

CERTIFICATION BY EMPLOYING AGENCY : EMPLOYMENT VERIFICATION

FOR DEPARTMENT OF CORRECTIONS

Please return to:

Peace Officers' Annuity & Benefit Fund of GA

1208 Greenbelt Drive, Griffin, GA 30224 • 770-228-8461 (Office) • 770-412-1236 (Fax)

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: _____

STREET ADDRESS

CITY, STATE, ZIP CODE

4. Job Title: _____ Job Description Available? _____

YES/ NO

5. On LE Salary Plan (LAW)? _____ On SRE Salary Plan? _____

YES/ NO

YES/ NO

6. 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**:

7. How many hours per week are devoted to this job? _____

8. Beginning date of most recent employment: _____

MONTH

DAY

YEAR

9. Ending date of most recent employment: _____

MONTH

DAY

YEAR

10. 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?

11. 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 _____
APPLICANT/ MEMBER'S NAME

This _____ day of _____

Representative Name: _____

Signature: _____

Witnessed by: _____

Title of Signer: _____

Notary Public

Phone Number: _____

Email Address: _____