



Request for Service Credit Cost Information — Layoff, Prior Service, and Optional Member Service

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442

Name of Member (Last Name, First Name, Middle Initial)

Social Security Number or CalPERS ID

Section 1

About You

To ensure that you are using the correct form, review the instructions for both this section and the Service Prior to Membership section.

Former Name (if applicable)

(____) _____
Daytime Phone

Mailing Address

City

State

ZIP Code

Current Employer

Have you requested this cost information before? No Yes _____
Requested Date (mm/dd/yyyy)

Have you submitted a retirement application? No Yes _____
Retirement Date (mm/dd/yyyy)

Are you a member of a public retirement system in California other than CalPERS? No Yes

Name of System

Section 2

Employment Information

List information about the employer you worked for at the time of your layoff, prior service, or optional member service.

Employment From (mm/dd/yyyy) Employment To (mm/dd/yyyy) Employer

Type of Credit Layoff Prior Service Optional Member Service

Employment From (mm/dd/yyyy) Employment To (mm/dd/yyyy) Employer

Type of Credit Layoff Prior Service Optional Member Service

Employment From (mm/dd/yyyy) Employment To (mm/dd/yyyy) Employer

Type of Credit Layoff Prior Service Optional Member Service

Employment From (mm/dd/yyyy) Employment To (mm/dd/yyyy) Employer

Section 3

Member Certification

Give this form to the employer you worked for at the time of your layoff, prior service, or optional member service for completion of Sections 4, 5, and 6 before returning to CalPERS.

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

Member Signature

Date (mm/dd/yyyy)

This form continues on page 2.

Your Name	Social Security Number or CalPERS ID
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Section 4

Employer Certification (To be completed by the employer at the time of the member's layoff, prior service, or optional member service.)

For layoff, list the dates the member was laid off work.

Member Layoff History

Date From (mm/dd/yyyy)	Date To (mm/dd/yyyy)
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For prior service, complete the detailed history for the employment dates and time worked.

For layoff only, skip Section 5 and go to Section 6.

Member Prior Service History

Did your agency have a local retirement system (prior to CalPERS contract)? No Yes

Was this member a participant of the local retirement system? No Yes

Did the member withdraw these funds? No Yes

Service Time	Amount Withdrawn	Withdrawal Date
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Plan Type: Defined Benefit Defined Contribution

Position Title

Optional Member Service

Was this position filled by an election or appointment to a fixed term of office? Election Appointment

Position Title

Was compensation paid considered a salary? (Expense reimbursement is not a salary.) No Yes

Section 5

Member Detailed Employment History

Be sure to include employment dates, pay rate, time worked, and earnings for the optional period.

Employment From (mm/dd/yyyy)	Employment To (mm/dd/yyyy)	Time Worked (hour/days)	Earnings

Section 6

Statement and Signature of Personnel or Payroll Officer

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

I hereby certify that the above information is true and correct. I understand that this provides CalPERS with the information it needs to determine and apply all appropriate service credits, and that there is a potential for employer liability if this certification results in a change to the member's employment history record in the CalPERS system.

Employer Signature	Title	Date (mm/dd/yyyy)
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Employer: Please return the completed form to the member.

Printed Name	Daytime Phone	Fax
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