

CERTIFICATION OF HAZARDOUS DUTY

VIRGINIA RETIREMENT SYSTEM
P.O. Box 2500
Richmond, Virginia 23218-2500
Toll Free 1-888-VARETIR (827-3847)
Fax 804-786-9718
www.varetire.org

1. Social Security Number
2. Date

The employer completes this form for employees who become employed in a position from which they can retire under the Virginia Law Officers' Retirement System (VaLORS), the State Police Officers' Retirement System (SPORS), or VRS with enhanced benefits for hazardous duty positions. This form is used to certify the following types of hazardous duty service for eligibility for the hazardous duty supplement:

1. Member of the Capitol Police Force (§ 30-34.2:1) prior to October 1, 1999;
2. Campus Police Officer (§ 23-232) prior to October 1, 1999;
3. Conservation Police Officer in the Department of Game and Inland Fisheries (§ 29.1-200) prior to October 1, 1999;
4. Special agent of the Department of Alcoholic Beverage Control (§ 4.1-100) prior to October 1, 1999;
5. Law enforcement officer employed by the Virginia Marine Resources Commission (§ 9-169) prior to October 1, 1999;
6. Correctional officer (§ 53.1-1), including correctional officers employed at a juvenile correction facility (§ 66-25.3) prior to October 1, 1999;
7. Parole officer (§ 53.1-143) prior to October 1, 1999;
8. Commercial vehicle enforcement officer employed by the Department of State Police prior to October 1, 1999;
9. Employee of a VRS-participating political subdivision employed in one of the following positions:
 - a. Law-enforcement position comparably hazardous to that of a state police officer including any sworn law enforcement officer who has the duty and obligation to enforce the penal and traffic laws of the Commonwealth as directed by his superior officer;
 - b. Full-time salaried fire-fighter or full-time salaried emergency medical technician (EMT);
 - c. Regional jail superintendent or sworn officers of a regional jail farm, regional jail or jail authority;
 - d. Sheriff; or
 - e. Deputy Sheriff.

EMPLOYER CERTIFICATION

3. Name	(First)	(MI)	(Last)	(Jr./Sr.)
4. Certification: I hereby certify this VRS member worked in a hazardous duty position during the following time period(s):				
From: _____		Through: _____		
(month/year)		(month/year)		
From: _____		Through: _____		
(month/year)		(month/year)		
_____ Authorized Signer (Printed Name)			_____ Title	
_____ Authorized Signature			_____ Employer Code Where Service Rendered	
_____ Employer Name				