

# EMPLOYMENT VERIFICATION FORM

**MEMBER INFORMATION:** Check the Pension System to which you now belong:

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

Name (First, MI, Last) \_\_\_\_\_ Maiden and/or Former Name(s) (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth (Month/Day/Year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security # \_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_ Membership # \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY EMPLOYER** (Items 1 – 8 and 12 – 14 must be completed for all requests. For leaves of absence items 9 to 11 must be completed.):

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. **Service under the Job Training Partnership Act or the Workforce Investment Act of 1998 must be identified as such.**

1. Name of Employer: \_\_\_\_\_

2. Official Payroll Title	3. Date of Hire (Month/Day/Year)	4. Date of Permanent Appointment (Month/Day/Year)	5. Employment Dates (Month/Day/Year) (CERTIFY EACH YEAR SEPARATELY) (BOARDS OF ED. MUST USE SCHOOL YEARS)	6. Base Salary Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	7. Substitute Service (# of days)
	/ /	/ /	From / / To / /		
	/ /	/ /	From / / To / /		
	/ /	/ /	From / / To / /		
	/ /	/ /	From / / To / /		

8. (BOARD OF EDUCATION CERTIFYING OFFICERS ONLY): Please indicate the number of months in each regular school year: \_\_\_\_\_

9. Dates for Leaves of Absence (Month/Day/Year)	10. Reason for Leaves of Absence (E.G., PERSONAL ILLNESS, PERSONAL REASONS, MATERNITY, CHILD CARE — SEE INSTRUCTIONS FOR #10 AND #11)	11. Medical documentation on file? (See instructions)
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

12. Were the positions listed in Item 2 covered by Social Security?  YES  NO    14. Is the employer a public or private entity?  Public  Private

13. 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.  
\_\_\_\_\_  
\_\_\_\_\_

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 # \_\_\_\_\_

## EMPLOYMENT VERIFICATION FORM INSTRUCTIONS

### TO BE COMPLETED BY EMPLOYER:

1. **Name of Employer** - Enter the full name of the employer.
  2. **Official Payroll Title** - Enter the payroll title held by the employee.
  3. **Date of Hire** - Enter the date on which the employee was hired (*Month/Day/Year*).
  4. **Date of Permanent Appointment** - Enter the date on which the employee received a permanent appointment (*Month/Day/Year*). (In non-Civil Service jurisdictions, this date is the same as the date of hire.)
  5. **Employment Dates** - Enter the beginning and ending dates of employment for each position and also year-by-year employment. For Boards of Education, enter the dates by school year (*Month/Day/Year*). If additional space is needed, please attach an additional sheet with the information requested in items 2 through 7. (Leaves of Absence should be entered only in Items 9 and 10.)
  6. **Base Salary** - Enter the annual or monthly base salary earned for each year. Base salary is the contractual salary of the employee. Base salary should **NOT** include bonuses, overtime pay, stipends or longevity pay, sick or vacation time paid in lump-sum. Please check if salary is monthly or annual.
  7. **Substitute Service** - Enter the exact number of days of substitute service that the named employee worked during the regular school year, if applicable.
  8. **Board of Education Information** - Board of Education Certifying Officers should indicate the number of months in a regular school year for their particular district (*i.e.*, 9, 10, or 11).
  9. **Dates for Leave of Absence** - Enter the beginning and ending dates of any Leave of Absence (*Month/Day/Year*).
  10. **Reason for Leave of Absence** - Enter the reason for each Leave of Absence. Acceptable reasons for Leave of Absence are Personal Illness, Personal Reasons, Maternity, and/or Child Care. Please list Maternity and/or Child Care leave/s separately (see instructions for Item 11). DO NOT LIST FAMILY MEDICAL LEAVE ACT (FMLA) AS A REASON as the Purchase Section will be unable to determine the reason for the Leave of Absence.
- IMPORTANT NOTE: IF ITEMS 9 AND 10 ARE NOT COMPLETED PROPERLY, THE FORM WILL BE RETURNED AND PROCESSING WILL BE DELAYED.**
11. If the leave is for Personal Illness or Maternity, indicate whether or not medical documentation is on file for the entire leave. A certification from a physician that a member was disabled due to pregnancy and resulting disability for the period in excess of three months is required. Otherwise, three months is the maximum period of purchase for Maternity.
  12. **Social Security Coverage** - Check whether the positions that were listed in Item 2 were covered under the provisions of the Federal Old-Age and Survivors Insurance System as defined in Section 218(b)5 of the Social Security Act (FICA).
  13. **Pension Fund Verification** - Check whether the employee was a member of a pension fund during any employment listed in Item 2. If yes, please check whether the employee is receiving or entitled to receive a pension based on the employment listed in Item 2. Also, please provide the name and address of the retirement office.
  14. **Public/Private Employer** - Check whether the employer is a public or private entity.

— INITIAL ALL ALTERATIONS AND CORRECTIONS —

**Signature** - Be sure to sign and date the *Employment Verification Form*. Unsigned *Employment Verification Forms* will be returned. Title and phone number, including area code, are required.

**Mail the completed form to:**

**Attention: Purchase Section  
NJ Division of Pensions and Benefits  
PO Box 295  
Trenton NJ 08625-0295**

*IF YOU HAVE QUESTIONS, CONTACT THE OFFICE OF CLIENT SERVICES AT (609) 292-7524.*