



693 W. Nye Lane, Carson City, NV 89703 (775) 687-4200 Fax (775) 687-5131
5820 S. Eastern Ave. Suite 220, Las Vegas, NV 89119 (702) 486-3900 Fax (702) 678-6934
Toll Free 1-866-473-7768 Website www.nvpers.org

Employer Salary Certification

Retiree Name _____ SSN _____

Complete Parts I and II and return form to PERS office.

PART I - RETIREE ACKNOWLEDGMENT

(Retiree Completes)

I understand that if salary and service credit are reported for any days after my retirement date, that my benefit amount and retirement effective date will be adjusted and that I may be required to repay any overpaid benefits.

Retiree Signature

Date

PART II - EMPLOYER CERTIFICATION

(Public Employer Completes)

The last day of retiree's employment will be _____

The contract for this school year was for the period (check one):

- July through June
 August through July
 September through August
 Other _____ (list the start and end months)

_____ There **will** be a contract payoff. _____ There **will not** be a contract payoff.

Retiree's monthly contract amount for this year is \$ _____. The last salary to be reported to PERS will be for the report month of _____ and the amount is \$ _____.

Agency Liaison Officer/Signature Authority

Date

PERS CALCULATION

(PERS Completes)

_____/_____ X .0833 = _____ X 360 = _____
Contract Payoff Contract Salary Service Credit Earned Service Credit Converted to Days

Additional service credit will be earned through _____ and the retirement effective date is extended to _____.

PERS Representative

Date