

Employer's Review of Employee's Record of Service

Please print or type in black ink.

Section A. Employer, tell us about this current or former employee. Make any needed updates.

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

Section B. Please review position that this employee is currently filling or most recently filled.

AGENCY/UNIT NO.	DEPARTMENT NO.	JOB CLASS ID	SHARED POSITION NO.	TODAY'S DATE
-----------------	----------------	--------------	---------------------	--------------

- 1 This position contributes to which Retirement System? 1
- 2 What is the first day of the regular term of annual employment, or the first day for which the employee will be/was paid? 2
- 3 What is the first day on which the employee will be/was eligible for membership, if different from (2)? 3
- 4 What retirement service type has been assigned to this position? Note: The *retirement service type* is determined by counting the total number of months in the employee's regular term of annual employment. 4
☐ 9-MONTH ☐ 10-MONTH ☐ 11-MONTH ☐ 12-MONTH
- 5 If applicable, what is/was the last day of the employee's regular term of annual employment? 5

Section C. Please list all changes of regular terms of annual employment.

- 6 When did the employee first begin working for you? 6
- 7 Has the employee been under the same regular term of annual employment, described in ☐ Yes ☐ No 7
 Section B since beginning employment with you?
 If **NO**, please describe all regular terms of annual employment. If more than three occurrences, please continue on a separate sheet of paper.
 Please provide the start date and end date of the period(s). (A start date is not necessarily a hire date, and an end date is not necessarily a termination date.) **NOTE:** Retirement credit is counted based on each month a member renders eligible service and receives pay. For *retirement service period*, report the actual beginning month and ending month of the employee's regular term of annual employment. For *retirement service type*, report the total of all months during the retirement service period. Certain community college, school system, and university employees have retirement service periods that are less than 12 months annually. For example, a teacher with a retirement service period beginning in August and ending in June is an 11-month retirement service type employee.

ELIGIBLE PERIOD:	START DATE	END DATE	POSITION TITLE		
RETIREMENT SERVICE TYPE:	<input type="checkbox"/> 9-MONTH	<input type="checkbox"/> 10-MONTH	RETIREMENT SERVICE PERIOD:	BEGINNING MONTH	ENDING MONTH
	<input type="checkbox"/> 11-MONTH	<input type="checkbox"/> 12-MONTH			

How did this period end? ☐ Ended with a position change ☐ Ended with an end to employment

ELIGIBLE PERIOD:	START DATE	END DATE	POSITION TITLE		
RETIREMENT SERVICE TYPE:	<input type="checkbox"/> 9-MONTH	<input type="checkbox"/> 10-MONTH	RETIREMENT SERVICE PERIOD:	BEGINNING MONTH	ENDING MONTH
	<input type="checkbox"/> 11-MONTH	<input type="checkbox"/> 12-MONTH			

How did this period end? ☐ Ended with a position change ☐ Ended with an end to employment

Please continue to the next page.

Section D. List instances of leave without pay, leave of absence, or Workers' Compensation.

- 9 Did the employee have any leave without pay, leave of absence, or Workers' Compensation? ☐ Yes ☐ No

If **YES**, please complete the following table.

Effective Date	Type/Reason	Did Employee Return to Work?	If YES, Return to Work Date
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section E. If applicable, please list any benefits through DIPNC during the employment period.

Benefits through the Disability Income Plan of North Carolina (DIPNC) are only available to members of the Teachers' and State Employees' Retirement System. Skip this section if the member participated in the Local Governmental Employees' Retirement System.

- 10 Did the employee ever receive benefits through DIPNC? ☐ Yes ☐ No

If **YES**, please answer questions 11 through 15.

- 11 What was the last day of work or exhaustion of leave? 11
- 12 What was the beginning date of short-term disability payments? 12
- 13 What was the end date of short-term disability payments? 13
- 14 Did the employee return to work after receiving short-term disability payments, excluding any days of trial rehabilitation? ☐ Yes ☐ No
- 15 If YES to Question 14, what was the date of return to work? 15

Section F. Review the employee's termination.

- 16 Our records show that the employee is ☐ currently employed with you ☐ separated from employment with you
- 17 What was the last day **for which** the employee was paid (separation/termination date)? 17
Consider any days paid on the basis of regular work or earned leave, or any days representing earnings subject to Retirement System contributions. Do not include a terminal leave payout.
- 18 What was the effective date of resignation, if different from the above date? 18
- 19 What was the last date of the payroll **on which** the employee was paid? 19

Section G. Please provide us with your contact information in case we have a question.

I hereby certify that the information provided about the employee named in Section A is true and correct to the best of my knowledge.

Employer Contact's Signature _____		Date _____	
CONTACT FIRST NAME	CONTACT LAST NAME	POSITION TITLE	
EMPLOYER/AGENCY		UNIT NO.	
E-MAIL ADDRESS		TELEPHONE NO.	FAX NO.

Please mail this form to the address below or fax it to (919) 855-5800. Thank you.

N.C. Department of State Treasurer, Retirement Systems Division
3200 Atlantic Avenue, Raleigh, North Carolina 27604
1-877-NCSECURE (1-877-627-3287) toll-free
www.myncretirement.com

REV 20070803

SA