CERTIFICATION OF LAST DAY OF PAID SERVICE
DS 0889 (REV. 12/99)

SSN:
DATE:

The member named below has been approved for disability benefits. The effective date of the benefit must be subsequent to the final day of any form of salary paid to the member, which includes regular salary, differential pay, and sick leave pay. Therefore, it is necessary that we verify the last day of paid service with the member's employer.

Please complete the certification below and return to us immediately so that we may expedite processing this application.

CERTIFICATION OF LAST DAY OF PAID SERVICE

MEMBER'S Name (Last) (First) (Initial)		MEMBER'S Social Security Number - -
Effective Date of Disability Benefits Requested by Member:	Employer	Unit
Was the Employee: Full-time ❒ YES ❒ NO Part-time ❒ YES ❒ NO		
Was Part-time Employment due to Illness? ❒ YES ❒ NO		

❒ I certify that because of a reduction in school funds the above member's salary has been reduced for the _____ school year(s). This member is eligible to use any three non-consecutive years for final compensation

❒ I hereby certify that the last day of paid service in any form of pay, including regular salary, differential pay, and sick leave pay, in

_____ County is/will be _____,20_____.

_____ ( ) _____
Print Name Telephone Number

_____ _____ _____
Signature of County Supt. Of Schools Official Title Date

California State Teachers' Retirement System, Disability and Survivor Benefits Division, MS 43
7667 Folsom Boulevard, Post Office Box 15275, Sacramento, CA 95851-0275
800-228-5453, 916-229-3870, TDD 916-229-3541