



## EMPLOYMENT VERIFICATION FORM — ENROLLMENT SECTION

**This section to be completed by member.**Retirement System:  Public Employees' 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. LastAddress: \_\_\_\_\_  
Street City State Zip CodeDate of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Membership Number: \_\_\_\_\_  
mm/dd/yyyy**This section to be completed by employer.**

The person named on this form is an active member of a retirement system administered by the New Jersey Division of Pensions &amp; Benefits (NJDPB) 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 (number 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.	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  No14. Was this employee a member of a pension fund while in the position listed in Item 2?  Yes  No If yes, is this employee receiving or entitled to receive a retirement benefit?  
 Yes  No

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

\_\_\_\_\_  
Name Street City State Zip Code15. Is the employer a public or private entity?  Public  Private

I hereby 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.

Employer's Certifying Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_