



## Notice of Employment in a PERS-Covered Position

This form is strictly for the PERS Chapter 238 program. Call PERS or visit our website if this is not the form you need.

### Section A: Employer information (Type or print clearly in dark ink. Illegible forms may be returned to applicant. This could delay your request.)

Employer name	Employer number
Employer contact name	Phone number

### Section B: Employee information

First name	MI	Last name	Social Security number
Mailing address (street or PO box)			Date of birth (mm-dd-yyyy)
City	State	Zip	Country
			Waiting time salary

#### Is the employee working

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | Yes                      | No                       |
| • full-time or in a position which requires 600 hours or more in a year? | <input type="checkbox"/> | <input type="checkbox"/> |
| • for two or more PERS-participating employers?                          | <input type="checkbox"/> | <input type="checkbox"/> |

Original hire date \_\_\_\_\_


#### School districts

- Length of year employee works  9 months  12 months  Other \_\_\_\_\_ months  
 Full-time  Part-time

Major duties  Teacher  Judge  Legislator  Elected official  Firefighter  Police  All other

### Section C: Employer certification

I hereby certify that to the best of my knowledge, the above information is correct.

 \_\_\_\_\_  
 Signature of employer representative (do not print) Date

Not acceptable without employee Social Security number, date of birth, date in qualifying position, and authorized signature.

For MERS use only	
Coverage:	
Emp. Date:	
Cont. Begin Date:	
Prior Service:	

Office use only	
<input checked="" type="checkbox"/> PERS	<input type="checkbox"/> OPSRP <input type="checkbox"/> IAP
<input type="checkbox"/> Member	<input type="checkbox"/> Alternate payee
<input type="checkbox"/> Cross reference member SSN	