

**Retirement Board**

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Memorandum

To: Liaison Officer

From: Charyl Lacombe,  
Manager of Employer Services

Date: April 6, 2015

Re: School District Classified Staff Certification form

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Effective with the 2015-2016 school year, we are implementing a new form, School District Classified Staff Certification. When we receive a retirement application for a classified school district employee we will mail the attached form to the retiree. We will require this form be completed by both the retiree and their employer.

The employer will be required to complete the form indicating the first day that employee worked in the current school year. Please mark whether the employee works 9, 10, 11, or 12 months during the school year, and indicate the employees' last day of employment. In the event the employee has been on leave without pay, please input the begin and end dates. There is also an area for comments, if necessary.

Please use the form we have provided. PERS will not accept any other forms for submitting this information. This form will need to be completed and returned for anyone retiring after the start of the 2015-2016 school year. You may mail or fax the information to us at (775)687-4350.

If you have any questions, please call me at (775)687-4200 ext 228.



**Public Employees' Retirement System of Nevada**

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  
7455 W. Washington Ave., Suite 150, Las Vegas, NV 89128 (702) 486-3900 - Fax (702) 304-0697  
Toll Free 1-866-473-7768 Website www.nvpers.org

**School District Classified Staff Certification**

Retiree Name \_\_\_\_\_ SSN \_\_\_\_\_

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

**PART I - RETIREE ACKNOWLEDGMENT**

(Retiree Completes)

School District employees who work less than 12 months in a school year earn one and one third days for each day worked of additional service credit that is applied after the termination date. I understand that my retirement effective date will only be after all additional service credit is applied to my account.

\_\_\_\_\_  
Retiree Signature

\_\_\_\_\_  
Date

**PART II - EMPLOYER CERTIFICATION**

(Public Employer Completes)

First day worked in the current school year was \_\_\_\_\_.

The retiree works (please mark)  9 months  10 months  11 months  12 months

The last day of retiree's employment will be \_\_\_\_\_.

Retiree has been on Leave without pay from \_\_\_\_\_ to \_\_\_\_\_.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Agency Liaison Officer/Signature Authority

\_\_\_\_\_  
Date