



33 Plaza La Prensa, Santa Fe, New Mexico 87507
 (505) 476-9401 fax (505) 476-9300 voice
 (800) 342-3422 Toll-Free
www.nmpera.org

Member Pay Rate Change Certification Form

Instructions: Please print or type in dark ink. This form must be completed in its entirety and returned to PERA for processing. All fields are required, and a full social security number and or PERA ID are required. Any masked submissions will not be accepted.

MEMBER'S SOCIAL SECURITY NUMBER or PERA ID NUMBER		
FIRST NAME	MI	LAST NAME
Employer's Certification of Pay/Wage Change		
PERA EMPLOYER NAME :		PERA EMPLOYER NUMBER :
Effective Date :		PLAN TYPE :
Salaried Employees: \$		Hourly Rate : \$
Previous Hourly Rate/Salary: \$		Term Date for Temp Increase:
<p>This is to certify that the above-named employee has had a change in pay and or compensation. All information provided is true and correct.</p> <p>Authorized Employer's Printed Name: _____</p> <p>Authorized Employer's Signature: _____</p> <p>Title: _____</p> <p>Date: _____ Telephone No: _____</p>		

By completing this form the Authorized Employer is certifying that the PERA member had a change to their eligible PERA wages. For more information on submitting this form utilizing an electronic signature please contact the PERA Records Custodian for information on approvals and acceptable formats. For more information please visit www.nmpera.org, as well as all rules and regulations for employer reporting through the wage and contribution process.