



Please print or type in black ink.  
Please do not staple pages.

**Section A. Employee information.**

FIRST NAME	MI	LAST NAME	SUFFIX
MAILING ADDRESS			SSN
CITY	STATE	ZIP CODE	TELEPHONE NO.
			DATE OF BIRTH

**Section B. Employer, please verify the employee's period(s) of service.**

*Eligibility requirements: Member must be employed on a permanent basis and on a schedule that required at least 1,000 hours of service per year.*

What were the start and the end dates of this employee's service?

START DATE	END DATE	POSITION TITLE	

**Section C. Employer, please certify the information you have provided.**

I have examined the personnel records of this unit, and I hereby certify that the information provided about the employee named in Section A is true and correct to the best of my knowledge. If any of this information changes, I will notify the Retirement Systems Division.

**Employer Contact's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

CONTACT FIRST NAME	CONTACT LAST NAME	POSITION TITLE	
EMPLOYER/AGENCY			UNIT NO.
E-MAIL ADDRESS		TELEPHONE NO.	FAX NO.

**Section D. Please submit this form by mail or fax.**

This form is also available online at [www.myncretirement.com](http://www.myncretirement.com).

- You may mail the completed form to the address below, or
- You may fax the completed form to (919) 855-5800

**Thank you.**

