**17028-****{stdMbrPERSLinkID}**



**RECORD OF PREVIOUS PUBLIC EMPLOYMENT**

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 17028 (Rev. 01-2014)

**NDPERS • PO Box 1657 • Bismarck • North Dakota 58502-1657**

**(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PART A** | | | | | | | |
| Name (Last, First, Mi) {stdMbrFullName} | | | | | | | Gender  Male  Female |
| NDPERS ID {stdMbrPERSLinkID} | Date of Birth {stdMbrDateOfBirth} | | | Last Four Digits of Social Security Number:  {stdMbrLastFourDigitsOfSSN} | | | |
| **PART B** | | | | | | | |
| Previous Employer (State Agency, County, City, School District) | | | | | | | |
| Address | | City | | | State | | Zip + 4 |
| **Period of Service with above Previous Employer**  ELIGIBLE SERVICE MUST MEET THE FOLLOWING RULES:  1) EMPLOYED BY PARTICIPATING EMPLOYER.  2) ATTAINED AGE 18.  3) POSITION IS PERMANENT  4) WORKED AT LEAST 20 HOURS PER WEEK FOR AT  LEAST 20 WEEKS PER YEAR. | | | Beginning Date (Mo., Day, Yr.) | | | Ending Date (Mo., Day, Yr.) | |
| Beginning Date (Mo., Day, Yr.) | | | Ending Date (Mo., Day, Yr.) | |
| **Period of Absence from payroll of Previous Employer**  **during above service** | | | Beginning Date (Mo., Day, Yr.) | | | Ending Date (Mo., Day, Yr.) | |
| Beginning Date (Mo., Day, Yr.) | | | Ending Date (Mo., Day, Yr.) | |
| **PART C** | | | | | | | |
| Does member have service credit with your retirement plan?  No  Yes | | | | | | | |
| Is the member receiving or entitled to receive a benefit from your system based on this service?  No  Yes | | | | | | | |
| Does this member have credit in your system for service creditable in another retirement system?  No  Yes, If yes, please indicate the system(s) and year(s) below:  System: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  System: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  System: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **PART D** | | | | | | | |
| I declare that the foregoing statements are full, true, and correct to the best of my knowledge and belief, and are subject to the laws and penalties governing any misrepresentation and fraud.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Employee Date of Signature | | | | | | | |
| **PART E TO BE COMPLETED BY PREVIOUS DEPARTMENT OR AGENCY INDICATED ABOVE** | | | | | | | |
| The above named individual has filed claim for credit for public service as indicated in the information given above. Please verify this claim, after correcting any errors, by completing the certification below.  I certify that to the best of my knowledge and belief the statements made by the above employee are full, true, and correct, and reflect the date as contained in our records.  Signature of Previous Employer (Authorized Agent) Date of Signature | | | | | | | |

