



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* |
| 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 (Name of Employer) 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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