



**West Virginia
Consolidated Public Retirement Board (CPRB)**

601 57th Street SE, Suite 5
Charleston, WV 25304
304-558-3570 or 800-654-4406
www.wvretirement.com

**Teachers'
Retirement System (TRS)**

**Legislative Service
Verification**

Section 1: Member Information

Full Name	Last 4 Digits of SSN	CPRB ID
-----------	----------------------	---------

Section 2: Employer Verification

Pursuant to the provisions of WV Code § 18-7A-17(k), when a TRS member is or has been elected to serve as a member of the Legislature, and his or her duties of public office require that member to be absent from his or her teaching or administrative duties, the time served in discharge of their legislative duties is credited as time served for the purposes of computing service credit. The Retirement Board does not require any additional contributions from that member in order for the Retirement Board to credit him or her with the contributing service credit earned while discharging official legislative duties. However, the employer is required to remit employer contributions at the member's regular salary rate or rate of pay from that employer on the contribution service credit earned while the member is discharging his or her official legislative duties. These employer payments shall commence as of June 1, 2000.

A TRS member may elect to pay to the Retirement Board an amount equal to what his or her contribution would have been for those periods of time he or she was serving in the Legislature. The periods of time upon which the member paid his or her contribution shall then be included for purposes of determining his or her final average salary as well as for determining years of service.

Please complete this form in its entirety. This information will be used to make a determination regarding the account of the member named above:

Fiscal Year	Position	Status of Employment	Contract Days	Days Worked	Days Absent due to Legislative Service	Regular Salary	Salary Lost due to Legislative Service	Salary Reported to TRS

I do solemnly swear that the above information is a true copy of the contributory records of the above named individual for the years listed with this employer.

Payroll Administrator Signature: _____ Date: _____

Title: _____ Payroll Location: _____

Telephone Number: _____ Email Address: _____