



**Employee data form and employment certification
Must be completed by the Member and Certified by the Employer
Requirements for New or Rehired employees**

Employers must provide a copy to ERB

Employee Name Printed: _____ Social Security #: _____ Gender: _____
M/F

Date of Birth: _____ Address _____ City, State _____ Zip Code _____

- New Hire: I have never been employed by a NM school system (including Charter), University or College
- I am currently employed with another NM school system (including Charter), University or College

Name of other Employer _____ Employed: Part Time Full Time

Employer use: If employed PT with the other employer and PT with your institution you must ensure that the combined hours being worked for both institutions do not exceed .25 FTE else the member becomes a regular contributing member for both institutions.

- I am currently employed and have accepted a new position changing my reporting status
I have contributed to NMERB in the past
- I am not currently employed with another NM school system (including Charter), University or College
I have contributed to NMERB in the past
- I am retired from the New Mexico Public Employees Retirement Association. **NMPERA**
I will provide documentation of this to the employer.
- I am retired from the New Mexico Educational Retirement Board. **NMERB**
- NMERB Retiree only:** I am approved to work under the "Return to Work" program
I will provide documentation to the employer.
- Name Change Previous Name: _____
Last First Middle Initial

NOTE: It is the employee's responsibility to:
Verify that your social security number is correct on your first pay check.

Verify, with your employer, whether or not NMERB contributions should be taken from your pay and ensure that, if required, contributions were deducted on your first pay check.

Employee signature: _____ Date: _____

EMPLOYER CERTIFICATION

This is to certify that the above person was employed in the Position of: _____

Hired on (Date) _____ and will be reported on the Monthly report period ending _____

Administrative Unit: _____ Authorized Signature: _____
(School Name not Department) Date: _____