













## APPLICATION FOR SERVICE OR DISABILITY RETIREMENT

**IMPORTANT:** This page must be completed by your employer and returned with your application unless you have been separated from employment for at least 60 days. If you have been separated from employment for 60 days or more, your former employer does not need to complete this page.

### Employer's Certification of Separation from Employment, Wages, Contributions and Sick Leave

**For:** \_\_\_\_\_  
Applicant's Name Job Classification

Applicant's Social Security number:   |\_|\_| - |\_|\_| - |\_|\_|\_|\_|\_|

**A.** The most recent payroll period reported was:   |\_|\_| - |\_|\_| - |\_|\_|\_|\_|\_|  
Month   Day   Year

**B.** The projected payroll information to be reported prior to retirement is:

Contribution \$ \_\_\_\_\_ Standard hours \_\_\_\_\_ Actual Hours Paid \_\_\_\_\_ Pay Period Ending \_\_\_\_\_  
MO   DAY   YR

Contribution \$ \_\_\_\_\_ Standard hours \_\_\_\_\_ Actual Hours Paid \_\_\_\_\_ Pay Period Ending \_\_\_\_\_  
MO   DAY   YR

Contribution \$ \_\_\_\_\_ Standard hours \_\_\_\_\_ Actual Hours Paid \_\_\_\_\_ Pay Period Ending \_\_\_\_\_  
MO   DAY   YR

**Final Contribution \$** \_\_\_\_\_ Standard Hours \_\_\_\_\_ Actual Hours Paid \_\_\_\_\_ Pay Period Ending \_\_\_\_\_  
MO   DAY   YR



No retirement contribution is due for a pay period **ending** on or after the retirement date.

**C.** The employee is separating from employment with the employer. The employee's last day on payroll is: \_\_\_\_\_.

Federal law prohibits the Maryland State Retirement and Pension System from paying benefits prior to "separation from employment." "Separation from employment" may only occur on resignation, retirement, discharge, or death, and not on transfer, promotion, or otherwise continuing employment with the same employer without interruption. State law requires that there be a minimum of **45 days** from the date of retirement and the date the individual is reemployed, on a permanent, temporary, or contractual basis, by: (a) the State or any other participating employer, or (b) a withdrawn participating governmental unit ("PGU"), if the retiree was an employee of the withdrawn PGU while it was a participating employer.

**D. Salary Change:** Did the employee's salary change since most recent payroll period reported or will the employee's salary change before the date of retirement?.....  YES    NO

If yes, the employee's new annual salary is \$ \_\_\_\_\_ and is effective \_\_\_\_\_  
MO   DAY   YR

**E. Unused Sick Leave:** Member must retire within 30 days of separating from employment to be eligible to receive additional creditable service for unused sick leave. The agency must be notified of all changes in unused sick leave. Unused sick leave must be reported at the time the member files for retirement and again 30 days after the effective date of retirement. Retirement Coordinator: Please retain a copy and submit recertified sick leave 30 days after retirement. Unused sick leave is sick leave that was available to an employee as sick leave during employment and was not used before retirement. Any converted leave that was not sick leave during employment may not be reported.

<b>Initial Reporting:</b>	Total <b>DAYS</b> of unused sick leave (If none, enter word <b>NONE</b> ) _____ as of _____ <span style="margin-left: 750px;">MO</span> <span style="margin-left: 50px;">DAY</span> <span style="margin-left: 50px;">YR</span>
<b>Recertified Sick Leave:</b>	Total <b>DAYS</b> of unused sick leave (If no change, enter no change) _____ as of _____ <span style="margin-left: 750px;">MO</span> <span style="margin-left: 50px;">DAY</span> <span style="margin-left: 50px;">YR</span> Retirement Coordinator recertifying leave must initial here: _____ Date: _____

I certify that the above information regarding wages, contributions, separation from service, and sick leave is true and accurate to the best of my knowledge and that I am authorized to certify this information by the employer. I will report any changes to unused sick leave occurring between the date certified and the actual date of retirement.

\_\_\_\_\_  
 Signature of Authorized Agent                      Printed Name of Authorized Agent                      Title of Authorized Agent

\_\_\_\_\_  
 Date                      Full Name of Employer                      **DIRECT** Telephone Number

**Submit form directly to:** Maryland State Retirement and Pension System, 120 East Baltimore St., Baltimore, MD 21202-6700