

CERTIFICATION OF PUBLIC SERVICE



Use this form to certify prior employment as required to process your service purchase.

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