



Alternate Option Verification Of Service

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

I. PERSONAL DATA

Instructions:
This form should be completed by the responsible person in charge of records where the service was rendered. Please return the completed form to the Public Employees' Retirement System (PERS) at the above address. LIST CHRONOLOGICALLY EACH SCHOOL YEAR of service rendered under your jurisdiction by the applicant. Return to the employee for concurrence/review. Employee should submit all verifications at one time to the PERS.

Name	Last	First	M.I.	Last Four of Social Security Number
Mailing Address				Telephone Number
Street	City	State	ZIP+4	
Name under which service was rendered (if different from above)				

II. TO BE COMPLETED BY RESPONSIBLE SCHOOL OFFICIAL

SCHOOL YEAR DURING WHICH SERVICE WAS RENDERED		NAME OF SCHOOL	LENGTH OF SCHOOL TERM (DAYS)	ACTUAL DAYS SERVED	HOURS PER DAY EMPLOYED	FULL-TIME	PART-TIME	CONTRACT %
BEGINNING DATE	ENDING DATE							
July 1, _____	June 30, _____							
July 1, _____	June 30, _____							
July 1, _____	June 30, _____							
July 1, _____	June 30, _____							
July 1, _____	June 30, _____							
July 1, _____	June 30, _____							
July 1, _____	June 30, _____							
July 1, _____	June 30, _____							

ACTUAL DAYS SERVED— Actual days served should include all paid holiday, personal, or sick leave taken as work days during the school year.
HOURS PER DAY EMPLOYED— For elementary or secondary school, indicate the number of hours in a normal work day. For an institution of higher learning, indicate the number of credit hours taught (i.e. 3CH).
PART-TIME CONTRACT %— The member must be regularly scheduled to work a minimum of 15 hours but less than 30 hours per week. Part-time service is prorated based on a 6 hour full-time day. If a part-time employee worked 4.5, the contract percentage would be 75% (4.5 divided by 6).

Signature of Certifying Officer	Date
Printed Name and Title	Phone Number