

**Florida Retirement System Pension Plan  
Certification of Workers' Compensation**  
P O Box 9000  
Tallahassee FL 32315-9000  
850 488-6491 Toll Free 888 738-2252  
Fax 850 410-2195



Member Name: \_\_\_\_\_ Member SSN: \_\_\_\_\_

Instructions: The information below is needed to accurately credit this account for any period of Workers' Compensation. Please attach copies of supporting documents such as Notice of Injury, Notice of Beginning or Suspension of Compensation, Final Orders and other documents showing dates of maximum medical improvement (MMI). Please complete the chart and requested information below. If you fax this form, do not mail the original.

Date of Injury: \_\_\_\_\_

Dates of Temporary Total or Temporary Partial Payments: \_\_\_\_\_

Maximum Medical Improvement Date: \_\_\_\_\_

Rate of pay when Workers' Compensation payments began: \$ \_\_\_\_\_ per month

Did this employee return to work in a regularly established position?

Yes \_\_\_\_\_ Date returned to work: From \_\_\_\_\_ to \_\_\_\_\_

No \_\_\_\_\_ Date terminated: \_\_\_\_\_

The following certification of salaries represents the difference in the member's normal rate of pay minus the actual amount of any salary paid for periods of temporary total and temporary partial dates. Appropriate retirement contributions for the difference should be reported on the next retirement report. Please refer to the employer handbook, Chapter 2.

Employee Pay Period: Biweekly ( ) Monthly ( ) Semimonthly ( )

Pay Period End Date	Check Date	Rate of Pay	Salary Paid	Difference	Pay Period End Date	Check Date	Rate of Pay	Salary Paid	Difference

Have salaries been reported to the Division on the payroll report? \_\_\_\_\_  
 If yes, which month were they reported? \_\_\_\_\_ If no, which month will they be reported? \_\_\_\_\_

Certified by and Title: \_\_\_\_\_ Agency Number: \_\_\_\_\_

Agency Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Who should we contact for questions regarding the above reporting? Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_