



Please type or print clearly  
in blue or black ink

Received Date

# Recertification of the Record of Activities

**RS 2419**  
(Rev. 06/22)

**NYSLRS ID**

□ □ □ □ □ □ □ □ □ □

**Social Security Number** [last 4 digits]

XXX-XX- □ □ □ □

**Retirement System** [check one]

Employees' Retirement System (ERS)

Police and Fire' Retirement System (PFRS)

I, \_\_\_\_\_, certify that I completed a 3-month record of activities for the term that began \_\_\_\_\_ for my position as \_\_\_\_\_, I attest that the record of activities maintained for the above named term is still representative of my hours worked and that my responsibilities have not substantially or materially changed. My current term begins on \_\_\_\_\_ and ends on \_\_\_\_\_.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

Employer Location Code: \_\_\_\_\_

**NOTE:** A record of activities and any certification based upon such record shall not be valid for more than eight years from the date of the taking of office for which the record of activities was initially maintained.

Please keep this form on file in your records and submit a copy to NYSLRS only upon request.