



CERTIFICATION OF MEMBER EMPLOYMENT (120)

NORTH DAKOTA RETIREMENT AND INVESTMENT OFFICE

TEACHERS' FUND FOR RETIREMENT DIVISION

SFN 11732 (7-08)

This form is needed for members who are requesting death, disability, retirement, or refund benefits. After the TFFR member has concluded teaching duties, complete this form. See reverse side for instructions. Be sure the information is correct. Overpayment of TFFR benefits to the member based on inaccurate data will be the liability of the employer. Attach a copy of the member's contract and any comments you wish to make.

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. § 3402. The individual's social security number is used for tax reporting and as an identification number.

Member Employment:

Name of Member (First, Middle, Last)		Social Security Number	Fiscal Year Certified 07-01-_____ through 06-30-_____
First Date of Work	Last Date of Work		Number of Compensated Hours (700 maximum)

Monthly Report for Certified Fiscal Year:

Month	(1) Contract/Additional TFFR Salary	(2) Retirement Salary	(3) Taxed Member Contributions	(4) Tax Deferred Member Contributions	(5) Employer Contributions
July					
August					
September					
October					
November					
December					
January					
February					
March					
April					
May					
June					
Total					
			Column (3) + (4) must equal 7.75% of Column (2)		Column (5) must equal 8.25% of Column (2)

Name of Employer

Employer No. (5-digit)

Signature of Business Manager

Date

Telephone Number

RIO Use Only.	
<input type="checkbox"/> Retirement	<input type="checkbox"/> Survivor
<input type="checkbox"/> Refund	<input type="checkbox"/> Correction
<input type="checkbox"/> Disability	<input type="checkbox"/> Other

Return to:
 ND Retirement and Investment Office
 1930 Burnt Boat Drive, P.O. Box 7100
 Bismarck, ND 58507-7100
 Telephone: 701-328-9885
 Toll free: 800-952-2970
 Fax: 701-328-9897
www.nd.gov/rio

This form is available in an alternate format upon request.

White - RIO

Yellow - Member

CERTIFICATION OF MEMBER EMPLOYMENT INSTRUCTIONS

1. Member employment section

"First Date of Work" is the first day the member was compensated for in the certified school year.

"Last Date of Work" is the last day the member was compensated for in the certified school year.

"Number of Compensated Hours (Total Hours)" is the number of hours a member is employed and compensated for in a school year (not to exceed 700 hours). The calculation for compensated hours is as follows:

■ **Days worked during the fiscal year X total hours worked each day.**

Example 1: A member signs a contract for 182 days for 8 hours per day. The contract starts August 26 and ends May 22. The member is to be compensated over a 9-month period. Total compensated hours are 1,456 hours (8 hours X 182 days = 1,456). Report the maximum 700 compensated hours and last date worked as May 22. The compensated hours and last date worked are reportable on the May report.

Example 2: A member signs a contract for 90 days for 7½ hours per day. The contract starts August 26 and ends January 10. The member is to be compensated over a 12-month period. Total compensated hours are 675 hours (7.5 hours X 90 days = 675). Report 675 compensated hours and last date worked as January 10. The compensated hours and last date worked are reportable on the June report.

Example 3: A member signs a contract for 180 days for 8 hours per day. The contract starts August 26 and ends May 22. The member takes 10 days of leave without pay. The member is being compensated over 9 months. Total compensated hours are 1,360 hours (8 hours X 170 days = 1,360). Report the maximum 700 compensated hours and last date worked as May 22. The compensated hours and last date worked are reportable on the May report.

2. Monthly report section

Report contract/additional salary, retirement salary, member and employer contributions on a monthly basis (the same as you would on your monthly report). The total of taxed member contributions and tax deferred member contributions must equal 7.75% of the retirement salary. Employer contributions must equal 8.25% of the retirement salary.

Be sure the information on the certification form is correct. **Overpayment to the member based on inaccurate data will be the liability of the employer.**

If you have any questions, please contact the Administrative Office.