



SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO

300 E. BROAD ST., SUITE 100 • COLUMBUS, OHIO 43215-3746
614-222-5853 • Toll-Free 800-878-5853 • www.ohsers.org

CERTIFICATION OF SALARY FOR NON-CONTRIBUTING SERVICE

Employee's Name: _____

Member ID: _____

Address: _____

Date of Birth: _____

County: _____

School District: _____

Employee was: Student Worker Staff Faculty

Job Title: _____

Member of: STRS OPERS

Employer Code: _____

Please certify monthly earning for each month contributions were not made, the school year and the total earning for the year. Also, indicate the number of days worked, if the service was after March 1, 1967.

School Year										
	Salary	Salary	Salary	Salary	Salary	Salary	Salary	Salary	Salary	Salary
July										
August										
September										
October										
November										
December										
January										
February										
March										
April										
May										
June										
Yearly Total										
Days Worked										

Certification: I certify that I have knowledge of and access to the school district records, and that the above report is correct to my best knowledge.

Signed: _____ **Date:** _____
FISCAL OFFICER (NOTE: EMPLOYEE CANNOT CERTIFY OWN SALARY)

Print Name: _____ **Phone:** _____



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Instructions for Completing Certification of Salary

Employee Information: Please print the employee's full name, Social Security Number, and address. If the member had service in more than one school district, a separate form for each district must be completed. Indicate whether the employee's non-contributing service was as a student worker.

District Information: Please print the name, county, and SERS code for the school district.

Certification of Salary: Print the year involved for each month of reported earnings. The year is the SERS fiscal year (July 1 through June 30). List the earnings for each month during the year that contributions were not made. Enter the total earnings for each fiscal year. Indicate the number of days worked, if the service being reported was on or after March 1, 1967.

Leave of Absence: If the member was on an approved unpaid leave of absence, certify what **the member would have earned** while on the leave, along with the number of days that would have been worked. You must submit documentation of board approval of the leave, and include the start and end dates of the leave.

Exempted Service: If the employee is purchasing service credit for a period from which they requested exemption from SERS membership, they are not eligible to purchase credit for any service that was subject to the tax on wages imposed by the Federal Insurance Contributions Act (FICA). If they paid FICA taxes during this service period, please inform SERS.

Certification: If the employee was given the choice to contribute and chose not to, the total cost of purchasing the credit is paid by the employee. If the employee was **NOT** given the choice to contribute or contributions were required, then both the employee and the employer must pay back contributions plus interest.

The form must be signed by the Treasurer, Fiscal Officer, or Payroll Officer. The employee cannot certify his or her own earnings.

The completed form should be returned immediately to SERS. When this information is used to establish back contributions, both the employer and employee will be notified as to their respective costs.