



Request for Service Credit Cost Information — Service Prior to Membership, CETA & Fellowship

888 CalPERS (or 888-225-7377) • TTY: For Speech & Hearing Impaired (916) 795-3240

Name of Member (Last Name, First Name, Middle Initial) _____ Social Security Number _____

Section 1

About You

If we have provided cost information to you in the past for this service credit, check the Yes box and indicate the date your request was submitted. If you have submitted a retirement application, check the Yes box and indicate your planned retirement date.

Have you requested this cost information before? No Yes Requested Date (mm/dd/yyyy)
Have you submitted a retirement application? No Yes Requested Date (mm/dd/yyyy)
Were you compensated for this employment? No Yes
Former Name (if applicable) Current Employer
Mailing Address
City State ZIP Code Daytime Phone

Section 2

Prior Employment Information

List the name and address of the employer where the service was earned. If this was a certificated position, contact the State Teachers' Retirement System.

Employer
Address
City State ZIP Code

Was this service rendered under the Comprehensive Employment & Training Act from 1973 to 1982? No Yes

Was this service rendered under a fellowship program? No Yes Name of Program _____

Was service rendered as a 10-month employee? No Yes

List the dates and hours of employment for which you are requesting credit. List each position separately and indicate if service was full time or part time. If the service was part time, show service as a fraction or list the hours (i.e., 20 hours per month or half time).

Employment From (mm/dd/yyyy) To (mm/dd/yyyy) Location
Position Title Hours Worked Per Month OR Time Base/Fraction of Full Time
Employment From (mm/dd/yyyy) To (mm/dd/yyyy) Location
Position Title Hours Worked Per Month OR Time Base/Fraction of Full Time
Employment From (mm/dd/yyyy) To (mm/dd/yyyy) Location
Position Title Hours Worked Per Month OR Time Base/Fraction of Full Time

Section 3

Member Certification

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

Signature _____ Date (mm/dd/yyyy) _____

- If the service was performed for the State of California or a California State University, stop. Sign this form on the line above and mail it to CalPERS.
If the service was performed for the University of California, a CalPERS-covered public agency, or a school, forward this request form to the appropriate employer for completion of Page 2 before returning to CalPERS.

Put your name and Social Security number at the top of every page.

Name of Member (Last Name, First Name, Middle Initial) Social Security Number

Section 4

If the service was performed for the State of California or California State University, employer certification is not required.

Statement & Signature of Personnel or Payroll Officer

Your signature certifies that the member-provided information is true, correct, and provides CalPERS with all the necessary information to apply any exclusions. If no hours worked or time base is indicated, full-time service will be assumed. If you do not agree with this assumption or with the information listed, continue to Section 5.

Position Type [] Seasonal [] Limited Term [] On-Call [] Intermittent [] Permanent

For Teachers Assistants Only:

Was this person employed pursuant to Section 44926 of the Education Code? [] No [] Yes

Do you feel this service is eligible for purchase? [] Yes [] No Reason

Employer Signature Title Date (mm/dd/yyyy) Printed Name Daytime Phone FAX

Section 5

To be completed by employer only if additional information is necessary. Otherwise, simply certify in Section 4 above.

Complete Section 7 and return this request form to the member.

Employer Certification

Position Title Employment From (mm/dd/yyyy) To (mm/dd/yyyy)

Time Base [] Full Time [] Part Time [] Hourly [] Fraction of Full Time

Average Number of Days or Hours Per Month

Average Percentage or Fraction of Time Worked Per Month

Section 6

Complete Section 6 only if the employee was full time, worked more than 1,000 hours in a fiscal year (July 1 through June 30), or did not work a consistent time base and could not be listed above.

Member Employment History

Table with columns: Employment From, Employment To, Position Title, Pay Rate, Time Worked (Hours Per Day), Time Worked (Earnings)

Section 7

If the service was performed for the State of California or California State University, employer certification is not required.

Statement & Signature of Personnel or Payroll Officer

I hereby certify that the above information is true and correct and provides CalPERS with all the necessary information to apply any exclusions.

Signature Title Date (mm/dd/yyyy) Printed Name Daytime Phone FAX

Mail to: CalPERS Member Services Division • P.O. Box 4000, Sacramento, California 95812-4000