

SALARY VERIFICATION – PENDING RETIREE (126)

NORTH DAKOTA RETIREMENT AND INVESTMENT OFFICE
TEACHERS' FUND FOR RETIREMENT DIVISION
SFN 59158 (2-2022)

Member: Take this form to your employer's business manager or payroll office for completion. Discuss with them any anticipated leave without pay and/or any extra duties that may affect your current salary.

Business Manager: Please complete this form for a TFFR member who is retiring. List base contract salary and detail any salary additions or reductions by month. Include any salary to be earned or lost in the appropriate month. Additional pay must be documented. Please include copies of all pay documentation (contracts, board minutes authorizing payment, etc.) and any other documentation that will assist TFFR in verifying the member's current salary. Report eligible TFFR salary only.

Member Name		Person ID (For office use only)	Fiscal Year 07-01- through 06-30-
Annual Base Contract Salary		Number of Payments	
Estimated Last Day Worked		Estimated Number of Compensated Hours	
Month	Base Contract	Additions/Reductions to Base Contract (Do not list ineligible TFFR pay—Ex: unused leave, bus driving, etc.)	Total Eligible Contract Salary (Do not include TFFR pickup)
Example	\$3,000	\$1,000 BB Coaching; \$500 Curriculum Writing; -\$230.50 Leave W/out Pay	\$4,269.50
July			
August			
September			
October			
November			
December			
January			
February			
March			
April			
May			
June			
Total Estimated Eligible Contract Salary for Fiscal Year			\$

Name of Employer		Employer Number (5-digit)
Employer Payment Plan Model <input type="checkbox"/> Model 0 <input type="checkbox"/> Model 1 <input type="checkbox"/> Model 2 Partial _____ % of Employee Pickup <input type="checkbox"/> Model 2 Full <input type="checkbox"/> Model 4		
Signature of Business Manager	Date	Telephone Number

RETURN TO:

ND Retirement and Investment Office
PO Box 7100
Bismarck ND 58507-7100

Telephone: 701-328-9885
Toll free: 800-952-2970
Fax: 701-328-9897
Email: rio@nd.gov