

State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — RETIREMENT SECTION CERTIFICATION OF SERVICE AND FINAL SALARY FOR STATE POLICE RETIREMENT SYSTEM (SPRS)

This form must be completed by the employing agency. See instructions on page 3.

ACKNOWLEDGMENT OF TERMS AND CONDITIONS OF RETIREMENT CERTIFICATION OF SERVICE AND FINAL SALARY

Honorable Service – It is your responsibility to ensure the New Jersey Division of Pensions and Benefits (NJD-PB) is provided with all information regarding indictments, dismissals, litigation, settlement agreements, appeals, or ongoing investigations regardless of outcome.

Honorable Service Fact Sheet: https://www.nj.gov/treasury/pensions/documents/factsheets/fact76.pdf

Please review the separation types as listed below:

RESIGNED: Member voluntarily left employment <u>not</u> due to the conditions of a settlement agreement, a re-

duction in force, or in lieu of charges.

DISMISSED: Member voluntarily left employment due to the conditions of a settlement agreement, a reduc-

tion in force/non-renewal of contract, or as a result of administrative and/or criminal charges.

TERMINATED: Member involuntarily left employment not due to the conditions of a settlement agreement, a

reduction in force, or in lieu of charges.

You must check each box below acknowledging the te	rms and conditions. If you fail to check each box or sign
and date the Acknowledgment of Terms and Conditions	s, the certification will not be processed.

supply the NJDPB with any information regarding indictments, dismissals, litigation, settlement agreements, appeals, or ongoing internal investigations regardless of outcome.
I certify that the information in this employer certification is correct to the best of my knowledge. I acknowledge I have reviewed all options available and their definitions as it relates to the "type" of separation. I understand that to falsify information will delay the retirement application process.
I certify that I understand and acknowledge under N.J.S.A. 43:3C-15 that any person who knowingly makes a false statement or falsifies or permits to be falsified any record, application, form, or report of a pension fund or retirement system in an attempt to defraud the fund or system will be guilty of crime in the fourth degree.

☐ I certify that I have read the Honorable Service fact sheet and understand I must

		/ /
Print Certifying Officer Name	Signature of Certifying Officer	Date

1.	Name of Member							
2.	Social Security Number 3. Membership Number							
4.	Date Service Terminated/ Applicant will not render any service to or earn salary from this agency after date service terminated. This date must be before the retirement date. If this information changes after certification has been submitted you must notify the New Jersey Division of Pensions & Benefits (NJDPB) immediately to ensure the retirement benefits have been processed correctly prior to retirement date.							
5а.	. Is the member currently on suspension? \square No \square Yes							
	If yes, give date of suspe	ension/	_/ Is suspe	nsion 🛭 Paid or	☐ Unpaid			
5b. Is the applicant facing disciplinary action or indictment? ☐ No ☐ Yes If you indicate yes for 5a or 5b, attach preliminary and final notices of disciplinary action or their equivalents or a copy of the indictment.								
6.	List unpaid leaves of one	e pay period or more,	within the last 12 w	orking months.				
	Reason Date Of A		Absence Reason		Date Of Absence			
	For Absence		n - To)	For Absence		(From - To)		
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7.	Base salary subject to pe	ANNUAL RATE C		DATES	ing on the date of	TOTAL		
	OF SALARY	MAINTENANCE	f			Φ.		
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	\$							
	\$							
	\$	\$	/	/ to	//	\$		
		т	OTAL BASE SALARY	PAID FOR LAST 12	MONTHS OF SER	VICE \$		
8.	Has the member received	a substantial salary inc	crease of 10 percent of	or more in the last thre	ee years? 🔲 N	o 🛘 Yes		
	If Yes, please provide a	detailed explanation v	vith documentation.		-			
9.	Has there been any retroa	active salary paid to the	employee within the	past three years? If	so, please describ	e below:		
	Amount Of	Date Of	Covering Th		Pension	New Annua	I	
	Payment	Payment	(From -		Deduction	Base		
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	Print Certifying Officer I	Name	Signa	ature of Certifying Officer		Date		
_	Phone Number			Email	Address			
		Signature of Superin	tendent or Representative	<u> </u>	// //////			

INSTRUCTIONS

This form must be completed by the employer when a member files an application for retirement benefits with the NJDPB. Failure to provide this information will delay processing of 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. In addition, an employer or employee may not make any pre-arrangements for the employee to return to employment after retirement (in any capacity) with that employer on either a paid or volunteer basis.
- If the member was dismissed under suspension or formal indictment, place an (X) in the "Yes" box. You must also indicate with an (X) if the suspension is paid or unpaid. If the "Yes" box is indicated in 5a or 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.
- If the NJDPB 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 NJDPB 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:** You must attach a screen print of the member's TREADHOC biweekly certification with salaries projected until termination date.

Submit this certification to: New Jersey Division of Pensions & Benefits

Retirement Bureau P.O. Box 295

Trenton, NJ 08625-0295