

EMPLOYMENT VERIFICATION FORM

THIS SECTION TO BE COMPLETED BY MEMBER: Check the Pension System to which you now belong:

- Public Employee's Retirement System (PERS)
- Teachers Pension and Annuity Fund (TPAF)
- Police and Firemen's Retirement System (PFRS)

Name : _____ Maiden and/or Former Name(s) (if applicable): _____
First M.I. Last

Address: _____
Street City State Zip Code

Date of Birth: _____ Social Security Number: _____ Membership Number: _____
(Month/Day/Year)

THIS SECTION TO BE COMPLETED BY EMPLOYER. NOTE: Please refer to attached instructions for proper form completion.

The person named on this form is an active member of a retirement system administered by the New Jersey Division of Pensions and Benefits and wishes to purchase additional service credit. To assist this member in establishing additional service credit, please provide the required information below.

1. NAME OF EMPLOYER: _____

2. Official Payroll Title	3. Date of Hire	4. Date of Permanent Appointment	5. Employment Dates CERTIFY EACH YEAR SEPARATELY – (BOARDS OF EDUCATION MUST USE SCHOOL YEARS)	6. Base Salary Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	7. Substitute Service (# of days)	8. Hours Worked
	___/___/___	___/___/___	From: ___/___/___ To: ___/___/___			<input type="checkbox"/> F/T <input type="checkbox"/> P/T
	___/___/___	___/___/___	From: ___/___/___ To: ___/___/___			<input type="checkbox"/> F/T <input type="checkbox"/> P/T
	___/___/___	___/___/___	From: ___/___/___ To: ___/___/___			<input type="checkbox"/> F/T <input type="checkbox"/> P/T
	___/___/___	___/___/___	From: ___/___/___ To: ___/___/___			<input type="checkbox"/> F/T <input type="checkbox"/> P/T

9. (BOARD OF EDUCATION CERTIFYING OFFICERS ONLY): Please indicate the number of months in each regular school year: _____
(maternity and child care are two separate types of leave of absence)

10. Dates for Leaves of Absence	11. Reason for Leaves of Absence DO NOT LIST FMLA– SEE INSTRUCTIONS FOR #11 & #12	12. Medical documentation on file
From: ___/___/___ To: ___/___/___		<input type="checkbox"/> Yes <input type="checkbox"/> No
From: ___/___/___ To: ___/___/___		<input type="checkbox"/> Yes <input type="checkbox"/> No
From: ___/___/___ To: ___/___/___		<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Were the positions listed in Item 2 covered by Social Security? Yes No

15. Is the employer a public or private entity? Public Private

14. Was this employee a member of a pension fund while in the position listed in Item 2? Yes No

I herby certify that the answers and information given are based upon available authentic public records and that they are true and correct to the best of my knowledge and belief.

If yes, is this employee receiving or entitled to receive a retirement benefit?
 Yes No

Employer's Certifying Signature: _____

Please give the name and address of the fund's central office.

Title: _____

Date: _____

Phone#: _____