

## First Year of Service Training Extension Request Form

The Pension Review Board (PRB) has adopted rules outlining the Minimum Educational Training (MET) Program for trustees and administrators of public retirement systems in Texas (40 Texas Administrative Code, Chapter 607). Under the rules, all new trustees and administrators must complete seven credit hours of training in core content in their first year of service. For trustees who assume their position on the board or administrators hired before September 1, this first year of service training must be completed in that calendar year. If trustees or administrators begin on or after September 1, the first year of service training must be completed in the following calendar year.

In exceptional circumstances, if a new trustee or administrator cannot complete the first year of service training within the appropriate calendar year, the MET rules allow for an extension request application. If granted, the extension provides a trustee or administrator an additional three months to complete the first year of service training.

To apply for an extension request, please complete the form below in its **entirety**. The request must be approved by the chair of the system's board. If the request is for the system's board chair, the request must be approved by either the vice chair of the system's board or the system administrator. The PRB shall review each application and notify the applicant of acceptance or rejection of the extension request.

For more information, please refer to 40 Texas Administrative Code, Chapter 607, or contact the PRB staff at [prb@prb.texas.gov](mailto:prb@prb.texas.gov) or (512) 463-1736.

**The PRB may request additional information on a case-by-case basis.**

**Please submit by uploading the form to the Pension Online Reporting Tool:**

**<http://portal.prb.texas.gov>.**

**FIRST YEAR OF SERVICE TRAINING EXTENSION REQUEST FORM**

**Retirement System Information**

<hr/> <p>System Name</p>	<hr/> <p>Phone Number</p>
<hr/> <p>System Contact Name (Please Print)</p>	<hr/> <p>Email</p>

**Individual Seeking Extension**

<hr/> <p>Name</p>	<hr/> <p>Title</p>
<hr/> <p>Phone Number</p>	<hr/> <p>Fax Number</p>
<hr/> <p>Email</p>	<hr/> <p>Start Date (Date of appointment, hire, or election)</p>

Role:                       Trustee                       Chair                       System Administrator  
(Select all that apply)

Explain the exceptional circumstances necessitating the extension request.

**CERTIFICATION**

I hereby certify that the information provided above is complete and accurate. Authorizing Board Member must be Chair or, if extension request is for Chair, Vice Chair or Administrator.

**Note:** For online submissions, by typing your name on the signature line below, you are signing this document.

<hr/> <p>Signature of Individual Requesting Extension</p>	<hr/> <p>Signature of Authorizing Board Member</p>
<hr/> <p>Printed Name of Individual Requesting Extension</p>	<hr/> <p>Title &amp; Printed Name of Authorizing Board Member</p>
<hr/> <p>Date</p>	<hr/> <p>Date</p>