



EMPLOYER CERTIFICATION OF UNUSED ACCRUED CREDIT
As of June 30, 1991, for service rendered prior to June 30, 1991

Employee Name (Print):		SSN (Last 4):
TYPE OF CREDIT	UNUSED ACCRUED CREDIT AS OF 6/30/91 FOR SERVICE RENDERED PRIOR TO 6/30/91	
Vacation	_____ Days*	
Sick	_____ Days*	
Holiday	_____ Days*	
Other (Please identify each category specifically) _____ _____ _____	_____ Days* _____ Days* _____ Days*	
Total unused accrued credits, as of June 30, 1991	_____ Days*	
*If time is accrued by hours, please convert to days		
EMPLOYER CERTIFICATION		
The _____, certifies that the information provided in this <div style="text-align: center;">(Name of Employer)</div> statement is true and complete to the best of our knowledge.		
Name:	Title:	
Authorized Signature:		Date:
Street:		City:
State:	Zip Code:	Employer Phone Number:

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