



Public Employees' Retirement System of Nevada
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PROMOTION REPORT FOR POLICE OFFICERS AND FIREFIGHTERS

Agency Name: _____ Agency #: _____

Member's Name: _____ S.S.N.: _____

Position Prior to Promotion or Transfer

(Agency if different: _____)

A. Title: _____ Salary: _____

B. Date Appointed to Position: _____

Promotional or Transfer Position

A. Title: _____ Salary: _____

B. Date of Promotion or Transfer: _____

I certify that the above-named member has earned at least two years of service in an approved position and has been promoted or transferred within the chain of command in this agency.

OR

I certify that the above-named member has earned at least two years of service in an approved position with a different Nevada public employer and is employed in a position that would have been eligible as defined above.

OR

I certify that the above-named member was promoted or transferred to an approved police/fire position that has been certified by the Public Employees Retirement Board.

Date

Liaison Officer Signature