

# Retirement Certification Report



## ▼ To Be Completed by Retiring Member's Employer -- please print clearly

### Member Information

If this is the first TRS-8 for the member, please mark the "estimated" box on the right. If you are submitting changes to a TRS-8 already sent to TRS, mark the "corrected" box. Also, please indicate the retiring member's data. The position and contract dates should be the ones in force for the final year of employment.

Estimated       Corrected  
 Social Security Number: --  
 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Title or Position: \_\_\_\_\_  
 Contract Dates: \_\_\_\_\_

### Contract Type & Pay Method

If the member has had changes in position and/or his or her contract during the last three years (semester changes NOT included), please attach an explanation.

1. Contract Type (please check one)  
 9 or 10 month     Semester     11 month     12 month     Other \_\_\_\_\_  
 2. Payment Method (please check one)  
 12 Equal Monthly Payments     10 Equal Monthly Payments     9 Equal Monthly Payments  
 9 Equal Monthly Payments and 1 Month Summer pay     Biweekly     Other \_\_\_\_\_

**Note:** In the event you need to check more than one contract type or payment method, please attach an explanation of the changes during the year.

### Explanation of Salary & Contributions

This section should include, as accurately as possible, all information for the member's last year of employment including that which has already been reported, and any future salary and contributions. *Please read instructions on the back for more details.*

Month/ Year	Total Salary	Total Contributions	Contract Pay	Pro-rata Summer Pay	Summer Employment Pay	Other
07/	_____	_____	_____	_____	_____	_____
08/	_____	_____	_____	_____	_____	_____
09/	_____	_____	_____	_____	_____	_____
10/	_____	_____	_____	_____	_____	_____
11/	_____	_____	_____	_____	_____	_____
12/	_____	_____	_____	_____	_____	_____
01/	_____	_____	_____	_____	_____	_____
02/	_____	_____	_____	_____	_____	_____
03/	_____	_____	_____	_____	_____	_____
04/	_____	_____	_____	_____	_____	_____
05/	_____	_____	_____	_____	_____	_____
06/	_____	_____	_____	_____	_____	_____
07/	_____	_____	_____	_____	_____	_____
08/	_____	_____	_____	_____	_____	_____

Explanation of OTHER contributions listed above: \_\_\_\_\_

**1. Colleges and Universities:**  
please list semester dates

Fall \_\_\_\_\_  
 Winter \_\_\_\_\_  
 Spring \_\_\_\_\_  
 Maymester \_\_\_\_\_  
 Summer \_\_\_\_\_

**2. All Other School Systems:** please list regular and summer school year dates

Regular School Year \_\_\_\_\_  
 Summer School \_\_\_\_\_

**3. Termination Dates:** indicate the last date that the member will be at work, the last day of the contract and the last month of contributions you will be submitting.

Last Day at Work \_\_\_\_\_  
 Last Day in Contract \_\_\_\_\_  
 Last Month of Contributions \_\_\_\_\_

### Signature of Approving Authority

Please sign and date verifying the information provided is correct and submit form to TRS.

Approving Authority's Signature \_\_\_\_\_ Date \_\_\_\_\_



Employer Name \_\_\_\_\_

I certify the above named individual's employment is or will be severed as indicated and that no agreement exists to allow the employee to return to service, including service as or for an independent contractor. Any return to employment or rendering of any paid service, including service as or for an independent contractor, for any employer during the calendar month of the effective date of retirement shall render the severance invalid and nullify the employee application for retirement.

Approving Authority's Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ page 1 of 2

# Retirement Certification Report *cont.*

## Explanation of Salary & Contributions Instructions

TOTAL SALARY should include only those salaries from which TRS contributions should be made. Salary subject to TRS contributions includes:

- ◆ regular contract salary (half-time or more employment)
- ◆ summer employment pay
- ◆ all pro-rata summer pay (including less than half-time employment)
- ◆ salary adjustments if part of the regular contract
- ◆ sick leave paid on a daily basis prior to retirement with a termination date at the conclusion of the payment of the sick leave
- ◆ **Not Included:** annual or vacation leave at the end of employment (terminal annual leave), retirement incentive payments, or lump sum payments for sick leave

If you have any questions regarding allowable salary subject to TRS contributions, please visit the TRS website or contact your assigned TRS representative in the Employer Services Division.

TOTAL CONTRIBUTIONS withheld or to be withheld should be listed in this column. If the total contributions withheld for a particular month include a composite of contributions, please list the breakdown of the contributions in the proper column. If you show contributions in the "Other" column, please explain in the place provided. If more space is needed, please attach an explanation to this form before submitting to TRS.

**TERMINATION DATES:** An eligible member's retirement cannot be effective until the first of the month following his/her last date of employment. If his/her last date of employment is April 30, do not show May 1 on this form. This will cause the effective date of the retirement to be June 1.

If the last month of contributions are after the termination date and they are not already explained in the spaces provided, please attach an explanation on a separate sheet of paper. (examples include: last pay due to system's payroll schedule, bi-weekly employee, etc.)

## Fluctuations in Salary and Contributions

If the member has had any unusual fluctuations in the salary and contributions during the last three years that you have not already explained, please attach an explanation on another sheet.