

**PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM
CORRECTIONS OFFICER RETIREMENT PLAN**

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Return via email to
localboards@psprs.com

02/2022

LOCAL BOARD MEMBER AND EMPLOYER INFORMATION UPDATE

Section 1 – EMPLOYER INFORMATION	
NAME OF EMPLOYER	SYS ID # (IF KNOWN)

Section 2 – LOCAL BOARD SECRETARY		
NAME	EMAIL	PHONE #
ALTERNATE LB CONTACT	EMAIL	PHONE #

Section 3 – LOCAL BOARD MEMBERS			
CHAIRPERSON		LB ATTORNEY	
TERM BEGIN	TERM END	EMAIL	
EMAIL			
APPOINTED POSITION		APPOINTED POSITION	
TERM BEGIN	TERM END	TERM BEGIN	TERM END
EMAIL		EMAIL	
ELECTED FROM MEMBERSHIP		ELECTED FROM MEMBERSHIP	
TERM BEGIN	TERM END	TERM BEGIN	TERM END
EMAIL		EMAIL	

Section 4 – ADDITIONAL EMPLOYER INFORMATION	
PAYROLL CONTACT	EMAIL
ADDRESS	PHONE NUMBER
HEAD OF FINANCE	EMAIL
	PHONE NUMBER
HEAD OF HUMAN RESOURCES (HR)	EMAIL
	PHONE NUMBER

FOR PSPRS ONLY		
ENTERED BY	REVIEWED BY	NOTES