

PERS

PUBLIC EMPLOYEES' RETIREMENT SYSTEM

ALASKA DIVISION OF
**Retirement
and Benefits**Toll-Free: (800) 821-2251
alaska.gov/drb

Verification of Service

Division of Retirement and Benefits
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FOR OFFICE USE ONLY

SECTION I. PERSONAL DATA

EMPLOYEE NAME LAST FIRST M.I.	LAST 4 OF SOCIAL SECURITY NUMBER OR RIN	
EMPLOYER/DEPARTMENT	EMPLOYER NUMBER	TERMINATION DATE

SECTION II. SERVICE VERIFICATION

PERIODS OF EMPLOYMENT:

Type of Service					Type of Service				
FT/PT/LWOP	Segments* (Hrs. PT)	From: MM/DD/YY	Through: MM/DD/YY	Occupational Code	FT/PT/LWOP	Segments* (Hrs. PT)	From: MM/DD/YY	Through: MM/DD/YY	Occupational Code
_____	(_____)	_____	_____	_____	_____	(_____)	_____	_____	_____
_____	(_____)	_____	_____	_____	_____	(_____)	_____	_____	_____
_____	(_____)	_____	_____	_____	_____	(_____)	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	(_____)	_____	_____	_____	_____	(_____)	_____	_____	_____
_____	(_____)	_____	_____	_____	_____	(_____)	_____	_____	_____

SECTION III. LEAVE OF ABSENCE WITHOUT PAY (LWOP)

If the employee has LWOP hours scattered through his/her employment, list below the number of LWOP hours during each payroll year. **If a LWOP segment has already been verified in Section II, do not list the total hours below. Do not include Worker's Compensation Hours on this form.**

Year	LWOP Hours	Year	LWOP Hours	Year	LWOP Hours
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Enter number of hours required per day for full-time employment: _____

SIGNATURE OF PAYROLL OR HUMAN RESOURCES MANAGER	TELEPHONE NUMBER	DATE
PRINTED NAME	TITLE	

*FT: Full-time (must work at least 30 hours per week)

PT: Part-time (must work at least 15 hours, but less than 30 hours per week)

LWOP: Leave of absence without pay (LWOP that exceeds 10 days per year is not creditable in the PERS)

INSTRUCTIONS ON BACK

INSTRUCTIONS

SECTION I. Personal Data (self-explanatory)

SECTION II. Service Verification

1. Verify the type of service rendered: Full-time (FT), part-time (PT [15-30 hours per week]), or leave of absence without pay (LWOP). In cases where workers' compensation and paid leave are combined, only the hours that the employee is on paid leave are creditable; the remainder is LWOP.
2. Verify the number of hours worked for PT employees only. PT hours must be reported on a calendar-year basis (January 1 through December 31.)
3. Verify the Occupational Code:
 - P = Peace Officer
 - F = Firefighter
 - E = Elected Official
 - M = Inlandboatmens' Union of the Pacific (IBU)
 - D = PERS Alternate Option
 - C = Master, Mates and Pilots (MMP), or
 - A = All other
4. Verify the actual service or LWOP beginning and ending dates. Sequential service or LWOP segments may not begin or end on the day of another segment.

EXAMPLE

Correct: FT 8/19/86 through 5/31/87; LWOP 6/1/87 through 8/31/87

Incorrect: FT 8/19/86 through 5/31/87; LWOP 5/31/87 through 8/31/87

Do not include casual, emergency, nonpermanent employment or temporary employees, contracted employees, part-time employees who work less than 15 hours per week.

SECTION III. Leave of Absence Without Pay (LWOP)

LWOP that exceeds 10 days per year is not creditable in the PERS. Often, LWOP is taken a few hours or days at a time, but adds up to more than 10 days during the year. Please verify the total number of hours of LWOP taken by the employee during each payroll year. If a LWOP segment has already been verified in Section II, do not list the total hours under this section.

NOTE: If the member disagrees with your verification of salaries or service, he/she will be referred to your agency to resolve the discrepancy.