



# Temporary Service Verification Claim

FOR OFFICE USE ONLY



Toll-Free: (800) 821-2251  
alaska.gov/drb

Division of Retirement and Benefits  
P.O. Box 110203  
Juneau, AK 99811-0203

Juneau: (907) 465-4460  
TDD: (907) 465-2805  
Fax: (907) 465-3086

EMPLOYEE NAME (LAST / FIRST / M.I.)		PRIOR NAME	
MAILING ADDRESS (STREET OR P.O. BOX)		LAST 4 OF SSN OR RIN	
CITY		STATE	ZIP + 4
DATE OF BIRTH (MM/DD/YYYY)	AGE	MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SINGLE	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
EMPLOYER (DEPARTMENT WHERE TEMPORARY SERVICE WAS RENDERED)		CURRENT EMPLOYER	
I wish to claim credit for full-time temporary service. I understand that compound interest at the rate prescribed by regulation will be added to the full actuarial cost of this service until the indebtedness is paid in full or until I retire, whichever occurs first. I understand that I must be vested (five paid-up years of service) in order to claim temporary service.			
EMPLOYEE SIGNATURE		DATE	

**NOTE: A SEPARATE FORM MUST BE COMPLETED AND SENT TO EACH EMPLOYER WHERE SERVICE WAS PERFORMED.**

## Verification of Temporary Service

(To be completed by the Employer and returned to the Division of Retirement and Benefits.)

PERIODS OF FULL-TIME TEMPORARY EMPLOYMENT (MM/DD/YYYY)							
FROM		TO		FROM		TO	
FROM		TO		FROM		TO	
FROM		TO		FROM		TO	
FROM		TO		FROM		TO	
<input type="checkbox"/> I certify that the above service is NOT probationary service as a permanent employee. <input type="checkbox"/> I certify that the above service is NOT part time, contract or student/college intern. <input type="checkbox"/> I certify that the above service is correct to the best of my knowledge. <p style="text-align: center;">If a member disagrees with reported service, he or she will be referred to your agency for resolution.</p>							
PRINTED NAME OF PERSONNEL OR PAYROLL OFFICER					DATE		
SIGNATURE OF PERSONNEL OR PAYROLL OFFICER				EMPLOYER			
MAILING ADDRESS (STREET OR P.O. BOX)							
CITY					STATE	ZIP + 4	