

SERVICE CALCULATION
Employees' Retirement System of Alabama
P. O. Box 302150 ♦ Montgomery, AL 36130-2150
334-517-7000 or 877-517-0020
www.rsa-al.gov

Member's Name _____

Social Security Number _____ Reg. No. _____

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

CERTIFICATION TO BE COMPLETED BY AGENCY (NOT by employee)			
Time Period Involved	Total Salary	Dates of Service	No. of Months Service
	Max \$4,200		
10/01/55 – 09/30/56			
10/01/56 – 09/30/57			
10/01/57 – 09/30/58			
10/01/58 – 09/30/59			
	No Maximum		
10/01/59 – 09/30/60			
10/01/60 – 09/30/61			
10/01/61 – 09/30/62			
10/01/62 – 09/30/63			
10/01/63 – 09/30/64			
10/01/64 – 09/30/65			
10/01/65 – 09/30/66			
10/01/66 – 09/30/67			
10/01/67 – 09/30/68			
10/01/68 – 09/30/69			
10/01/69 – 09/30/70			
10/01/70 – 09/30/71			
10/01/71 – 09/30/72			
10/01/72 – 09/30/73			
10/01/73 – 09/30/74			
10/01/74 – 09/30/75			
*			
**			
10/01/76 – 09/30/77			
10/01/77 – 09/30/78			
10/01/78 – 09/30/79			
10/01/79 – 09/30/80			
10/01/80 – 09/30/81			
10/01/81 – 09/30/82			
10/01/82 – 09/30/83			
10/01/83 – 09/30/84			
10/01/84 – 09/30/85			
10/01/85 – 09/30/86			

CERTIFICATION TO BE COMPLETED BY AGENCY (NOT by employee)			
Time Period Involved	Total Salary	Dates of Service	No. of Months Service
10/01/86 – 09/30/87			
10/01/87 – 09/30/88			
10/01/88 – 09/30/89			
10/01/89 – 09/30/90			
10/01/90 – 09/30/91			
10/01/91 – 09/30/92			
10/01/92 – 09/30/93			
10/01/93 – 09/30/94			
10/01/94 – 09/30/95			
10/01/95 – 09/30/96			
10/01/96 – 09/30/97			
10/01/97 – 09/30/98			
10/01/98 – 09/30/99			
10/01/99 – 09/30/00			
10/01/00 – 09/30/01			
10/01/01 – 09/30/02			
10/01/02 – 09/30/03			
10/01/03 – 09/30/04			
10/01/04 – 09/30/05			
10/01/05 – 09/30/06			
10/01/06 – 09/30/07			
10/01/07 – 09/30/08			
10/01/08 – 09/30/09			
10/01/09 – 09/30/10			
10/01/10 – 09/30/11			
10/01/11 – 09/30/12			
10/01/12 – 09/30/13			
10/01/13 – 09/30/14			
10/01/14 – 09/30/15			
10/01/15 – 09/30/16			
10/01/16 – 09/30/17			
10/01/17 – 09/30/18			
10/01/18 – 09/30/19			
10/01/19 – 09/30/20			

* 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

Reason for requesting this calculation: To establish retirement credit for (check one)

- | | |
|---|---|
| <input type="checkbox"/> Full time hourly rate employment | <input type="checkbox"/> Elected Official _____
Specify Office |
| <input type="checkbox"/> Part-time employment on a _____% basis | |
| <input type="checkbox"/> Provisional (non-temporary) employment | |
| <input type="checkbox"/> Full-time employment during period of non-enrollment due to administrative error: I understand that the agency is required to make payment for error also. | <input type="checkbox"/> Other (explain) _____ |

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

Signature / Title of Certifying Official Date Agency