

## **TRS Salary Verification**

	FOR OFFICE USE ONLY
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Toll-Free: (800) 821-2251 alaska.gov/drb

Division of Retirement and Benefits P.O. Box 110203 Juneau, AK 99811-0203 Juneau: (907) 465-4460 TDD: (907) 465-2805 Fax: (907) 465-3086

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LAST NAME, FIRST, MI		LAST FOUR OF SSN	TERMINATION DATE		
EMPLOYER					
SALARIES* [Include three highest contract years. Do not include wages for partial year in which an individual has worked less than					
two-thirds (2/3) of a school year (115 days). This salary should be the salary the teacher would have earned had he or she worked in a full-time position the entire school year.]					
			_		
	YEAR	EARNINGS			
		\$			
_		-	_		
-			-		
	TOTAL	•			
-	TOTAL	\$	-		
* Include cost-of-living differentials, payments for leave that is actually used, the amount by which wages have been reduced under AS 39.30.150(c) (Supplemental Benefits System), and the amount deferred under an employer-sponsored deferred					
compensation plan or tax shelter annuity plan approved by the Department of Education. Do not include retirement benefits,					
welfare benefits, per diem, expense allowances, workers' compensation payments, or payments for leave not used by the					
member, whether those leave payments are scheduled payments, lump sum payments, donations, or cash-ins.					
CIONATURE OF REPOONING OR DAVID	AL OFFICED		DATE		
SIGNATURE OF PERSONNEL OR PAYRO	DATE				
PRINTED NAME AND TITLE	TELEPHONE NUMBER				
			( )		
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