



## Public Employees' Retirement System of Nevada

693 W. Nye Lane, Carson City, NV 89703 (775) 687-4200 Fax (775) 687-5131  
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)

### Liaison Officer Designation Form

(To be completed by the agency Chief Administrator)

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

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

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

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

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

**The Chief Administrator of a public employer may select an employee to service as a Liaison Officer to certify records, receive information and coordinate matters pertaining to retirement between the system and members or the public employer. A Liaison Officer can complete a disability application on behalf of employees within their agency, receive information regarding retiree accounts and receive detailed employee account information. The employee selected as the Liaison Officer must be a member of the System through his or her employment with the public employer.**

\_\_\_\_\_  
Chief Administrator (Print Name)

\_\_\_\_\_  
Chief Administrator Signature

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Phone Number

**The Chief Administrator has designated the following employee to serve as the Liaison Officer for the above listed agency:**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Last four #'s of SSN

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

NOTE: This form supersedes any previous designation forms submitted