

Out-of-State Public Employment Certification Form 19 – Revised 8/7/2025

Please print or type in black ink. Completed form should be mailed or faxed to PERS. See bottom of form for contact information.

First Name:	MI: Last Nan	ne:			
Mailing Address:					
Social Security No.:					
Phone:					
I hereby authorize the release of the information or	n this form and any other information neo	cessary in establishing m	y claim for service	credit in PERS.	
Applicant's Signature:		Date	mm/dd/ccyy:	 	
Mississippi Public Employer Informatio authorized employer representative. After Section i Please complete a separate form for each out-of-si	2 is complete, mail this form to the memi	nformation – This sed ber's out-of-state public o	ction must be comp employer for compl	pleted only by an etion of Section 3	3.
Position Held /Job Title:		Hire Date mm/de	d/ccyy:		
Current Annual Salary: \$	Fiscal Year o	f Current Annual Salar	y:		
Employer Name:		Employer No.: _		=	
Employer Representative's Name:	Em	ployer Representative's	Title:		
Employer Representative's Phone:	Fax:	E-Mail: _			
Employer Representative's Signature:		Date i	mm/dd/ccvv:		
Out-of-State Public Employer Information authorized employer representative. After Section Section 1 was a member for completion of Section	3 is complete, mail this form to the public	c retirement system or pe	ension plan in whicl	h the person nam	
Start Date mm/dd/ccyy End Date mm/dd/ccyy	Position Held	No. of Months	Worked 80 or me	•	lonth
	Position Held		Worked 80 or me	ore Hours per M □ No	onth
				•	Month
			☐ Yes	□No	l onth
			□ Yes	□ No	Month
			□ Yes □ Yes □ Yes	□ No □ No	Month
			☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	□ No □ No □ No □ No □ No	
Did the member receive credit for this service unde		nolly or partly from public	☐ Yes	□ No	curity?
Did the member receive credit for this service unde	er any retirement/pension plan funded whist the plan name:	nolly or partly from public	☐ Yes	□ No	curity?
Did the member receive credit for this service unde Select one: □ No □ Yes If yes, please li Employer Name:	er any retirement/pension plan funded whist the plan name:	nolly or partly from public	☐ Yes ☐ tunds other than for	□ No □ No □ No □ No □ No □ No	curity?
Did the member receive credit for this service unde Select one: □ No □ Yes If yes, please li Employer Name:	er any retirement/pension plan funded whist the plan name:	nolly or partly from public	☐ Yes ☐ tunds other than for	□ No □ No □ No □ No □ No □ No	curity?
Did the member receive credit for this service unde Select one: □ No □ Yes If yes, please li Employer Name:	er any retirement/pension plan funded whist the plan name: Em	nolly or partly from public ployer Representative's	☐ Yes ☐ Title:	□ No □ No □ No □ No □ No □ No	curity?
Did the member receive credit for this service unde Select one: □ No □ Yes If yes, please li Employer Name: Employer Representative's Name: Employer Representative's Phone:	er any retirement/pension plan funded whist the plan name: Em Fax: or Pension Plan Information an tirement system or pension plan represe	nolly or partly from public sployer Representative's E-Mail: Date noted Certification of M	☐ Yes ☐ Title: ☐ Tit	□ No □ No □ No □ No □ No □ dederal Social Sec	curity'
Did the member receive credit for this service unde Select one: No Yes If yes, please li Employer Name: Employer Representative's Name: Employer Representative's Phone: Employer Representative's Signature: Out-of-State Public Retirement System must be completed only by an authorized public retirement system	er any retirement/pension plan funded whist the plan name: EmFax: or Pension Plan Information an tirement system or pension plan represect information.	nolly or partly from public aployer Representative's E-Mail: _ Date noted that the properties of Mails and Certification of Manual Part and Certification 4 is	☐ Yes ☐ Title: ☐ Tit	□ No □ No □ No □ No □ No ederal Social Securition — This security	curity'
Did the member receive credit for this service unde Select one: No Yes If yes, please list Employer Name: Employer Representative's Name: Employer Representative's Phone: Out-of-State Public Retirement System must be completed only by an authorized public retof Mississippi. Please see bottom of form for containing Selection of Service United Services Indicated	er any retirement/pension plan funded whist the plan name: Em Fax: or Pension Plan Information and tirement system or pension plan represenct information. a benefit from your system or plan based	ployer Representative's E-Mail: Date note of Mentative. After Section 4 is	☐ Yes ☐ Title: ☐ Title: ☐ mm/dd/ccyy: ☐ lember Informa s complete, mail or	□ No □ No □ No □ No □ No □ No □ tion — This sector fax this form to F	curity'
Did the member receive credit for this service under Select one: No Yes If yes, please is Employer Name: Employer Representative's Name: Employer Representative's Phone: Employer Representative's Signature: Out-of-State Public Retirement System must be completed only by an authorized public resof Mississippi. Please see bottom of form for contained. Is the member receiving or entitled to receive a	er any retirement/pension plan funded what the plan name: Fax: or Pension Plan Information and tirement system or pension plan represenct information. a benefit from your system or plan based tions?	nolly or partly from public ployer Representative's E-Mail: Date note that the properties of the pro	☐ Yes ☐ Title: ☐ Tit	□ No □ No □ No □ No □ No □ No ederal Social Sec ntion — This sec fax this form to F	ction PERS
Did the member receive credit for this service under Select one: No Yes If yes, please is Employer Name: Employer Representative's Name: Employer Representative's Phone: Employer Representative's Signature: Out-of-State Public Retirement System must be completed only by an authorized public resof Mississippi. Please see bottom of form for contained in the second of the sec	er any retirement/pension plan funded whist the plan name: Em Fax: or Pension Plan Information and tirement system or pension plan represence to information. The benefit from your system or plan based tions?	polly or partly from public ployer Representative's E-Mail: Date not contain the contained Certification of Manual Properties and	☐ Yes ☐ the second of	□ No □ ederal Social Sec stion — This sec fax this form to F □ Yes □ Yes □ Yes	ction PERS
Did the member receive credit for this service unde Select one: No Yes If yes, please list Employer Name: Employer Representative's Name: Employer Representative's Phone: Employer Representative's Signature: Out-of-State Public Retirement System must be completed only by an authorized public reform Mississippi. Please see bottom of form for contail. Is the member receiving or entitled to receive at 2. Has the member withdrawn his or her contribution.	er any retirement/pension plan funded whist the plan name: Em Fax: or Pension Plan Information an tirement system or pension plan represect information. a benefit from your system or plan based tions?	nolly or partly from public aployer Representative's E-Mail: Date note that the content of the	☐ Yes ☐ Title: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	□ No □ No □ No □ No □ No □ No ederal Social Sec No	ction PERS
Did the member receive credit for this service under Select one: No Yes If yes, please list Employer Name: Employer Representative's Name: Employer Representative's Phone: Employer Representative's Signature: Out-of-State Public Retirement System must be completed only by an authorized public recof Mississippi. Please see bottom of form for contains the member receiving or entitled to receive a 2. Has the member withdrawn his or her contributions. Was this retirement system non-contributory directivement System or Pension Plan Name:	er any retirement/pension plan funded whist the plan name: EmFax: or Pension Plan Information and tirement system or pension plan represence information. a benefit from your system or plan based tions? uring the employment periods listed in Sec	ployer Representative's E-Mail: Date note of the content of the co	☐ Yes ☐ the set funds other than formation or secomplete, mail or secomplete. Title:	□ No ederal Social Sec	curity'