



## Certification of Individual Contract

Employee Social Security number									
*	*	*	*	*					
PERS number									
Date									
Employer number									

This form must be completed and returned to PERS before we can calculate retirement benefits.

### Section A: Employee information

If an employee was on an individual contract, indicate below the salary for the last full school year of employment and the term of the contract in hours. **Note:** An individual contract is a personal contract between the school and an employee. A collective bargaining agreement is **not** an individual contract.

Employee name		
Salary	Term of contract (in hours)*	Retirement date

\*Hours per contract day multiplied by the number of days in the contract.

### Section B: Employer certification

Was the employee listed above:

- on an individual contract for less than 12 months?    Yes     No
- entitled to sick leave accrual of less than 96 hours per year for the period certified?    Yes     No

I certify the above information is correct.

\_\_\_\_\_  
 Signature of certifying employer (do not print)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Name of certifying employer (please print)

\_\_\_\_\_  
 Phone number