

**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

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 _____