

SCHOOL RETIREMENT SYSTEM OF THE STATE OF NEBRASKA

Retirement No. \_\_\_\_\_

**VERIFICATION OF SERVICE RECORD**

This is to certify that the school record of \_\_\_\_\_, Nebraska, shows the following periods of school services for (name) \_\_\_\_\_, Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**EMPLOYMENT IN NEBRASKA PUBLIC SCHOOLS:**

From			To			Position	Months of which service contracted	Actual no. of days employed	Date			School	Annual Salary
Month	Day	Year	Month	Day	Year				Status of Employment (must choose one)				
									Full time	Exact % of time employed each day	Less than half time		

(A true statement, made under penalty of perjury)

**This form must be signed by one of the following:  
City Superintendent, Administrator, Personnel Director,  
Authorized Reporting Agent, County Clerk, or County Official**

**NAME** \_\_\_\_\_  
**TITLE** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_

BAR CODE