



CERTIFICATE OF SHERIFF'S LAW ENFORCEMENT SERVICE

IMRF Form 6.71 (Rev. 09/07)

Exhibit 6JJ

Read the instructions before completing this form

PLEASE PRINT OR TYPE

Purpose of Form

This Form is **only** to be used to **reclassify service credit** that was reported in error as regular IMRF service, but should have been reported as Sheriff's Law Enforcement Service credit.

NOTE: Possible Additional Documentation Needed

If the erroneous reporting continued for more than six (6) months, or was for a period of more than one (1) year ago, a copy of the member's **deputy sheriff's oath** must be filed with this Form.

MEMBER'S FIRST NAME Richard	MIDDLE INITIAL A.	LAST Roe	JR., SR., II, etc.	SOCIAL SECURITY NUMBER 111-22-3333
STREET (MAILING) ADDRESS 123 Main Street				CITY Anywhere, IL
STATE IL				ZIP + 4 60000-1234
TELEPHONE NO (000) 123-9999				
EMPLOYER NAME County of Anywhere				EMPLOYER IMRF I.D. NUMBER 9 9 9 9

STATEMENT OF SERVICE

Service rendered by the member herein from May 1, 2007 to July 1, 2007
Date Date
was originally reported to IMRF as regular county employee service but should be recorded as Sheriff's Law Enforcement Service on IMRF accounts.

CERTIFICATION BY SHERIFF

I hereby certify that the service period shown as Sheriff's Law Enforcement Service was rendered in the capacity of a full-time deputy sheriff according to the records of my office.

Samuel K. Sheriff
Signature of Sheriff

August 18, 2007

Date

CERTIFICATION BY AUTHORIZED AGENT

The named member was on the County payroll for the period of services shown above.

Allen Agent
Signature of Authorized Agent

August 18, 2007

Date

CERTIFICATION BY MEMBER

I hereby certify that I was employed by the County as a full-time deputy sheriff.

Richard A. Roe
Signature of Member

August 18, 2007

Date

Illinois Municipal Retirement Fund
2211 York Road, Suite 500, Oak Brook Illinois 60523-2337
Member Services Representatives 1-800-ASK-IMRF (1-800-275-4673)