

Name <small>Last First Middle</small>			Date of Birth - -	Plan Type <small>(Check One)</small>
Social Security Number - -		Retirement Number		
Address		City	State	Zip
Home Phone	Work Phone	Employer		<input type="checkbox"/> Judges

Nebraska Judges Retirement System – Verification of Salary and Service

PLEASE PROVIDE THE MEMBER'S DATES OF SERVICE IN THE JUDGES RETIREMENT SYSTEM:

Beginning Date: _____
Month / Day / Year

Ending Date: _____
Month / Day / Year

IF MEMBER WAS EVER ON UNPAID LEAVE(S) OF ABSENCE, PROVIDE INFORMATION BELOW:

<u>Dates of Leave(s)</u>		<u>Reason(s) for Leave(s)</u>
From _____	To _____	_____
From _____	To _____	_____
From _____	To _____	_____

PLEASE PROVIDE THE MEMBER'S LAST FIVE 12-MONTH PERIODS OF COMPENSATION:

<u>12-month period</u>		<u>Salary</u>
From _____	To _____	_____
From _____	To _____	_____
From _____	To _____	_____
From _____	To _____	_____
From _____	To _____	_____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Agency Signature _____ Date _____

Typed or Printed Name of Agency Contact _____

Telephone Number _____ Title _____