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REQUEST FOR CALCULATION OF PREVIOUS COUNTY RETIREMENT SERVICE CREDIT

Date: _____
 To: Retirement Department
 From: _____ SSN: _____
 Dept: _____ Emp ID#: _____ Daytime Phone #: _____

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 Please calculate the cost of purchasing previous county retirement service credit for the following time periods.

TYPE OF SERVICE <i>(Check all that apply)</i>	APPROXIMATE DATES			
	<u>BEGIN DATE</u>	<u>END DATE</u>	<u>BEGIN DATE</u>	<u>END DATE</u>
<input type="checkbox"/> Extra Help	_____	_____	_____	_____
<input type="checkbox"/> Medical Leave	_____	_____	_____	_____
<input type="checkbox"/> Redeposit <i>(Contributions Previously withdrawn from System)</i>	_____	_____	_____	_____

Other Name(s) used during previous service: _____

 Signature Date

Please note: *Completion of this form does not require you to purchase any previous county service retirement credit. This is only a request for a calculation of its cost. Buyback is available either by lump sum or payroll deduction. Please allow eight weeks for completion of this calculation. A letter will be sent at that time.*