



State of New Jersey • Department of the Treasury

## **DIVISION OF PENSIONS & BENEFITS**

P.O. Box 295, Trenton, NJ 08625-0295

## SUPPLEMENTAL BI-WEEKLY CERTIFICATION OF EMPLOYING AGENCY

This form shoเ	ıld be use	ed as a suppleme	ent to:				
☐ Part Two o	f the <i>Appl</i>	lication for Withd	rawal				
☐ The Certifi	ication of	Service and Fina	al Salary — Retire	ement			
□ Employer (	Certification	on — Death Clai	m				
Member Name	e			Membership Number			
Retirement Sy	stem 🛚	PERS 🗆 T	PAF D PF	FRS □	JRS		
Payroll Numbe	er			Social Security	Number		
			l below are an ex preceding DR				above-named
Payroll Period	P/P#	Base Wages	Loan Payments	Arrears Payments	Pension Deductions	Back Deductions	Totals
,				-			
This final salar	ry deducti	on (will be/was) ı	made from the pa	ayroll period en	ding/_		
Pi	rint Certifying (	 Officer Name		Signature		/_	/
	Phone	e Number		Email Address			

**Note:** In order to avoid delay in processing the withdrawal or retirement application, this certification will be used to calculate the payment due. In the event of withdrawal, you should not complete and return this form until the last deduction from salary has been made. For retirement purposes, this form should be returned in advance of the retirement date.