

**Florida Retirement System
Certification of Salaries**



PO Box 9000
Tallahassee, FL 32315-9000
Toll-Free: 1-844-377-1888 Local: 850-907-6500 FAX: 850-410-2010

Member Name _____ Member SSN _____

Dates Certifying _____ Reason for Submission _____

If you have questions, contact the division at the number above. Please certify all retirement creditable salaries. List the salaries by fiscal year (July – June) in chronological order and indicate the calendar year beside the months of July and January.

<u>Salaries</u>				<u>Salaries</u>			
_____	Jul.	_____	_____	_____	_____	_____	_____
	Aug.	_____	_____	_____	_____	_____	_____
	Sep.	_____	_____	_____	_____	_____	_____
	Oct.	_____	_____	_____	_____	_____	_____
	Nov.	_____	_____	_____	_____	_____	_____
	Dec.	_____	_____	_____	_____	_____	_____
_____	Jan.	_____	_____	_____	_____	_____	_____
	Feb.	_____	_____	_____	_____	_____	_____
	Mar.	_____	_____	_____	_____	_____	_____
	Apr.	_____	_____	_____	_____	_____	_____
	May	_____	_____	_____	_____	_____	_____
	Jun.	_____	_____	_____	_____	_____	_____
Totals		_____	_____	_____	_____	_____	_____
_____	Jul.	_____	_____	_____	_____	_____	_____
	Aug.	_____	_____	_____	_____	_____	_____
	Sep.	_____	_____	_____	_____	_____	_____
	Oct.	_____	_____	_____	_____	_____	_____
	Nov.	_____	_____	_____	_____	_____	_____
	Dec.	_____	_____	_____	_____	_____	_____
_____	Jan.	_____	_____	_____	_____	_____	_____
	Feb.	_____	_____	_____	_____	_____	_____
	Mar.	_____	_____	_____	_____	_____	_____
	Apr.	_____	_____	_____	_____	_____	_____
	May	_____	_____	_____	_____	_____	_____
	Jun.	_____	_____	_____	_____	_____	_____
Totals		_____	_____	_____	_____	_____	_____

I certify that the above was taken from the payroll records of _____

Phone:	Agency Number:	E-mail address:
Certified by :		Title: