



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

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

Employer Certification of Service Separation

Member Name	TRA Number
Employer Unit	TRA Organization Number

<p>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.</p> <p>The anticipated last day of service credit or sick leave coverage, whichever is later, for which compensation is paid is: _____ (mm/dd/yy)</p> <p>The anticipated receipt date of final salary check from which TRA deductions were/will be taken is: _____ (mm/dd/yy)</p> <p>Anticipated salary for the fiscal year: _____</p> <p>Has the employee resigned? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, provide the official date of resignation: _____ (mm/dd/yy)</p> <p>Is the employee on a leave of absence? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">Anticipated Earned Salary Not Yet Reported</th> </tr> <tr> <td colspan="2">Fiscal year in which teaching service terminated July 1, _____ through June 30 _____</td> </tr> <tr> <th style="text-align: left;">Month</th> <th style="text-align: left;">Gross Salary Earned</th> </tr> <tr><td>July</td><td></td></tr> <tr><td>August</td><td></td></tr> <tr><td>September</td><td></td></tr> <tr><td>October</td><td></td></tr> <tr><td>November</td><td></td></tr> <tr><td>December</td><td></td></tr> <tr><td>January</td><td></td></tr> <tr><td>February</td><td></td></tr> <tr><td>March</td><td></td></tr> <tr><td>April</td><td></td></tr> <tr><td>May</td><td></td></tr> <tr><td>June</td><td></td></tr> <tr> <td>Total</td> <td></td> </tr> </table>	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	
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Print Name	
Signature of Authorized Representative	
Title	
Telephone Number	Date

TRA-3600a

