

California Public Employees' Retirement System

AMENDED EMPLOYER CERTIFICATION

TO: CALPERS P.O. BOX 942711 SACRAMENTO, CA 94229-2711	From Agency Code and Name	
Member Name	Social Security Number	Retirement Date

Employee's Last Day on Payroll / /	Employee's Separation Date / /
Balance of unused sick leave days _____	
Balance of educational leave credits _____	
_____ Employer Signature	_____ Date
_____ Title	_____ Telephone Number

4.56

BSD-200A