

PERS

PUBLIC EMPLOYEES RETIREMENT SYSTEM

ALASKA DIVISION OF

**Retirement
and Benefits****Toll-Free: (800) 821-2251**
alaska.gov/drb

Temporary Service Verification Claim

Division of Retirement and Benefits
P.O. Box 110203
Juneau, AK 99811-0203Juneau: (907) 465-4460
TDD: (907) 465-2805
Fax: (907) 465-3086**FOR OFFICE USE ONLY**

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 ☐ MARRIED ☐ DIVORCED ☐ SINGLE		GENDER ☐ MALE ☐ 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	
☐ I certify that the above service is NOT probationary service as a permanent employee. ☐ I certify that the above service is NOT part time, contract or student/college intern. ☐ I certify that the above service is correct to the best of my knowledge. If a member disagrees with reported service, he or she will be referred to your agency for resolution.							
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