

**STATE POLICE RETIREMENT SYSTEM  
NEW JERSEY DIVISION OF PENSIONS AND BENEFITS**

**CERTIFICATION OF SERVICE AND FINAL SALARY — RETIREMENT**

**THIS FORM MUST BE COMPLETED BY EMPLOYING AGENCY — SEE INSTRUCTIONS ON REVERSE SIDE**

1. **Name of Member** \_\_\_\_\_
2. **Membership No.** \_\_\_\_\_ 3. **Social Security No.** \_\_\_\_\_
4. **Date service terminated** \_\_\_\_\_ *Applicant will not render any service to, or earn salary from this agency after date service terminated.*

5. a) **Is the member currently on suspension?**  NO  YES *If yes, give date of suspension* \_\_\_\_\_  
**Is the suspension**  PAID  UNPAID

b) **Is the applicant facing disciplinary action or indictment?**  No  Yes *If you indicate YES for 5a or 5b, attach copies of the preliminary and final notices of disciplinary action or their equivalents or a copy of the indictment.*

6. List unpaid leaves of one month or more, without pay, within the last 12 working months.

REASON FOR ABSENCE	DATE OF ABSENCE (FROM - TO)	REASON FOR ABSENCE	DATE OF ABSENCE (FROM - TO)
	TO		TO
	TO		TO

7. Base salary subject to pension contributions for the last twelve months of service ending on the date of termination.

ANNUAL RATE OF SALARY	ANNUAL RATE OF MAINTENANCE	DATES	TOTAL
\$ _____	\$ _____	from _____ to _____	\$ _____
\$ _____	\$ _____	from _____ to _____	\$ _____
\$ _____	\$ _____	from _____ to _____	\$ _____
\$ _____	\$ _____	from _____ to _____	\$ _____
<b>TOTAL BASE SALARY PAID FOR LAST 12 MONTHS OF SERVICE</b>			\$ _____

8. **Has the member received a substantial salary increase of 10% or more in the last three years?**  No  Yes *If yes, please provide a detailed explanation with documentation.*

9. Has there been any retroactive salary paid to the employee within the past three years? If so, please describe below:

AMOUNT OF PAYMENT	DATE OF PAYMENT	COVERING THE DATES (FROM - TO)	PENSION DEDUCTION	NEW ANNUAL BASE
\$ _____		TO	\$ _____	\$ _____
\$ _____		TO	\$ _____	\$ _____
\$ _____		TO	\$ _____	\$ _____

10. **Please attach a screen print of TREADHOC biweekly certification with salaries projected until termination date.**

Completed by: \_\_\_\_\_ Phone Number \_\_\_\_\_  
*By signing this statement I am certifying, under penalty of perjury, to the truthfulness of the information contained herein.*

Superintendent or Representative \_\_\_\_\_ Date \_\_\_\_\_

## INSTRUCTIONS

**This form must be completed by the employer when a member files an application for retirement benefits. Failure to provide this information will delay processing the member's retirement application.**

### **ITEMS REQUIRING SPECIAL ATTENTION**

- ITEM 4:** A member must terminate employment **before** his or her retirement date. For example, if a member is retiring April 1, he or she cannot be on payroll on April 1.
- ITEM 5:** If the member was dismissed under suspension or formal indictment, place an (X) in the YES block. You must also indicate with an (X) if the suspension is paid or unpaid. If the YES box is indicated in 5b, copies of the preliminary and final notices of disciplinary action or their equivalents, or a copy of the indictment must be attached. This information is required before processing the retirement application.
- ITEM 8:** If the Division finds that there has been a significant salary increase in the last three years of employment and an explanation and supporting documentation is not included with this certification, the Division will request the information and will not process the application until the information is received. This will delay the payment of retirement benefits to the member.
- ITEM 9:** Indicate any retroactive salary increases within the last 3 years. Include: (1) amount of payment, (2) the date of payment, (3) the beginning and ending dates for each increase, (4) the pension deduction, and (5) the new annual base salary.
- ITEM 10:** **State biweekly reporting agencies must attach a screen print of the member's TREAD-HOC biweekly certification with salaries projected until termination date.**

**SUBMIT THIS CERTIFICATION TO: RETIREMENT BUREAU  
DIVISION OF PENSIONS AND BENEFITS  
PO BOX 295  
TRENTON NJ 08625-0295**