



Member SSN _____

Member Information

Name _____
First Middle/Maiden Last

Address _____
Street or P.O. Box City State ZIP Code

Agency Certification

To be completed by agency, not by employee

*For state departments 10/01/75-12/16/75
*For section 12 units 10/01/75-12/31/75

**For state departments 12/17/75-09/30/76
**For section 12 units 01/01/76-09/30/76

Time Period	Total Salary	Dates of Service	Number of Months Service	Time Period	Total Salary	Dates of Service	Number of Months Service
	Max \$4,200			10/01/98-09/30/99			
10/01/55-09/30/59				10/01/99-09/30/00			
	No Maximum			10/01/00-09/30/01			
10/01/59-09/30/64				10/01/01-09/30/02			
10/01/64-09/30/69				10/01/02-09/30/03			
10/01/69-09/30/74				10/01/03-09/30/04			
10/01/74-09/30/75				10/01/04-09/30/05			
*				10/01/05-09/30/06			
**				10/01/06-09/30/07			
10/01/75-09/30/76				10/01/07-09/30/08			
10/01/76-09/30/77				10/01/08-09/30/09			
10/01/77-09/30/78				10/01/09-09/30/10			
10/01/78-09/30/79				10/01/10-09/30/11			
10/01/79-09/30/80				10/01/11-09/30/12			
10/01/80-09/30/81				10/01/12-09/30/13			
10/01/81-09/30/82				10/01/13-09/30/14			
10/01/82-09/30/83				10/01/14-09/30/15			
10/01/83-09/30/84				10/01/15-09/30/16			
10/01/84-09/30/85				10/01/16-09/30/17			
10/01/85-09/30/86				10/01/17-09/30/18			
10/01/86-09/30/87				10/01/18-09/30/19			
10/01/87-09/30/88				10/01/19-09/30/20			
10/01/88-09/30/89				10/01/20-09/30/21			
10/01/89-09/30/90				10/01/21-09/30/22			
10/01/90-09/30/91				10/01/22-09/30/23			
10/01/91-09/30/92				10/01/23-09/30/24			
10/01/92-09/30/93				10/01/24-09/30/25			
10/01/93-09/30/94				10/01/25-09/30/26			
10/01/94-09/30/95				10/01/26-09/30/27			
10/01/95-09/30/96				10/01/27-09/30/28			
10/01/96-09/30/97				10/01/28-09/30/29			
10/01/97-09/30/98				10/01/29-09/30/30			

Signature Certification

This calculation is being requested in order to establish retirement credit for: (Check one)
 Full-time hourly rate employment Part-time employment on a _____ % basis Provisional (non-temporary) employment
 Full-time employment during period of non-enrollment due to administrative error. (I understand agency is required to make payment for error.)
 Elected Official (Specify Office) _____ Other (Explain) _____

I certify the information above is true and correct according to the records in this office.

Sign Here → Signature _____ **Date** _____
 Certifying Official Signature, Title of Certifying Official, and Agency