EMPLOYEES' RETIREMENT SYSTEM
OF THE STATE OF HAWAII
201 Merchant Street, Suite 1400
Honolulu, HI 96813
808-586-1735

APPLICATION FOR CERTIFICATION OF SERVICE AND/OR
COMPENSATION PURSUANT TO A FINAL RESOLUTION OF CLAIMS

This is an application for the certification of service and/or compensation pursuant to a Final Resolution of Claims.

SECTION A: APPLICANT'S INFORMATION

Name of Applicant *: _____

Check one: Employee: _____ Employer (Department/Agency): _____

Care of (Applicant's representative, if any)**: _____

* An application must be filed by an ERS member/retirant, their Employer, or their authorized representative.

** Applications submitted by a third-party (such as an attorney) on behalf of an applicant will not be processed unless the ERS is provided with a letter containing the original signature of the applicant, or court order, verifying that the third-party is authorized to act on the applicant's behalf.

SECTION B: EMPLOYEE/RETIRANT INFORMATION

Name: _____ Full SSN: _____ - _____ - _____

Address: _____

Email: _____ Phone Number: _____

SECTION C: EMPLOYER INFORMATION

Employer/Department/Agency:_____

Division/Branch: _____

Employer Contact Name: _____ Phone Number: _____

Employer Contact Email: _____

Employer Contact Address: _____

_____

SECTION D: REQUIRED DOCUMENTS

The following required documents are hereby provided in support of this application (check each submission):

_____ 1. All final resolutions of claims, which shall include a specification of the amount, purpose and nature of back pay/retroactive payments ordered, awarded or agreed to, for each monthly or semi-monthly period in which the Employee would have provided service or received compensation had the Employee not been suspended or terminated, or had the Employee received the compensation available to comparable employees;

_____ 2. All personnel records for the period reflecting the Employer's retroactive reinstatement or retroactive rescission of suspension of the Employee, and retroactive adjustment of pay for the period and in the amount the Employee would have earned had the Employee not been terminated or suspended, or the Employer's retroactive adjustment of pay in the amount the Employee would have earned had the Employee received the compensation available to comparable employees; and

_____ 3. Cancelled check(s), pay stubs or verification of electronic funds transfer, reflecting the Employer's payment of back pay/retroactive pay and all other amounts due under the final resolutions of claims.

SECTION E: ATTESTATION

I attest that:
1. The Employer has retroactively reinstated or retroactively rescinded the suspension of the Employee, and retroactively adjusted pay for the period and in the amount the Employee would have earned had the Employee not been terminated or suspended, or the Employer has retroactively adjusted pay in the amount the Employee would have earned had the Employee received the compensation available to comparable employees;
2. The Employer has provided payment of all back pay/retroactive pay, and all other amounts due under the final resolutions of claims; and
3. Certification of service and/or compensation is not sought in relation to:
    a. Any date/time or amount for which the Employer has not paid the Employee back pay/retroactive pay;
    b. Any dates that precede or succeed the dates the Employee would have provided service had the Employee not been terminated or suspended;
    c. Any amount that exceeds the compensation the Employee would have earned had the Employee not been terminated or suspended, or had the Employee received the compensation available to comparable employees; or
    d. Any amounts provided for: (i) for damages other than back pay/retroactive pay (including but not limited to quantifiable damages, pain and suffering, emotional distress, and other general damages); (ii) attorneys' fees; (iii) interest; (iv) penalties; (v) the failure to hire; (vi) an agreement for the Employee to resign or otherwise terminate employment; or (vii) amounts paid by persons other than the Employer.

SECTION F: ACKNOWLEDGEMENT

I acknowledge that:
1. During the review for certification of service and compensation, the ERS may request, and the Employer and Employee will provide, additional documents and information, including but not limited to:
   a. Document(s) initiating the Employee's underlying appeal/challenge (and identifying the Employee's claims);
   b. Additional documents and information related to the Employee's underlying appeal/challenge;
   c. Additional documents and information related to the final resolution of claims;
   d. Any additional agreements, awards and/or orders (other than the final resolutions of claims) resulting from the Employee's underlying appeal/challenge, and information related thereto;
   e. Additional documents and information related to the Employer's retroactive reinstatement or retroactive rescission of suspension of the Employee, and/or retroactive adjustment of pay;
   f. Additional personnel records;
   g. Additional documents and information related to pay, back pay, and retroactive pay;
   h. Additional documents and information related to compensation available to comparable employees;
   i. Additional documents and information related to any amounts due under the final resolutions of claims; and
   j. A proposed employer reporting complying with the requirements of HRS 88-103.7, including an allocation of back pay/retroactive payments to monthly or semi-monthly periods, by amount, purpose and nature; and
2. Upon filing this application and providing the required documents identified in Section D or any requested documents identified in Section F, as part of the certification process of a Final Resolution of claims, the ERS will identify the actuarial present value of amounts due to the ERS; and
3. The ERS will not certify service and/or compensation pursuant to a final resolution of claims until the ERS is in receipt of all amounts due to the ERS from the Employee and Employer.

SECTION G: SIGNATURE(S) (At least one signature is required for ERS review)

Employee: _____ Date _____

Employer: _____ Date _____