

Member Pay Rate Change Certification

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.

Section 1

Information About Employee

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

Section 2

Your Certification of Pay/Wage Change

Name of Employer	PERA Employer Number	PERA Plan

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Effective Date	Term Date for Temp Increase (mm/dd/ccyy)

Explanation of temporary pay increase: _____

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.

Authorized Employer's* Printed Name	Title	Email Address	Phone

Signature of Authorized Employer*	Date

*HR Manager, Payroll Manager or Finance Manager

By completing this form the Authorized Employer is certifying a change to the PERA member's 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 the rules and regulations for employer reporting.

*Please note, if an individual member or a department of a municipal plan is receiving a yearly increase please provide a memo with the increase amount, the effective date and a list of affected employees.