

# CERTIFICATION OF SERVICE NOT REPORTED BY EMPLOYER

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

1. Social Security Number
2. Home Phone Number
3. Work Phone Number

Complete this form to certify service not reported in the monthly reporting process that occurred prior to the last three years from the current month and year. The employer at the time the service was not reported must complete the employer information below. The cost to purchase this service credit is the employer's responsibility and is based on an actuarial equivalent cost.

When this form is processed, VRS will send a cost letter reflecting the amount owed to the employer and will subsequently charge the full amount to the employer account.

## PART A. EMPLOYEE INFORMATION

4. Name
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## PART B. EMPLOYER INFORMATION (Please print)

5. Employer Contact	6. Employer Code	7. Employer Phone Number
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## PART C. PERIODS OF SERVICE NOT REPORTED DUE TO PAYROLL ERROR

List time period(s) of service to include beginning and ending months and years. Indicate contract lengths and times reported for the periods of service not reported due to payroll error. List only the dates the employee should have been reported to VRS.

From (MM/YY)	Through (MM/YY)	Contract Length (For Teachers Only)	Times Reported (For Teachers Only)	Monthly Creditable Compensation at Time Service Earned/Not Reported

## PART D. EMPLOYER CERTIFICATION

On the basis of official records, I hereby certify that the failure to report service during the above time period(s) was an error, the service was not temporary or provisional and the employee should have been given the same benefits as the other employees in the same or similar job classification working the same number of hours. The <u>Code of Virginia</u> section 51.1-124.10 states that any person who knowingly makes false statement or falsifies or permits the falsification of any record related to eligibility for membership in the Fund in any attempt to defraud the Fund shall be guilty of a Class 1 misdemeanor.	
_____ Authorized Signature	_____ Date