

**NEW JERSEY DIVISION OF PENSIONS
PUBLIC EMPLOYEES' RETIRMENT SYSTEM
REPORT OF TRANSFER**

Please do not write in this box.

LOCATION NO.:	MEMBERSHIP NO.:
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1. Name: _____
(Last) (First) (Middle) (Maiden)

2. Address: _____
(Street)

(City) (State) (Zip Code)

3. Social Security No.: _____ 4. Membership No.: _____

5. Transferred From: _____
(County)

6. Date of Last Deduction: _____ Payperiod No.: _____
(from former employer) (State Only)

7. Transferred To: _____
(County) (Bureau No.)

8. Payroll Title: _____

9. Date Employment Began in Your District: _____

10. Current Annual Base Salary: \$ _____

11. Employee is paid on a: 10 month basis 12 month basis

12. Is employee employed in more than one agency? Yes No

If yes, please list: _____

13. Payroll No. (State Employees Only): _____

14. I acknowledge continuation of payroll deductions under the above membership number.

Signature of Member

Date

15. _____
Signature of Certifying Officer Employing Agency County Date

Failure to complete this form in its entirety will result in a delay of processing the transfer. See reverse side for instructions and mailing address.