



State of New Jersey • Department of the Treasury

**DIVISION OF PENSIONS & BENEFITS — PURCHASE SECTION**

P.O. Box 295, Trenton, NJ 08625-0295

**REQUEST FOR USERRA-ELIGIBLE SERVICE**

**(Uniformed Services Employment And Reemployment Rights Act Of 1994)**

Check one

- Public Employees' Retirement System       Police and Firemen's Retirement System       Alternate Benefit Program
- Teachers' Pension and Annuity Fund       State Police Retirement System       Judicial Retirement System

**PART 1 — MEMBER INFORMATION** (To be completed by the member.)

Employee Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Membership Number \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date left public employment for uniformed service \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of former employer \_\_\_\_\_

Dates of uniformed service from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ (Attach supporting documentation, e.g., military orders)

\_\_\_\_\_  
Signature Date

**PART 2 — EMPLOYER CERTIFICATION** (To be completed by the employer's certifying officer.)

Employer Name \_\_\_\_\_

Date of return to public employment \_\_\_\_/\_\_\_\_/\_\_\_\_

Pensionable salary that employee would have earned during eligible period of military service \$ \_\_\_\_\_. If not reasonably determinable, pensionable salary for the 10-month (10-month employee) or 12-month (12-month employee) period prior to departing for uniformed service \$ \_\_\_\_\_. If employee was not employed by you prior to departing for uniformed service, check here  and the New Jersey Division of Pensions & Benefits (NJDPB) will determine the correct salary to use.

**STATEMENT** — I certify that the employee shown above was eligible for pension benefits during the dates of military service shown above under the provisions of the USERRA by returning to public employment within the time period required by federal law. The pensionable salary to be used in calculating back deductions is shown above.

\_\_\_\_\_  
Print Name of Certifying Officer Title

\_\_\_\_\_  
Signature of Certifying Officer Date

**For NJDPB Use Only**

Service Credited \_\_\_\_\_

- Months       Pay Periods

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Employee Contribution Rate \_\_\_\_\_

Salary Used \_\_\_\_\_