

INSTRUCTIONS

State law requires participation in the ASRS when all membership criteria are met. A.R.S. § 38-711.23(b) defines members as "... all employees of an employer who are eligible for membership pursuant to section 38-727 and who are engaged to work at least twenty weeks in each fiscal year and at least twenty hours each week."

In order to determine if a particular employee is "engaged to work 20/20", we need to understand if you intend that the employee will work 20/20 in the current fiscal year based on the terms of employment and intended duration. Consider any changes that are believed to occur in the current fiscal year. If no substantial changes to their current work hours are expected to occur, consider the employee's actual work history in the prior fiscal year as an indicator of what they may likely work in the current fiscal year.

Once completed, send this form to your Agency Human Resources or Personnel Office for processing.

Agency H.R.: Ensure the employee's HR11 Retirement Code is appropriate given the intent indicated below. If you have any questions, please contact GAO Central Payroll at Central.Payroll@azdoa.gov.

The terms of employment and intended duration, as of: _____ have been reviewed for:

EIN	Employee Name	Position	FTE	Work Schedule
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Individuals with personal knowledge of the employer's intent should indicate the agency's intent below.

The agency **ANTICIPATES** that **FOR THE CURRENT FISCAL YEAR**, the employee listed above:

WILL WORK at least twenty weeks for at least twenty hours each week

[Provide any information about FTE, position, work schedule, work projects, expected employment duration, etc, that is known as this time. You can attach additional information if needed.]

WILL NOT WORK at least twenty weeks for at least twenty hours each week.

[Provide any information about FTE, position, work schedule, work projects, expected employment duration, etc, that is known as this time. You can attach additional information if needed.]

[Check Only One]

I am authorized on behalf of my agency to make this certification.

EIN Authorized Signature Date Agency ID / Name