



# PERA

Public Employees  
Retirement Association  
of New Mexico

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[www.nmpera.org](http://www.nmpera.org)

## EMPLOYER CERTIFICATION FOR FREE MILITARY SERVICE FORM

Instructions: Please print or type in dark ink. The original of this form must be completed in its entirety and returned to PERA for processing. Required fields are in **BOLD ITALICS**

### MEMBER INFORMATION PRINT CLEARLY

**SOCIAL SECURITY NUMBER or PERA ID NUMBER**

**FIRST NAME**

**MI**

**LAST NAME**

**MAILING ADDRESS**

**HOME or CELL TELEPHONE NO.**

BUSINESS TELEPHONE NO.

**CITY**

**STATE**

**ZIP**

**GENDER**

MALE

FEMALE

### PART A: TO BE COMPLETED BY THE PERA AFFILIATED PUBLIC EMPLOYER AT THE TIME OF DEPLOYMENT

I hereby certify that the above named member was providing personal service as an employee to this PERA affiliated-employer at the time he or she entered an uniformed service of the United States because of a call to duty, deployment, peacekeeping mission or other declared national emergency. The records of this PERA affiliated-employer shows that the above named employee stopped providing personal service on the

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
Month Year

\_\_\_\_\_  
Name of Affiliated Public Employer

By: \_\_\_\_\_  
Name of Individual Signing Part A of the Certification

\_\_\_\_\_  
Signature of Individual Signing Part A of the Certification

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

### PART B: TO BE COMPLETED BY THE SAME PERA AFFILIATED PUBLIC EMPLOYER

I hereby certify that the above named member resumed providing personal service to this PERA affiliated-employer upon his or her return from Military Service and that the personal service as an employee resumed on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Month Year

\_\_\_\_\_  
Name of Affiliated Public Employer

By: \_\_\_\_\_  
Print Name of Individual Signing Part B of the Certification

\_\_\_\_\_  
Signature of Individual Signing Part B of the Certification

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

### INSTRUCTIONS

Part A is to be completed by the PERA affiliated public employer that employed the PERA member at the time the member entered into Military Service.

Part B is to be completed by the same PERA affiliated public employer that employed the PERA member upon return from Military Service.