Employer Certification for Injured Public Safety Employee Service Credit

PERA
Public Employees Retirement Association *of* New Mexico

33 Plaza La Prensa
Santa Fe, NM 87507
(505) 476-9300 phone
(505) 954-0370 fax
www.nmpera.org

Instructions: Please print or type in dark ink. This form must be completed in its entirety and submitted to PERA via regular mail, fax, or e-mail to noreply.records@state.nm.us for processing.

Guidance: Part A is to be completed by the PERA affiliated public employer that employed the PERA member at the time the member entered into Worker's Compensation. Part B is to be completed by the same PERA affiliated public employer that employed the PERA member upon return from Worker's Compensation.

Section 1	**Information About You**

_____   _____
Social Security Number or PERA ID   Name (First, Middle Initial, Last)

_____   _____
Employer Code   Employer Name

Section 2	**Part A: Information About PERA Affiliated Employer At the Time of Leave** *Completed by Employer*

I hereby certify that the records of this PERA affiliated-employer shows that the above-named employee was: 1) injured while performing a work-related function or duty in an inherently dangerous location or under inherently dangerous circumstances while providing personal service as an eligible employee to this PERA affiliated public employer; and 2) was placed on approved worker's compensation leave as a result of the injury on: _____

Day   Month   Year

_____   _____
Printed Name of Individual Signing Part A of the Certification   Signature of Individual Signing Part A of the Certification

_____   _____
Date   Title

Section 3	**Part B: Information About PERA Affiliated Employer Upon Return to Employment** *Completed by Employer*

I hereby certify that the above named member resumed providing personal service to this PERA affiliated employer upon his or her return from worker's compensation leave and that the personal service as an employee resumed on:

Day   Month   Year

_____   _____
Printed Name of Individual Signing Part B of the Certification   Signature of Individual Signing Part B of the Certification

_____   _____
Date   Title