



**Public Employees' Retirement System of Nevada**  
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 5740 S. Eastern Ave. Suite 120, Las Vegas, NV 89119 (702) 486-3900 Fax (702) 678-6934  
 Toll Free 1-866-473-7768 Website: [www.nvpers.org](http://www.nvpers.org) Email: [nvpers@nvpers.org](mailto:nvpers@nvpers.org)

**Deputy Liaison Officer and Signature Authorization Designation Form**  
 (To be completed by the Liaison Officer)

**The agency Liaison Officer may designate up to three employees as Deputy Liaison Officers to serve in the same capacity as a Liaison Officer. The Liaison Officer is ultimately responsible for all actions taken by any designated Deputy Liaison Officer/s.**

Agency Name: \_\_\_\_\_ PERS Agency #: \_\_\_\_\_

Agency Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Agency Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Number of PERS Members: \_\_\_\_\_ State Budget # (if applicable): \_\_\_\_\_

\_\_\_\_\_  
 Liaison Officer (Print Name) Signature

\_\_\_\_\_  
 Email Address Phone Number

**The Liaison Officer has designated the following person/s (maximum of 3) to serve a Deputy Liaison Officer/s for the above listed agency.**

\_\_\_\_\_  
 Deputy Agency Liaison Officer (Print Name) Signature Last four #'s of SSN

\_\_\_\_\_  
 Email Address Phone Number

\_\_\_\_\_  
 Deputy Agency Liaison Officer (Print Name) Signature Last four #'s of SSN

\_\_\_\_\_  
 Email Address Phone Number

\_\_\_\_\_  
 Deputy Agency Liaison Officer (Print Name) Signature Last four #'s of SSN

\_\_\_\_\_  
 Email Address Phone Number

**The Liaison Officer may designate employees to serve as Signature Authorities for the agency. Signature Authorities are allowed access to information provided from their agency to PERS, such as enrollment and termination forms, and wage and contribution information. (Attached additional sheet if necessary)**

_____ Signature Authority (Print Name)	_____ Signature	_____ Last four #'s of SSN
_____ Signature Authority (Print Name)	_____ Signature	_____ Last four #'s of SSN
_____ Signature Authority (Print Name)	_____ Signature	_____ Last four #'s of SSN
_____ Signature Authority (Print Name)	_____ Signature	_____ Last four #'s of SSN

**The Liaison Officer may designate a Web Administrator and Payroll Specialists to perform payroll reporting duties through the PERS website.**

_____ Web Administrator (Print Name)	_____ Signature	_____ Last four #'s of SSN
_____ Email Address	_____ Phone Number	
_____ Payroll Specialist (Print Name)	_____ Signature	_____ Last four #'s of SSN
_____ Email Address	_____ Phone Number	
_____ Payroll Specialist (Print Name)	_____ Signature	_____ Last four #'s of SSN
_____ Email Address	_____ Phone Number	
_____ Payroll Specialist (Print Name)	_____ Signature	_____ Last four #'s of SSN
_____ Email Address	_____ Phone Number	
_____ Payroll Specialist (Print Name)	_____ Signature	_____ Last four #'s of SSN
_____ Email Address	_____ Phone Number	

**(Note: This form supersedes all previous submitted)**