification of Retirement and Final Wages
- Teacher Day Count Verification for School Days Worked
- Verification of Retroactive Salary

# Employer Certification of Retirement and Final Wages – Page 1 of 3



Employees' Retirement  
System of Rhode Island

## EMPLOYER CERTIFICATION OF RETIREMENT AND FINAL WAGES

*Do not submit this form more than 3 months prior to member's retirement.  
This form must be completed in entirety and signed by both the member and employer.  
For additional information, see instructions at the end.*

Please print clearly in black ink.

### Section 1 – Member information

First and middle names		Last name	
Address (street number, street name and apartment number)			
City	State	Zip code	
Home phone number (area code and number)		Business phone number (area code and number)	
Date of birth (mm/dd/yyyy)	Social Security number (4 last digits only)		

### Section 2 – Employment information

Name of the employer		Position of the member	
M   M   D   D   Y   Y   Y   Y	M   M   D   D   Y   Y   Y   Y		
Employment start date	Position start date		

### Section 3 – Termination information

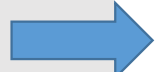
M   M   D   D   Y   Y   Y   Y	M   M   D   D   Y   Y   Y   Y	M   M   D   D   Y   Y   Y   Y
Date of termination	Last pay date	Date of last wage/cont report submitted

### Reason for separation from service

Type of retirement (check one):  Service retirement  Disability retirement  Survivor benefit (death in service)

Retirement sub type (for disability only – check one):  Ordinary  Accidental

For accidental disability, please provide annual salary rate: \$ \_\_\_\_\_



## Section 2

# Employment Information

### Section 2 - Employment information

Johnston School Department

Name of the employer

0 9 0 1 1 9 8 9

Employment start date

Special Education Teacher

Position of the member

0 9 0 1 2 0 0 0

Position start date

1

Name of the employer

– School teacher or administrator retired from

2

Position of the member

– Specific title of teacher or administrator

## Section 3

# Termination Information

### Section 3 - Termination information

0	6	2	4	2	0	2	0	0	6	2	6	2	0	2	0	0	7	0	3	2	0	2	0
Date of termination								Last pay date								Date of last wage/ <u>cont</u> report submitted							

### Reason for separation from service

Type of retirement (check one):  Service retirement  Disability retirement  Survivor benefit (death in service)

Retirement sub type (for disability only – check one):  Ordinary  Accidental

For accidental disability, please provide annual salary rate: \$ \_\_\_\_\_

- 1 Date of Termination - last day of employment
- 2 Last pay date – final pay period end date for wages earned
- 3 Date of last wage/contribution submitted to retirement

# Employer Certification of Retirement and Final Wages – Page 2 of 3



## EMPLOYER CERTIFICATION OF RETIREMENT AND FINAL WAGES



### Section 4 – Unreported wages, contributions and service credit

Pay period start date	Pay period end date	Wages	Contributions	Types of wages	Service credited for this period

### Section 5 – Supplemental pension information

Is your municipality accepting the provisions of § 16-7-19.1 (Optional Incentive Bonus)?  Yes  No  
 If yes, please give the number of years in your municipality and amount of bonus: # of years \_\_\_\_\_ \$ \_\_\_\_\_ per year

### Section 6 – Salary certification

Report 5 highest consecutive years of salary or last 5 years salary, whichever is greater. Salary reported must not include overtime, unused sick or vacation time, compensatory time, or payments made in anticipation of member's retirement.

TEACHER	Year	Contractual salary	# of days in school year	# days compensated while students in session	Amount earned in school year	

MUNICIPAL	Year	Full contractual salary (calendar year)	# of pay periods	Longevity earned	Effective date of longevity	10 month employee	12 month employee	
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

# Section 4

## Unreported wages, contributions and service credit

### Section 4 - Unreported wages, contributions and service credit

1

Pay period start date	Pay period end date	Wages	Contributions	Types of wages	Service credited for this period
6/13/20	6/26/20	\$3,200	\$352	Regular	10 days

1

Remaining pay periods of wages and contributions to be reported to retirement.

EMPLOYER CERTIFICATION OF  
RETIREMENT AND FINAL WAGES

Section 4 - Unreported wages, contributions and service credit

Pay period start date	Pay period end date	Wages	Contributions	Types of wages	Service credited for this period

Section 5 - Supplemental pension information

Is your municipality accepting the provisions of § 16-7-19.1 (Optional Incentive Bonus)?  Yes  No  
 If yes, please give the number of years in your municipality and amount of bonus: # of years \_\_\_\_\_ \$ \_\_\_\_\_ per year

Section 6 - Salary certification

Report 5 highest consecutive years of salary or last 5 years salary, whichever is greater. Salary reported must not include overtime, unused sick or vacation time, compensatory time, or payments made in anticipation of member's retirement.

TEACHER	Year	Contractual salary	# of days in school year	# days compensated while students in session	Amount earned in school year	

MUNICIPAL	Year	Full contractual salary (calendar year)	# of pay periods	Longevity earned	Effective date of longevity	10 month employee	12 month employee	
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

Employer  
Certification of  
Retirement and  
Final Wages –  
Page 2 of 3





# Section 5

## Supplemental pension information Teachers

### Section 5 - Supplemental pension information

Is your municipality accepting the provisions of § 16-7-19.1 (Optional Incentive Bonus)?

Yes

No

1

If yes, please give the number of years in your municipality and amount of bonus: # of years 10 \$ \$150 per year

1

Is your school committee, by resolution to the retirement board, accepting the provisions of Optional Incentive Bonus (16-7-19.1)?

Select either "Yes" or "No"

If yes, enter number of years in the school district and dollar amount of bonus per year (\$150) not to exceed 30 years (\$4,500).

# Employer Certification of Retirement and Final Wages – Page 2 of 3



## EMPLOYER CERTIFICATION OF RETIREMENT AND FINAL WAGES

### Section 4 – Unreported wages, contributions and service credit

Pay period start date	Pay period end date	Wages	Contributions	Types of wages	Service credited for this period

### Section 5 – Supplemental pension information

Is your municipality accepting the provisions of § 16-7-19.1 (Optional Incentive Bonus)?  Yes  No  
 If yes, please give the number of years in your municipality and amount of bonus: # of years \_\_\_\_\_ \$ \_\_\_\_\_ per year

### Section 6 – Salary certification

Report 5 highest consecutive years of salary or last 5 years salary, whichever is greater. Salary reported must not include overtime, unused sick or vacation time, compensatory time, or payments made in anticipation of member's retirement.

TEACHER	Year	Contractual salary	# of days in school year	# days compensated while students in session	Amount earned in school year	

MUNICIPAL	Year	Full contractual salary (calendar year)	# of pay periods	Longevity earned	Effective date of longevity	10 month employee	12 month employee	
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

# Section 6

## Salary Certification

### Teachers

#### Section 6 – Salary certification

Report 5 highest consecutive years of salary or last 5 years salary, whichever is greater. Salary reported must not include overtime, unused sick or vacation time, compensatory time, or payments made in anticipation of member's retirement.

TEACHER	Year	Contractual salary	# of days in school year	# days compensated while students in session	Amount earned in school year
		19/20	\$83,200	183	180
	18/19				
	17/18				
	16/17	1	2	3	4
	15/16				

- 1 **Contractual Salary** – What teacher **would have earned** if worked all days required by contract to earn full contractual salary.
- 2 **# of days in school year** – days teacher required to work by contract to earn full contractual salary.
- 3 **# days compensated while students in session** – days compensated of the 180 days with students in session. Excludes compensated days without students (i.e. first day of school, parent/teacher conference).
- 4 **Amount earned in the school year** – total contractual salary earned for all compensated days both with and without students.

# Section 6

# Salary Certification

# Administrators

## Section 6 – Salary certification

Report 5 highest consecutive years of salary or last 5 years salary, whichever is greater. Salary reported must not include overtime, unused sick or vacation time, compensatory time, or payments made in anticipation of member's retirement.

TEACHER	Year	Contractual salary	# of days in school year	# days compensated while students in session	Amount earned in school year
		19/20	\$98,000	260	180
	18/19				
	17/18				
	16/17	1	2	3	4
	15/16				

- 1 **Contractual Salary** – What administrator **would have earned** if worked all days required by contract to earn full contractual salary.
- 2 **# of days in school year** – days administrator required to work by contract to earn full contractual salary.
- 3 **# days compensated while students in session** – administrators earn service credit based on days compensated of the 180 days with students in session. Excludes compensated days without students.
- 4 **Amount earned in the school year** – total contractual salary earned for all compensated days both with and without students.

# Section 6

# Salary Certification

## Section 6 – Salary certification

Report 5 highest consecutive years of salary or last 5 years salary, whichever is greater. Salary reported must not include overtime, unused sick or vacation time, compensatory time, or payments made in anticipation of member’s retirement.

TEACHER	Year	Contractual salary	# of days in school year	# days compensated while students in session	Amount earned in school year
	19/20	\$83,200	183	180	\$83,200
	18/19	\$78,000	183	180	\$80,000
	17/18				
	16/17				
	15/16				

- 4 When the Amount earned in school year **exceeds**
- 1 Contractual salary by at least \$2,000
  - an explanation should be attached along with
  - section of the contract related to the additional salary payment
  - job description stating it was a requirement of position

# Section 6

## Salary Certification

### Section 6 – Salary certification

Report 5 highest consecutive years of salary or last 5 years salary, whichever is greater. Salary reported must not include overtime, unused sick or vacation time, compensatory time, or payments made in anticipation of member’s retirement.

TEACHER	Year	Contractual salary	# of days in school year	# days compensated while students in session	Amount earned in school year
	19/20	\$83,200	183	180	\$83,200
	18/19	\$78,000	183	180	\$80,000
	17/18	\$73,200	183	180	\$74,000
	16/17				
	15/16				

- 4 When a change in Amount earned in school year exceeds \$5,000
  - an explanation should be attached along with
  - section of the contract related to the salary change
  - job description stating it was a requirement of position

## Section 6

# Salary Certification

4

### Regulation 1.19 Retirement Contributions for Teacher Positions

Qualified payments to deduct retirement contributions

- Payments for regular longevity;
- Payments for teaching an extra class for at least 2 consecutive weeks;
- Payments for Teacher Mentor Coordinator plans;
- Payments for class overage for at least 2 consecutive weeks;
- Payments for regular department head or chair duties, or other comparable positions or duties;
- Excluding members employed in a superintendent capacity
  - payments for additional days worked in member's contract;
  - payments for additional positional requirements in member's contract;
- Payments awarded to teachers based on their completion of National Board Certification for Teaching Standards.

# Section 6

## Salary Certification

### Section 6 – Salary certification

3

Report 5 highest consecutive years of salary or last 5 years salary, whichever is greater. Salary reported must not include overtime, unused sick or vacation time, compensatory time, or payments made in anticipation of member's retirement.

TEACHER	Year	Contractual salary	# of days in school year	# days compensated while students in session	Amount earned in school year
	19/20	\$83,200	183	45 *	\$20,914
	18/19	\$78,000	183	180	\$80,000
	17/18	\$73,200	183	180	\$74,000
	16/17	\$72,000	183	180	\$72,000
	15/16	\$70,000	183	180	\$70,000
	14/15	\$68,000	183	180	\$68,000

\* One additional compensated day without students for first day of school.

### What if a teacher retires before the end of the school year?

- Report the five highest consecutive school years of salary information **and** the partial school year of salary information.

3

- Add a footnote with # of days compensated **without** students since these days **must be excluded** from column 3 (i.e. first day of school and parent/teacher conferences).



# Section 6

## Salary Certification

### Section 6 - Salary certification

Report 5 highest consecutive years of salary or last 5 years salary, whichever is greater. Salary reported must not include overtime, unused sick or vacation time, compensatory time, or payments made in anticipation of member's retirement.

3

4

TEACHER	Year	Contractual salary	# of days in school year	# days compensated while students in session	Amount earned in school year
	19/20	\$83,200	183	176 *	\$81,381
	18/19	\$78,000	183	180	\$80,000
	17/18	\$73,200	183	180	\$74,000
	16/17	\$72,000	183	180	\$72,000
	15/16	\$70,000	183	180	\$70,000

\*3 additional compensated days without students for first day and conferences.

### What if a teacher had days without pay?

- 3 Report the full-time equivalent days compensated with students in session. Exclude days compensated without students such as first day and parent/teacher conferences. Add footnote with # of days compensated without students.
- 4 In 19/20, 176 days compensated with students + 3 days without students = 179 days compensated in Amount Earned.

# Employer Certification of Retirement and Final Wages – Page 3 of 3



## EMPLOYER CERTIFICATION OF RETIREMENT AND FINAL WAGES

### Section 6 – Salary certification (continued)

STATE	Year	Retro payments (if applicable to years listed)	Effective date of retro	Amount of retro per pay period	10 month employee	12 month employee
						<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

### Section 7 – Disclaimer and signatures

The member understands that the Employment Information, Termination Information and Unreported wages, contributions and service credit contained on this form have been provided solely by the employer. By signing this form the member acknowledges that he/she has voluntarily made the decision to submit the completed form to the Employees' Retirement System of Rhode Island (ERSRI) which includes the member's date of termination and projected final wages and service credits through the date of termination. The member further understands that if he/she has made the determination not to terminate after submission of this form, he/she must notify ERSRI in writing immediately. After the member's pension has been processed, no further contributions will be accepted after the date of termination provided on this form, and once the member has cashed a pension check, the member's retirement is final and cannot be rescinded.

The undersigned acknowledges that he/she has read the foregoing disclaimer, understands the contents, has reviewed all information provided for accuracy and has determined it to be correct, and is signing it freely and voluntarily.

I understand that any person who makes a false statement or shall falsify or permit to be falsified any record to the retirement system in an attempt to defraud the system may be subject to criminal prosecution, and with that understanding, I certify that all information on this form is true and correct.

	M	M	D	D	Y	Y	Y	Y
Authorized employer representative signature	Date of signature							

	M	M	D	D	Y	Y	Y	Y
Authorized employer representative name (print)	Title							

Authorized employer representative phone number (area code and number)

	M	M	D	D	Y	Y	Y	Y
Member signature	Date of signature							

Please forward this completed form, dated and signed, to the following address:

Employees' Retirement System of Rhode Island  
 50 Service Avenue 2<sup>nd</sup> Floor  
 Warwick, RI 02886-1021  
 Office: (401) 462-7600 | Fax: (401) 462-7691  
 Email: [ersri@ersri.org](mailto:ersri@ersri.org) | Web site: [www.ersri.org](http://www.ersri.org)



# Section 7

# Disclaimer and Signatures

## Section 7 – Disclaimer and signatures

The member understands that the Employment information, Termination information and Unreported wages, contributions and service credit contained on this form have been provided solely by the employer. By signing this form the member acknowledges that he/she has voluntarily made the decision to submit the completed form to the Employees' Retirement System of Rhode Island (ERSRI) which includes the member's date of termination and projected final wages and service credits through the date of termination. The member further understands that if he/she has made the determination not to terminate after submission of this form, he/she must notify ERSRI in writing immediately. After the member's pension has been processed, no further contributions will be accepted after the date of termination provided on this form, and once the member has cashed a pension check, the member's retirement is final and cannot be rescinded.

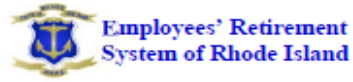
The undersigned acknowledges that he/she has read the foregoing disclaimer, understands the contents, has reviewed all information provided for accuracy and has determined it to be correct, and is signing it freely and voluntarily.

I understand that any person who makes a false statement or shall falsify or permit to be falsified any record to the retirement system in an attempt to defraud the system may be subject to criminal prosecution, and with that understanding, I certify that all information on this form is true and correct.

<input type="text"/>	<table border="1"><tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	M	M	D	D	Y	Y	Y	Y		
M	M	D	D	Y	Y	Y	Y				
Authorized employer representative signature	Date of signature										
<input type="text"/>	<input type="text"/>										
Authorized employer representative name ( <i>print</i> )	Title										
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											
Authorized employer representative phone number ( <i>area code and number</i> )											
<input type="text"/>	<table border="1"><tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	M	M	D	D	Y	Y	Y	Y		
M	M	D	D	Y	Y	Y	Y				
Member signature	Date of signature										

Authorized employer representative signature and member signature **required** before employer submits completed form to retirement.

# Teacher Day Count Verification of School Days Worked



## TEACHER DAY COUNT VERIFICATION OF SCHOOL DAYS WORKED

For state/municipal employees, please use the Salary Verification form.  
 This form is to be completed and signed only by an ERSRI employer.  
 This form is for verification of contributing service credit only.  
 For purchase of substitute, leave or part-time teaching credit, member must also submit the appropriate purchase form for the type of purchase requested.

Please print clearly in black ink. Your promptness is appreciated.

### Section 1 - Employer data

Reporting agency

Address (street number and name)

City State Zip code

Phone number (area code and number) Fax number (area code and number)

### Section 2 - Employee data

First and middle names Last name

Address (street number, street name and apartment number)

City State Zip code

Social Security number (4 last digits only)

### Section 3 - Employer certification

The chart to the right is used for service credit through 11/17/2011.  
 Credit earned on or after 11/18/2011 is proportional credit.

Days worked	Credit received
45 - 66	3 months
67 - 90	6 months
91 - 134	9 months
135 or more	12 months

Employer: Please provide ERSRI with the following information so that we may verify the days per school year worked and contributed on by the teacher.

School year	# of school days in this year	# of school days compensated while students in session	# of school days employee worked	Indicate "F" if full days or days worked per week (1/5, 2/5, 3/5)	Total amount earned for the school days worked	Contractual fulltime salary for this school year



# Section 3

## Employer Certification

### Teachers

### Section 3 – Employer certification

The chart to the right is used for service credit through 11/17/2011.

Credit earned on or after 11/18/2011 is proportional credit.

Days worked

45 – 66

67 – 90

91 – 134

135 or more

Credit received

3 months

6 months

9 months

12 months

Employer: Please provide ERSRI with the following information so that we may verify the days per school year worked and contributed on behalf of the teacher.

School year	# of school days in this year	# of school days compensated while students in session	# of school days employee worked	Indicate "F" if full days or days worked per week (1/5, 2/5, 3/5)	Total amount earned for the school days worked	Contractual fulltime salary for this school year
90/91	183	175	178	F	\$31,125	\$32,000
93/94	183	90	93	.5	\$20,430	\$40,200

- 1 # of school days in this year – days teacher required to work by contract to earn full contractual salary
- 2 # school days compensated while students in session – days compensated of the 180 days with students in session. Excludes compensated days without students.
- 3 # of school days employee worked – total days teacher compensated both with and without students.

### Section 3 – Employer certification

The chart to the right is used for service credit through 11/17/2011.

Credit earned on or after 11/18/2011 is proportional credit.

<u>Days worked</u>	<u>Credit received</u>
45 – 66	3 months
67 – 90	6 months
91 – 134	9 months
135 or more	12 months

*Employer: Please provide ERSRI with the following information so that we may verify the days per school year worked and contributed on behalf of the teacher.*

School year	<b>1</b> # of school days in this year	<b>2</b> # of school days compensated while students in session	<b>3</b> # of school days employee worked	Indicate "F" if full days or days worked per week (1/5, 2/5, 3/5)	Total amount earned for the school days worked	Contractual fulltime salary for this school year
08/09	260	180	260	F	\$60,000	\$60,000
11/12	260	180	260	F	\$75,000	\$75,000

- 1** # of school days in this year – days administrator required to work by contract to earn full contractual salary
- 2** # school days compensated while students in session – administrators earn service credit based on days compensated of the 180 days with students in session. Excludes compensated days without students.
- 3** # of school days employee worked – total days administrator compensated both with and without students.

## Section 3

## Employer Certification

## Administrators

# Section 3

## Employer Certification

### Section 3 – Employer certification

The chart to the right is used for service credit through 11/17/2011.

Credit earned on or after 11/18/2011 is proportional credit.

Days worked

- 45 – 66
- 67 – 90
- 91 – 134
- 135 or more

Credit received

- 3 months
- 6 months
- 9 months
- 12 months

*Employer: Please provide ERSRI with the following information so that we can certify the days per year worked and contributed on by the teacher.*

School year	# of school days in this year	# of school days compensated while students in session	# of school days employee worked	Indicate "F" if full days or days worked per week (1/5, 2/5, 3/5)	Total amount earned for the school days worked	Contractual fulltime salary for this school year
90/91	183	175	178	F	\$31,125	\$32,000
93/94	183	90	93	.5	\$20,430	\$40,200

- 4 Indicate "F" if full days or days worked per week – If teacher was less than fulltime, we need to know whether 1/2 time (.5), 2/5 (.4), 3/5 (.6), or 4/5 (.8) teacher.
- 5 Total amount earned for the school days worked – total contractual salary earned for all compensated days both with and without students.

# Section 3

## Employer Certification

### Section 3 – Employer certification

The chart to the right is used for service credit through 11/17/2011.

Credit earned on or after 11/18/2011 is proportional credit.

Days worked

45 – 66  
67 – 90  
91 – 134  
135 or more

Credit received

3 months  
6 months  
9 months  
12 months

*Employer: Please provide ERSRI with the following information so that we may verify the days per school year worked and contributed on by the teacher.*

6

School year	# of school days in this year	# of school days compensated while students in session	# of school days employee worked	Indicate "F" if full days or days worked per week (1/5, 2/5, 3/5)	Total amount earned for the school days worked	Contractual fulltime salary for this school year
90/91	183	175	178	F	\$31,125	\$32,000
93/94	183	90	93	.5	\$20,430	\$40,200

6

Contractual fulltime salary for this school year –

What **would have earned** if worked all days required by contract to earn full contractual salary.

What if the teacher was less than fulltime?

Provide the fulltime contractual salary **would have earned** if was a fulltime teacher.







# Section 3

## Employer Certification of Retroactive Salary Information

### Section 3 – Employer certification of retroactive salary information

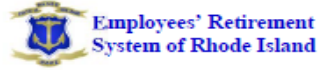
<i>Employer: Please complete the following information.</i>			
Date retro paid	Effective start and end date of retro	Amount of retro per pay period	Total amount of retro pay
6/29/14-7/12/14	9/1/13 – 6/30/14	26 pp at \$100	\$2,600

### Total amount of retro pay

- 1
**Effective start and end date of retro**  
 – start and end date of the pay period it was worked and earned.
  
- 2
**Amount of retro per pay period**  
 – include number of pay periods and amount per pay period.

# Verification of Retroactive Salary

## Section 4



### VERIFICATION OF RETROACTIVE SALARY

#### Section 4 - Official's statement and signature

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

Preparer name (print)											Preparer phone number (area code and number)							
Official's signature											M	M	D	D	Y	Y	Y	Y
Official's name (print)											Date of signature				Title			
Official's phone number (area code and number)																		

Please forward this completed form, dated and signed, to the following address:

Employees' Retirement System of Rhode Island  
50 Service Avenue 2<sup>nd</sup> Floor  
Warwick, RI 02886-1021  
Office: (401) 462-7600 | Fax: (401) 462-7691  
Email: [ersri@ersri.org](mailto:ersri@ersri.org) | Web site: [www.ersri.org](http://www.ersri.org)

## Employer Contacts

### Pensionable Wage Determination

**Kimberly C. DeCosta**

**Director of Member Services**

**Phone** 401.462.7601

**Email** [Kimberly.DeCosta@ersri.org](mailto:Kimberly.DeCosta@ersri.org)

### Reporting Wage and Contributions

**Thelma Augusto**

**Wage & Contributions Manager**

**Phone** 401.462.7647

**Email** [thelma.d.augusto@ersri.org](mailto:thelma.d.augusto@ersri.org)

Questions?