

**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 \_\_\_\_\_

**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. If you fax this form, do not mail the original.**

Salaries

Comments

\_\_\_\_\_ 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** \_\_\_\_\_

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Comments

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I certify that the above was taken from the payroll records of \_\_\_\_\_

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