

DPR-100M
 Effective 03/19
 Calculations

**Florida Retirement System
 Certification of Salaries**



for Military Leave of Absence
 PO Box 9000
 Toll-Free: 1-844-377-1888 Local: 850-907-6500 FAX: 850-410-2010

Member Name _____ Member SSN _____

Last Date Worked _____ Date Returned to Work _____

Please list the salaries by fiscal year (July – June) in chronological order and indicate the calendar year beside the months of July and January. For a member on Military Leave of Absence, we need the salary amount the member would have earned if they had not been in the military, including increases. If you fax this form, do not mail the original.

	<u>Required</u>	<u>Reported</u>	<u>Difference</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	_____	_____	_____

Instructions

- Do not list any non-military leave without pay in months prior to and/or following the Military Leave of Absence.
- In the required column, include the total salary the member would have received including increases, if not on this military leave of absence.

Comments

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

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