



**EMPLOYER CERTIFICATION OF
CREDITABLE SERVICE AND AUTHORIZED
LEAVE OF ABSENCE**

State Form 3422 (R12 / 1-13)

**INDIANA PUBLIC RETIREMENT SYSTEM
PUBLIC EMPLOYEES' RETIREMENT FUND**

1 North Capitol Avenue, Suite 001
Indianapolis, IN 46204-2014
Telephone: (888) 526-1687 (Toll-free)
Fax: (866) 591-9441 (Toll-free)
E-mail: questions@inprs.in.gov
Web site: www.inprs.in.gov

*This agency is requesting disclosure of Social Security numbers in accordance with Internal Revenue Code 3405; disclosure is mandatory and this form cannot be processed without it.

EMPLOYEE INFORMATION

Employee's name	Social Security number* (last 4 digits)	Pension ID (PID) number
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ACTIVE SERVICE AND PAID LEAVE OF ABSENCE

Do not include service that is creditable in the County Police Retirement Plan under IC 36-8-10.
List current or most recent employment first. If the PERF-covered employment was continuous, complete only the first entry. However, if the employee terminated employment and was rehired in a PERF-covered position, list each different period of covered employment. Include all periods of **paid authorized leave of absence**.

Title of PERF-covered Position (Use a separate line for each position.)	Beginning Date of Employment (mm/dd/yyyy)	Last Day in Pay Status (mm/dd/yyyy)

AUTHORIZED UNPAID LEAVE OF ABSENCE

List all periods of **authorized unpaid leave**. This would include (but is not limited to) maternity leave, Family Medical Leave Act (FMLA), military leave, and employer-provided disability leave or programs.

Type of Authorized Unpaid Leave (Use a separate line for each position.)	Beginning Date of Leave (mm/dd/yyyy)	Ending Date of Leave (mm/dd/yyyy)

EMPLOYER CERTIFICATION

As the authorized representative of this employer, I certify the following:

- I am the authorized representative of this employer and am authorized to accept any pension liability for and on behalf of the governing body of this employer.
- The position(s) identified and certified on this form are PERF-covered position(s) in accordance with the agreement(s) between PERF and the governing body of the employer.
- The dates are true and accurate to the best of my knowledge.
- I understand that the verification of the periods of service and authorized leave named in this document create a pension liability for this employer.
- **Any error in this certification of service can only be corrected prior to the employee's effective date of retirement.**

Authorized representative's signature	Date (mm/dd/yyyy)
Authorized representative's printed name	Authorized representative's title
Employer's name	Employer's account number

INSTRUCTIONS FOR

EMPLOYER CERTIFICATION OF CREDITABLE SERVICE AND AUTHORIZED LEAVE OF ABSENCE

State Form 3422 (R12 / 1-13)

IMPORTANT

1. Remove the instruction page included with this form prior to returning the completed form to INPRS at the address shown on the form.
2. Type or print using black ink. Complete all information as requested.
3. If you have questions contact Customer Service, Toll-free at (888) 526-1687, Monday – Friday, 8 a.m. – 8 p.m. EST.
4. This completed form may be delivered to the lobby of the Indiana Public Retirement System (INPRS) at the address indicated on the form. Lobby hours are 8 a.m. to 5 p.m. on weekdays. The agency is closed on weekends and holidays, including all State-designated holidays. The list of current year state holidays is available online at www.in.gov/spd/2555.htm.

Entry field	Field description
EMPLOYEE INFORMATION	
Employee's name	Enter the complete name of the employee (PERF member).
Social Security number	Enter the last 4 digits of the employee's Social Security number.
Pension ID (PID) number	Enter the employee's PID number for PERF.
ACTIVE SERVICE AND PAID LEAVE OF ABSENCE	
Do not include service that is creditable in the County Police Retirement Plan under IC 36-8-10. List current or most recent employment first. If the PERF-covered employment was continuous, complete only the first entry. However, if the employee terminated employment and was rehired in a PERF-covered position, list each different period of covered employment. Include all periods of paid authorized leave of absence .	
Title of PERF-covered Position	Enter the title of the employee in the PERF-covered position for this period of employment. Five entries are available on this form. If there is additional information required, attach another sheet of paper with the requested information.
Beginning Date of Employment	Enter the beginning date of employment that corresponds with this PERF-covered position for this period of employment; format = mm/dd/yyyy. Five entries are available on this form. If there is additional information required, attach another sheet of paper with the requested information.
Last Day in Pay Status	Enter the last day in pay status that corresponds with this PERF-covered position for this period of employment; format = mm/dd/yyyy. Five entries are available on this form. If there is additional information required, attach another sheet of paper with the requested information.
AUTHORIZED UNPAID LEAVE OF ABSENCE	
List all periods of authorized unpaid leave . This would include (but is not limited to) maternity leave, Family Medical Leave Act (FMLA), military leave, and employer-provided disability leave or programs.	
Type of Authorized Unpaid Leave	Enter the type of authorized unpaid leave for this period of employment. Five entries are available on this form. If there is additional information required, attach another sheet of paper with the requested information.
Beginning Date of Leave	Enter the beginning date of that corresponds with this authorized unpaid leave for this period of employment; format = mm/dd/yyyy. Five entries are available on this form. If there is additional information required, attach another sheet of paper with the requested information.
Last Day in Pay Status	Enter the last day in pay status that corresponds with this authorized unpaid leave for this period of employment; format = mm/dd/yyyy. Five entries are available on this form. If there is additional information required, attach another sheet of paper with the requested information.
EMPLOYER CERTIFICATION	
Authorized representative's signature	The form must be signed by the authorized representative of the employer as defined in the certification statements in this section of the form.
Date	The signature of the authorized representative must be dated; format = mm/dd/yyyy.
Authorized representative's printed name	This is the printed name of the authorized representative of the employer as defined in the certification statements in this section of the form.
Authorized representative's title	This is the title of the authorized representative of the employer.
Employer's name	This is the name of the employer submitting this form.
Employer's account number	This is the employer's PERF account number.

Return the signed, dated, and completed form to INPRS at the address shown at the top of the form.

CHANGES TO INFORMATION: If you have any changes to the information on the form contact Customer Service, Toll-free at (888) 526-1687.