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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
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**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 received your application, all required documentation and this completed form.

*Note: If your last day of employment was over 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 directly to TRA by mail or fax.

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

Refer to the *Last Day of Employment Q&A for Members* on the TRA website under Members/Nearing retirement if you are unsure of 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
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<b>Minnesota State colleges and universities employer:</b> Enter the Minnesota State employee's FTE through their last day of employment:	FTE:
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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
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