



# PEACE OFFICERS' ANNUITY & BENEFIT FUND OF GEORGIA

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## CERTIFICATION BY EMPLOYING AGENCY FORM

### EMPLOYMENT VERIFICATION - DEPARTMENT OF CORRECTIONS

NOTICE: GEORGIA LAW PROVIDES AS FOLLOWS: "ANY PERSON WHO KNOWINGLY FURNISHES FALSE INFORMATION FOR THE PURPOSE OF BECOMING A MEMBER OF THE FUND, OR FOR RECEIVING CREDIT FOR SERVICE TO WHICH HE IS NOT ENTITLED, OR FOR RECEIVING BENEFITS HEREUNDER, OR ANY PERSON WHO KNOWINGLY ASSISTS IN DOING ANY OF THE FOREGOING THING, SHALL BE GUILTY OF A MISDEMEANOR, AND UPON CONVICTION THEREOF SHALL BE PUNISHED AS FOR A MISDEMEANOR."

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

Member #: \_\_\_\_\_

1. Employee Name: \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_

4. Email Address: \_\_\_\_\_

5. Job Title: \_\_\_\_\_ Job Description Available? \_\_\_\_\_ YES/NO

6. On LE Salary Plan (LAW)? \_\_\_\_\_ On SRE Salary Plan? \_\_\_\_\_ YES/NO

7. Has this employee previously worked for this agency? If so, please provide the dates and positions held as well as if the position was **full time** or **part time**:  
\_\_\_\_\_

8. How many hours per week are devoted to this job? \_\_\_\_\_

9. Beginning date of most recent employment: \_\_\_\_\_

10. Ending date of most recent employment: \_\_\_\_\_

11. Please list all positions held during employment and the dates corresponding with the positions below:

(If more space required, please use the back of the form)

POSITION	FROM	TO	POST CERTIFICATION REQUIRED?

12. Please list any periods that this employee was on **LEAVE WITHOUT PAY** (suspension, FMLA, etc.) Please note if worker's compensation: \_\_\_\_\_

**Note:** This form is **not valid until signed by a properly authorized individual for the employing Agency**. Please note that **this form must be notarized by a different individual**. The proper execution of this document is **the Applicant's Responsibility**.

I hereby certify that the information given above is true and accurate as the same appears on the records of the employee listed above: \_\_\_\_\_

APPLICANT/ MEMBER'S NAME

This \_\_\_\_\_ day of \_\_\_\_\_

Witnessed by: \_\_\_\_\_

Notary Public

Agency Representative Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title of Signer: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_