



Submit to TRA by mail to 60 Empire Dr., Suite 400, St. Paul, MN 55103 or by FAX (original is not required).

Employer Certification of Service Separation

Name	TRA Number
Employer Unit	TRA Organization Number

I certify that the employee named above was employed by us at the time the employee became unable to provide further service and that this employee 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: _____ (mm/dd/yy)

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

Anticipated salary for the fiscal year:

Has the employee resigned? Yes No

If yes, provide the official date of resignation:
_____ (mm/dd/yy)

Is employee on a leave of absence? Yes No

Anticipated Earned Salary Not Yet Reported	
Fiscal year in which teaching service terminated July 1, ____ through June 30 ____	
Month	Gross Salary Earned
July	
August	
September	
October	
November	
December	
January	
February	
March	
April	
May	
June	
Total	

Printed Name	
Signature of Authorized Representative	
Title	
Telephone Number	Date