

**Florida Retirement System Pension Plan  
Out-of-State Employer Request**



P O Box 9000  
Tallahassee FL 32315-9000  
(850) 488-6491 Toll Free (888) 738-2252  
Fax (850) 410-2195

Member Name: \_\_\_\_\_ Member SSN: \_\_\_\_\_

Member Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The information we received on your Verification for Out-of-State Employment Form (copy enclosed) was incomplete. Please have your previous state or political subdivision complete the following:

**TO BE COMPLETED BY STATE OR POLITICAL SUBDIVISION EMPLOYER**

Please certify the date of retirement covered employment by fiscal year - July through June. Please answer the following questions and return this form so we can determine the member's eligibility for out-of-state service.

DATES OF SERVICE BY FISCAL YEAR JULY 1 - JUNE 30 Month/Day/Year      Month/Day/Year		NUMBER MONTHS WORKED	REQUIRED WORK YEAR (9, 10, 11, OR 12 MONTHS. If OTHER, PLEASE EXPLAIN.)

I CERTIFY THAT THE ABOVE INFORMATION WAS TAKEN FROM THE OFFICIAL RECORDS OF  
(NAME OF EMPLOYER) \_\_\_\_\_

WHICH IS A STATE OR POLITICAL SUBDIVISION EMPLOYER.      DATE    /    /    \_\_\_\_\_

Signature \_\_\_\_\_ Phone \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Mailing Address \_\_\_\_\_