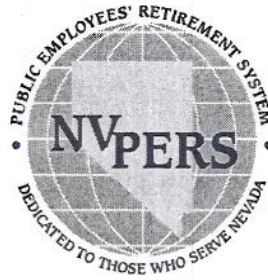


Retirement Board

Sue DeFrancesco
Chairman
Charles A. Silvestri
Vice Chairman

Elizabeth Fretwell
Purismo B. Hernandez
David F. Kallas
George W. Stevens
Warren Wish



Executive Staff

Dana K. Bilyeu
Executive Officer

Tina M. Leiss
Operations Officer

Ken Lambert
Investment Officer

December 5, 2007

Dear Liaison Officers:

To facilitate the prompt processing of refund requests, retirement applications, and wage and contribution reports, we are requesting information as to the actual dates represented by your monthly wage and contribution reports for 2008. If you have *two or more pay cycles* for different employee classifications, such as classified or certified in a school district; or employees paid monthly or bi-weekly, indicate each cycle separately for each group.

We appreciate your cooperation in this matter. **Please complete and sign the attached form and return it by December 31, 2007.** We will be unable to process your 2008 reports without this information. Please mail or fax the information to us at (775) 687-4350.

If you have any questions, please call me at (775) 687-4200 extension 230.

Sincerely,

Brian Snyder, Director
Employer and Production services

PAY CYCLES FOR 2008

- A. 1st - 31st (Monthly)
- B. 1st - 15th & 16th - 31st (Semimonthly)
- C. 16th - 31st & 1st - 15th (Semimonthly)
- D. Other (Please explain): _____
- E. Biweekly Attach pay-period schedule if available
(i.e., January report 12/16/2007 through 1/12/2008)

PLEASE NOTE: The through date must be for the same month as the month represented by the report.

	Actual Pay Dates	
January Report:	_____ through _____	_____
February Report:	_____ through _____	_____
March Report:	_____ through _____	_____
April Report:	_____ through _____	_____
May Report:	_____ through _____	_____
June Report:	_____ through _____	_____
July Report:	_____ through _____	_____
August Report:	_____ through _____	_____
September Report:	_____ through _____	_____
October Report:	_____ through _____	_____
November Report:	_____ through _____	_____
December Report:	_____ through _____	_____

Comments: _____

PERS Account Number

Agency Liaison Officer Signature
or Authorized Representative

Agency Name

Pay Cycle Dates