



Public Employees' Retirement System of Nevada
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Toll Free 1-866-473-7768 Website www.nvpers.org

Deputy Liaison Officer and Signature Authorization Designation Form
(To be completed by the Liaison Officer)

The agency Liaison Officer may designate up to three employees as Deputy Liaison Officers to serve in the same capacity as a Liaison Officer. The Liaison Officer is ultimately responsible for all actions taken by any designated Deputy Liaison Officer/s.

Agency Name: _____ PERS Agency #: _____

Agency Address: _____

City _____ State _____ Zip Code _____

Agency Phone #: _____ Fax #: _____

Number of PERS Members: _____ State Budget # (if applicable): _____

Liaison Officer (Print Name)

Signature

Email Address

Phone Number

The Liaison Officer has designated the following person/s (maximum of 3) to serve a Deputy Liaison Officer/s for the above listed agency.

Deputy Agency Liaison Officer (Print Name)

Signature

Last four #'s of SSN

Email Address

Phone Number

Deputy Agency Liaison Officer (Print Name)

Signature

Last four #'s of SSN

Email Address

Phone Number

Deputy Agency Liaison Officer (Print Name)

Signature

Last four #'s of SSN

Email Address

Phone Number

The Liaison Officer may designate employees to serve as Signature Authorities for the agency. Signature Authorities are allowed access to information provided from their agency to PERS, such as enrollment and termination forms, and wage and contribution information. (Attached additional sheet if necessary)

| | | |
|---|--------------------|-------------------------------|
| _____ Signature Authority (Print Name) | _____ Signature | _____ Last four #'s of SSN |
| _____ Signature Authority (Print Name) | _____ Signature | _____ Last four #'s of SSN |
| _____ Signature Authority (Print Name) | _____ Signature | _____ Last four #'s of SSN |
| _____ Signature Authority (Print Name) | _____ Signature | _____ Last four #'s of SSN |

The Liaison Officer may designate a Web Administrator and Payroll Specialists to perform payroll reporting duties through the PERS website.

| | | |
|--|-----------------------|-------------------------------|
| _____ Web Administrator (Print Name) | _____ Signature | _____ Last four #'s of SSN |
| _____ Email Address | _____ Phone Number | |
| _____ Payroll Specialist (Print Name) | _____ Signature | _____ Last four #'s of SSN |
| _____ Email Address | _____ Phone Number | |
| _____ Payroll Specialist (Print Name) | _____ Signature | _____ Last four #'s of SSN |
| _____ Email Address | _____ Phone Number | |
| _____ Payroll Specialist (Print Name) | _____ Signature | _____ Last four #'s of SSN |
| _____ Email Address | _____ Phone Number | |
| _____ Payroll Specialist (Print Name) | _____ Signature | _____ Last four #'s of SSN |
| _____ Email Address | _____ Phone Number | |

(Note: This form supersedes all previous submitted)