



**NEW YORK STATE TEACHERS' RETIREMENT SYSTEM**  
**10 Corporate Woods Drive, Albany, NY 12211-2395**

OFFICE SERVICES ONLY

**CERTIFICATION OF EMPLOYMENT RECORDS**

Name of Employee	EmplID
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The undersigned Administrator of the employer identified below affirms the attached documents represent and comprise true copies of all board minutes, agreements, contracts, memoranda of understanding, letters, notes and other documents which contain, reflect, or discuss the salary, benefits and other compensation of any kind or description payable to the employee identified above for services rendered during the last five school years of employment or payable upon, following or in connection with the cessation of said employee's employment.

In making this certification and attaching the documents, the undersigned understands the New York State Teachers' Retirement System has requested and is entitled to receive complete, full and accurate disclosure of all documents relevant to the salary, benefits and other compensation to which the above-named employee may be entitled in connection with said employee's employment and/or the termination of that employment and is relying upon such disclosure by the employer in determining the employee's benefit entitlements from the System.

Please be aware that, under Section 525 of the Education Law as amended by Chapter 640 of the Laws of 2008, knowingly making a false statement or permitting the records of the System to be falsified in an attempt to defraud the System can be subject to criminal prosecution as a felony.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

District: \_\_\_\_\_

Dated: \_\_\_\_\_