



KPERS-10LR
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Kansas Public Employees Retirement System
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Certification of Legislative Service (For Session Employees)

Please type or print using black ink.

Part A – Member Information

This is to certify that the following named individual served in or was employed by the legislative branch:

Social Security Number:

Name (Please Print):

_____ - _____ - _____

First Name

Middle Initial

Last Name

Part B – Employment History

The following is the employment history with the legislative branch:

Position	From Mo/Day/Yr	To Mo/Day/Yr	Days of Employment

Signature of Designated Agent

Agency Identification
Number

Date