

# CERTIFICATION OF PUBLIC SERVICE



## I. MEMBER INFORMATION

*This section is to be completed by the member.*

Print Full Name: \_\_\_\_\_ SSN: XXX-XX-\_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ DOB (MM-DD-YYYY): \_\_\_\_\_

List any other name/s under which you have worked: \_\_\_\_\_

SCERS Entrance Date (MM-DD-YYYY): \_\_\_\_\_

Name former Public Entity Retirement System: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of former Public Entity: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I am currently a member of the Sacramento County Employees' Retirement System (SCERS). I intend to request a cost from SCERS to purchase public service credit based on employment with your agency from \_\_\_\_\_ to \_\_\_\_\_. SCERS does not allow credit for service time in another public agency plan if such service can be purchased with that public entity and the purchase would entitle the individual to a current or future benefit from that plan.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

*Note: Please forward this form to your former retirement system or employer for completion of Part 2 before returning to SCERS.*

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## II. RETIREMENT SYSTEM OR EMPLOYER CERTIFICATION

*This section is to be completed by member's former retirement system or employer. All information must be completed or the form will be returned.*

Period of Employment:

From: (MM-DD-YYYY) \_\_\_\_\_ To: \_\_\_\_\_ AND From: \_\_\_\_\_ To: \_\_\_\_\_

Position Type:

☐ Seasonal    ☐ Limited Term    ☐ On-Call    ☐ Intermittent    ☐ Permanent

Position Time Base:

☐ Full-Time    Total Time Worked (include years, months, and days): \_\_\_\_\_.

☐ Part-Time    Total Time Worked (number of hours): \_\_\_\_\_.

Is this member entitled to a current or future retirement benefit based on this service?

☐ Yes

☐ No

Is this member retired/retiring from your system?

☐ Yes

☐ No

Is this member able to purchase/redeposit with full reciprocal rights in your system?

☐ Yes

☐ No

I hereby certify that the above information is true and correct.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Phone

Sacramento County Employees' Retirement System (SCERS)

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