

Submit to TRA by mail or fax (original is not required).

## Employer Verification of TRA Member's Last Day of Employment

TRA Member Name	TRA Number
-----------------	------------

**To TRA Member:** Ask your employer to complete, date, and sign this form. You must sign this form after verifying the date provided by your employer.

Your payments from TRA can begin once we have processed your application, all required documentation, and this completed form.

*Note: If your last day of employment was more than six months ago, this form is not required.*

**To Employer:** TRA requires that you complete this form to verify the last day of employment for this TRA member. After completing the information below, return the form to your employee or send it directly to TRA by mail or fax.

**Definition of Last Day of Employment:** *The last day of employment is the withdrawal of a member from active teaching service, or approved leave of absence, by resignation or the termination of the member's teaching contract with the employer.*

Visit [minnesotatra.org](http://minnesotatra.org) to find answers to frequently asked questions about identifying your last day of employment.

*Note: Submit a new form to TRA if there is a change in the last day of employment after you have submitted this form.*

Last Day of Employment
------------------------

<b>Minnesota State Employer:</b> Enter the Minnesota State employee's FTE through the last day of employment:	FTE:	Contract Base Salary: \$
---	------	-----------------------------

Employer Name	
Printed Name of Employer Representative	Title
Signature of Employer Representative	
Telephone Number	Date

Signature of TRA Member <i>I agree with the last day of employment provided by my employer.</i>	Date
--	------

TRA-4010b





60 Empire Drive • Suite 400  
Saint Paul Minnesota 55103  
800 657 3669 • fax 651 297 5999

This document can be made available in alternative formats to individuals with disabilities by calling 800-657-3669 or through the Minnesota Relay Service at 800-627-3529.