



Teachers Retirement Association

60 Empire Drive • Suite 400 • St Paul MN 55103-4000
651.296.2409 • 800.657.3669 • 651.297.5999 FAX • 800.627.3529 TTY

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

Employer Certification of Service Separation

Form with fields: Member Name, Social Security Number, TRA Number, Employer Unit, Unit Number

I certify that the member named above was employed by the designated employer unit, at the time the member became unable to provide further service to the School District, State College or University and that this member is no longer entitled to receive compensation.

The anticipated last day of service credit or sick leave coverage, whichever is later, for which compensation is paid is: _____ Date and Year

Number of days taught: _____

Number of days of paid sick leave and or other leave, if not included in the number of days taught: _____

The anticipated date of receipt of final salary check from which TRA deductions were/will be taken is: _____

Anticipated salary for the fiscal year: _____

- Has the member resigned? [] Yes [] No
If yes, provide the official date of resignation. _____
Is the member on a leave of absence? [] Yes [] No

Table with columns: Month, Gross Salary Paid. Rows include July through June and a TOTAL row.

Form with fields: Printed Name, Signature of School District Representative, Title, Telephone Number, Date

