



KPERS-10 Rev. 4/14

EMPLOYER CERTIFICATION OF SERVICE

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■ Part A – Member Information

1. Social Security Number: _____ 2. Name (First, MI, Last): _____
3. Date of Birth: _____

■ **Part B – Member Certification** - This is to certify that the above-named member of the Kansas Public Employees Retirement System was employed in a covered retirement position by:

Participating Employer (Agency Name): _____

List the member's employment history with this agency:

1. Position	2. Begin date (MM DD YY)	3. End date* (MM DD YY)	4. Non-School Months	5. School Years	6. Compensation (see instructions)
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
7. Total:			_____	_____	\$ _____

■ Part C – Employer Signature

"I certify that the information provided in Part B is correct to the best of my knowledge."

Designated Agent Signature: _____ Month/Day/Year: ____/____/____

KPERS Employer Number: _____

The following signature is necessary only if certifying rural school service:

Register of Deeds Signature: _____ Month/Day/Year: ____/____/____

(SEAL OF OFFICE)

EMPLOYER CERTIFICATION OF SERVICE INSTRUCTIONS

■ Important

This form is for obtaining certification of service credit from the designated agent where the prior service was performed. Prior service is periods of service that were performed before the affiliation or entry date of the participating KPERS employer.

EXAMPLE: Entry dates for school employers are January 1971 and January 1983 only.
Entry dates for non-school employers are the January of the year the agency affiliated with KPERS, i.e. January 1962, January 1977, January 1992, etc.

Service credit is granted only for service that was performed in a covered retirement position. No service credit shall be given for leaves of absence.

* This form can be used to verify partial year of service, TIAA, Elected Official and Prior Service.

■ **Part B – Member Certification** - List only periods of employment that may be verified by the participating employer's records.

1-6. List position held, day employment began in that position, day employment ended in that position, total number of months if it is non-school employment, or the number of years if it is school employment. List compensation earned during each period of service listed.

7. Where the total is indicated, list the total number of months or years the member was employed.

■ Part C – Employer Signature

1. Designated Agent needs to sign this form and write in the agency's identification number.
2. If the service being verified is rural school service only, the signature of the Register of Deeds is required.

Submit the original form (NOT a copy) to the Retirement System office.