

CERTIFICATION OF HAZARDOUS DUTY SERVICE



VIRGINIA RETIREMENT SYSTEM
 P.O. Box 2500 ♦ Richmond, VA 23218-2500
 Toll-free 1-888-827-3847
 Fax 804-786-9718
 www.varetire.org

1. Social Security Number
2. Date

Complete 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 service eligible for the hazardous duty supplement.

Include employment prior to October 1, 1999 in the following positions:

- Police Officer in the Capitol Police Force (§ 30-34.2:1)
- Police Officer on campus at an institution of higher education (§ 23.1-809)
- Conservation Police Officer in the Department of Wildlife Resources (§ 29.1-200)
- Special Agent for the Virginia Alcoholic Beverage Control Authority (§ 4.1-100)
- Marine Resource Law Enforcement Officer (§ 9.1-101)
- Correctional Officer (§ 53.1-1), including correctional officers employed at a juvenile correction facility (§ 66-25.3)
- Parole Officer (§ 53.1-143)
- Commercial Vehicle Enforcement Officer employed by the Department of State Police

Include any employment as an employee of a VRS-participating political subdivision employed in one of the following positions:

- Police Officer (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 a superior officer)
- Full-time salaried Fire Chief, Firefighter or full-time salaried Emergency Medical Technician (EMT)
- Regional Jail Superintendent or Jailer for a regional jail farm, regional jail or jail authority
- Sheriff or Deputy Sheriff

EMPLOYER HUMAN RESOURCES CERTIFICATION

Member Name (First, Middle Initial, Last)			
Certification: I certify this VRS member worked in a hazardous duty position during the following time period(s):			
VRS Job Name (as indicated above) *	From (mm/yyyy)	Through (mm/yyyy)	Mos in Period
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Authorized Signer (Printed Name)		Total Haz Months Certified: _____	
Authorized Signature		Authorized Signer's Title	
Employer Name		Employer Code Where Service Rendered	

* VRS job name in myVRS Navigator will be updated by VRS if necessary.

