

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

PO BOX 9000 Tallahassee, FL 32315-9000
Local Phone: 850-907-6500 Toll Free: 844-377-1888 FAX: 850-410-2010



Member Name: _____ Member SSN: _____

Mailing Address: _____

The information we received on your Verification for Out-of-State Employment Form 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 _____