



State of New Jersey • Department of the Treasury
DIVISION OF PENSIONS & BENEFITS — LOAN SECTION
P.O. Box 295, Trenton, NJ 08625-0295
LOAN RECERTIFICATION REQUEST

Employers must use this form for a member returning from a leave of absence.

PART 1 — MEMBER INFORMATION

Retirement system (Check One) PERS TPAF PFRS SPRS

Full name of member _____

Membership or Social Security number _____

Current annual salary \$ _____

Member is a (check one) 10-month employee or 12-month employee

PART 2 — LEAVE OF ABSENCE INFORMATION

Date leave started ____/____/____

Date member returned to payroll ____/____/____

Amount of loan contributions remitted since return (if any) \$ _____

PART 3 — EMPLOYER INFORMATION

Employer Name _____

Location Number _____ Phone Number _____

_____/_____/_____
Signature of Certifying Officer *Date*

Mail this completed form to:

**Division of Pensions & Benefits
Attention: Supervisor, Loan Section
P.O. Box 295
Trenton, NJ 08625-0295**

Or email to:

PensionsLoans@treas.nj.gov