



MONTANA PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION
100 N PARK AVE STE 200 ~ PO BOX 200131
HELENA MT 59620-0131
406-444-3154 or toll free 877-275-7372
mpera.mt.gov

ELECTION TO PURCHASE USERRA ABSENCE
To receive service credit for an absence covered under USERRA
(Uniformed Services Employment and Re-employment Rights Act)

Name _____ SSN* _____

Dates of Absence – From _____ to _____

I have been re-employed pursuant to USERRA. I am eligible to make contributions for the above absence and receive service credit.

_____ I DO NOT WISH TO PURCHASE THIS USERRA SERVICE.
(INITIALS)

_____ I DO WISH TO PURCHASE MY USERRA SERVICE - PLEASE PROVIDE
(INITIALS) THE COST.

Signature of Member _____ Date _____
Mailing Address _____
City, State, Zip _____

EMPLOYER CERTIFICATION - REQUIRED:

If the employee elects to purchase this service, *you must certify the compensation and hours this employee would have earned and worked, if not for the USERRA absence.* A certification form is attached.

Employing Agency _____
Contact Person _____
Mailing Address _____
City, State, Zip _____
Email Address _____

Payroll Clerk/Certifying Official's Signature _____
Telephone Number _____ Date _____

ATTENTION : This form must be submitted to MPERA as soon as possible, after the employee returns to work. Retain a copy for your records and forward the original to MPERA.

*For tax purposes *Cite 26 USC § 6401A and 6109*



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CERTIFICATION OF COMPENSATION AND HOURS – USERRA ABSENCE

NAME _____ **EMPLOYER** _____

From _____ **through** _____

Certify the employee’s monthly: actual compensation earned; the compensation they would have received if not for the USERRA absence; and the total hours missed. All amounts should be listed in a WHEN PAID basis, not when earned.

YEAR	20_____				20_____			
	COMPENSATION REC'D	WOULD HAVE REC'D	DIFFERENCE	HOURS	COMPENSATION REC'D	WOULD HAVE REC'D	DIFFERENCE	HOURS
JAN								
FEB								
MAR								
APR								
MAY								
JUN								
JUL								
AUG								
SEP								
OCT								
NOV								
DEC								
TOTAL								

I certify the above compensation and hours accurately reflect the payroll records of this agency.

 Payroll Clerk/Certifying Official Telephone Number E-mail Address Date
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