



# Statement of Qualified Military Service

Form 25M – Revised 9/9/2011

Please print or type in black ink. This form should be completed by an employer upon the return of an employee from a military leave of absence, during which the employee was not reported for retirement purposes. Retain a copy of this form in the employee's personnel file, and mail or fax a copy to PERS. See bottom of form for contact information.

## 1 Member Information and Application

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_  Cellular  Home  Work Phone: \_\_\_\_\_  Cellular  Home  Work

In accordance with Miss. Code Ann. § 25-11-109, or 25-13-17, or 21-29-301 (1972, as amended), I hereby apply for additional credit as certified on this form.

Member's Signature: \_\_\_\_\_ Date mm/dd/ccyy: \_\_\_\_\_

## 2 Employer Certification – This section must be completed by an authorized employer representative, not the member. Only complete for active members. List all periods of absence by pay period and dates during which the member was out of active service as a public employee by reason of service in the uniformed services and not reported to PERS. Attach a copy of the DD214 or other discharge papers and any additional pages, if necessary.

### Periods of Absence from Employment

Pay Period Beginning mm/dd/ccyy	Pay Period Ending mm/dd/ccyy	Position	Earnable Salary
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employer Name: \_\_\_\_\_ Employer No.: \_\_\_\_\_

Employer Representative's Name: \_\_\_\_\_ Employer Representative's Title: \_\_\_\_\_

Employer Representative's Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

As employer representative, I understand that any person who makes a false statement or shall falsify or permit to be falsified any record of the Retirement System in an attempt to defraud the System may be subject to criminal prosecution, and with that understanding, I certify that the above information is true and correct.

Employer Representative's Signature: \_\_\_\_\_ Date mm/dd/ccyy: \_\_\_\_\_