



## Advice of Personnel Action

**This form should be used for verifying dates of personnel actions prior to 9/15/2011.**

### Member Information

Member Name:	Member ID:
Employment Begin Date:	
The Employment Begin Date represents the date the member's employment began with your agency.	
Eligibility Date:	
The Eligibility Date represents the date the member became eligible to contribute to CERS, KERS, or SPRS.	
Employment End Date:	
The Employment End Date represents the date the member terminated employment.	

### Employer Information

Employer Name:	
Employer Code:	Phone Number:

I hereby certify that the information completed on this form is true and accurate. I acknowledge that I have full understanding that any person who provides a false statement, report, or representation to a governmental entity such as KPPA is subject to penalty of perjury in accordance with KRS 523.010, et seq. I further acknowledge that if I knowingly submit or cause to be submitted a false or fraudulent claim for the payment or receipt of benefit, the employer I represent, and I (personally) may be liable for restitution of the benefits for which the member was not eligible to receive, civil payments, legal fees, and costs.

Signature of Agency Head or Reporting Official: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Please provide any comments below.**