



Verification of Service

FOR OFFICE USE ONLY

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SECTION I. PERSONAL DATA

Employee's Name Last	First	M.I.	Last Four of Social Security Number or RIN
Employer/Department	Employer Number	Termination Date	

SECTION II. SERVICE VERIFICATION

Periods of employment:

Type of Service FT/PT/LWOP	Segments* (Hrs. PT)	From: Mo/Day/Yr	Through: Mo/Day/Yr	Occupational Code	Type of Service FT/PT/LWOP	Segments* (Hrs. PT)	From: Mo/Day/Yr	Through: Mo/Day/Yr	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 III, 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)

SECTION I. - Personal Data (self-explanatory)

SECTION II. - Service Verification

- 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.
- 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).
- 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.
- 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.