

## Request for Service Credit Cost Information— Service Prior to Membership

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

Section 1	About You	factor of the second		
If we have provided cost				
mation to you in the past	Member Mailing Address			
this service credit, check	City		ZID Codo	)
the <b>Yes</b> box and indicate	City	State	ZIP Code Daytin	ne Phone
the date you submitted	Have you requested this cost information befo	re? No Yes	Decreased Data (mm/dd/unu	
your request. If you have	CALL TWO STATE OF LAKE A SPECIAL DRIVEN AND		Requested Date (mm/dd/yyy	y)
submitted a retirement	Have you submitted a retirement application?	□ No □ Yes	Retirement Date (mm/dd/yyyy)	
application, check the	Are you a member of a reciprocal agency?	INo □Voc	, , , , , , , , , , , , , , , , , , , ,	
es box and indicate your	Are you a member of a reciprocal agency?	1140 1162		
planned retirement date.	If yes, what agency?			N/ //····
2 12				
Section 2	Prior Employment Information			
List the name and	<u></u>			
address of the employer	Employer			
where the service was				
earned. If this was a	Address			
certificated position,	1	- 4	b	
tact the State Teachers'	City	State	ZIP Code	
ntact the State Teachers' Retirement System.	Were you compensated for this employment?  Was the service rendered as an independent co employment agency?   No  Yes	□ No □ Yes		orary
Retirement System.	Were you compensated for this employment?  Was the service rendered as an independent co employment agency? ☐ No ☐ Yes	□ No □ Yes  ntractor or paid thro		orary
Retirement System.	Were you compensated for this employment?  Was the service rendered as an independent co	□ No □ Yes		orary
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Retirement System.  It the dates and hours of apployment for which you are requesting credit. List each position separately dindicate if service was full time or part time. If the service was part time, show service as a fraction or list the hours e.g., 20 hours per month	Were you compensated for this employment?  Was the service rendered as an independent co employment agency? No Yes  Employment From (mm/dd/yyyy) To (mm/dd/yyyy)  Position Title  Employment From (mm/dd/yyyy) To (mm/dd/yyyy)	No Yes  ntractor or paid thro  Location  Hours Work  Location	ough a third party or temp	ction of Full Time
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st the dates and hours of inployment for which you are requesting credit. List each position separately dindicate if service was full time or part time. If the service was part time, show service as a fraction or list the hours e.g., 20 hours per month or half time).  Section 3	Were you compensated for this employment?  Was the service rendered as an independent comployment agency? No Yes  Employment From (mm/dd/yyyy) To (mm/dd/yyyy)  Position Title  Employment From (mm/dd/yyyy) To (mm/dd/yyyy)  Position Title  Member Certification  I hereby certify that the above information is tr	No Yes  Intractor or paid thro  Location  Hours Work  Location  Hours Work  Hours Work  Tue and correct. I un	ed Per Month OR Time Base/Fra ed Per Month OR Time Base/Fra ed Per Month OR Time Base/Fra	ction of Full Time  ction of Full Time  ction of Full Time
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 If the service was performed for the University of California, a CalPERS-covered public agency, or a school, forward this form to the appropriate employer for completion of pages 2–4 before returning to CalPERS.

No   Yes   Defined Benefit   Defined Contribution	Section 4					lumber or CalPERS ID
Employer Certification and Pay Period Detail in Section 5 prior to the employee's retirement date or the employee's eligibility may be impacted.  Did the employee contribute to a retirement plan, other than CalPERS, during the specified time period?  No   Yes    Plan Type:   Defined Benefit   Defined Contribution    Did the employee withdraw these funds?   No   Yes    Service Time   Amount Withdrawn   Date (mm/dd/ryyy)    Was the service rendered as an independent contractor or paid through a third party or temporary employment agency?   No   Yes    For teachers assistants in a credential program only:  Was this person employed pursuant to section 44926 of the Education Code?   No   Yes    Section 5  Complete the required Pay Period Detail    Complete the required Pay Period Detail for the requested time period.  After completing    Sections 4-5 and before submitting these forms to CalPERS, provide copies of this form to:  9 your payroll/fiscal department,  10 the employee (mm/dd/ryyy)    Please complete all areas for the period this person was employed by your agency. You must provide service period dates, position titles, pay rates, hours worked, and earnings for each pay period. On not lump periods together. Also, please indicate if the employee was subject to mandatory furloughs by pay period, or the frequer down agency's records.  Time Base      Government Code section 20221 specifies employers are required to furnish CalPERS with Information requested.  Time Base      Other (Explain):		Employer Certification				
certification is not required.    No   Yes	performed for the State of California or California	Employer Certification section and Pay Period Detail in Section 5 prior to the employee's retirement date or the employee's eligibility may be impacted.  Did the employee contribute to a retirement plan, other than CalPERS, during the specified time period?				
Did the employee withdraw these funds?  No Yes    Service Time						cified time period?
Was the service rendered as an independent contractor or paid through a third party or temporary employment agency?   No   Yes		Plan Type:   Define	d Benefit 🔲 Defined Co	ntribution		
Was the service rendered as an independent contractor or paid through a third party or temporary employment agency?  No Yes  For teachers assistants in a credential program only: Was this person employed pursuant to section 44926 of the Education Code? No Yes    Pay Period Detail		Did the employee with	ndraw these funds? 🔲 N	o 🗆 Yes		
Was the service rendered as an independent contractor or paid through a third party or temporary employment agency?  No Yes  For teachers assistants in a credential program only: Was this person employed pursuant to section 44926 of the Education Code? No Yes    Pay Period Detail				No.		
employment agency?		2-1/1-2			000000 000 <b>6</b> 000 00000 00000	
Section 5  Complete the required Pay Period Detail  Sections 4-5 and before submitting these forms to CalPERS, provide copies of this form to:  • your payroll/fiscal department, • the employee, and • your own agency's records.  Was this person employed pursuant to section 44926 of the Education Code?				actor or paid through	a third party o	or temporary
Section 5  Complete the required Pay Period Detail  Employer Name  Employer Name  Date of Hire (mm/dd/yyyy)  Sections 4–5 and before submitting these forms to CalPERS, provide copies of this form to:  your payroll/fiscal department, the employee, and your own agency's records.  Was this person employed pursuant to section 44926 of the Education Code?		For toochore conjetents i	n a oradontial program and	Service in the new reserve		
Complete the required Pay Period Detail    Complete the required Pay Period Detail of the requested time period. After completing Sections 4–5 and before submitting these forms to CalPERS, provide copies of this form to:   Your payroll/fiscal department, or the employee, and or your own agency's records.   Pay Period Detail					Code2  No	□ Ves
Complete the required Pay Period Detail for the requested time period.  After completing Sections 4–5 and before submitting these forms to CalPERS, provide copies of this form to:  your payroll/fiscal department,  the employee, and your own agency's records.  Time Base    Date of Hire (mm/dd/yyyy)			·			
to CalPERS, provide copies of this form to:  • your payroll/fiscal department,  • the employee, and  • your own agency's records.  Please complete all areas for the period this person was employed by your agency. You must provide service period dates, position titles, pay rates, hours worked, and earnings for each pay period. Do not lump periods together. Also, please indicate if the employee was subject to mandatory furloughs by pay period, or the frequent function requested.  Government Code section 20221 specifies employers are required to furnish CalPERS with information requested.  Time Base    Full Time   Part Time   Intermittent   Indeterminate   On Call   Worked as N    Other (Explain):	Pay Period Detail for the requested time period. After completing	Date of Hire (mm/dd/yyyy)		   Position Title (at da	ate of hire)	
copies of this form to:  • your payroll/fiscal department,  • the employee, and  • your own agency's records.  Time Base    Full Time   Part Time   Intermittent   Indeterminate   On Call   Worked as N      Other (Explain):	submitting these forms	Separation Date (If applicable) (mm/dd/yyyy)				
your own agency's records.  Time Base    Full Time   Part Time   Intermittent   Indeterminate   On Call   Worked as N     Other (Explain):	copies of this form to: • your payroll/fiscal	period dates, position titles	s, pay rates, hours worked, a	nd earnings for each	pay period. Do	not lump periods
records.  Time Base  Full Time Part Time Intermittent Indeterminate On Call Worked as N  Other (Explain):			n 20221 specifies employe	ers are required to fu	ırnish CalPERS	with
Time Base    Full Time   Part Time   Intermittent   Indeterminate   On Call   Worked as N     Other (Explain):		information requested.				
☐ Other (Explain):	records.	Time Base				
		☐ Full Time ☐ Part	Time 🔲 Intermittent	☐ Indeterminate	On Call	☐ Worked as Neede
Appointment Tenure		Other (Explain):		· · · · · · · · · · · · · · · · · · ·		E A CONTRACTOR OF THE CONTRACT
Permanent Indeterminate Seasonal		Appointment Tenure				

Months per Year

☐ 11 months

Attach any supporting personnel and/or payroll documents.

☐ 10 months

☐ 12 months

Put your name and Social
Security number or CalPERS ID
at the ton of every name

1	The second secon
Member Name	Social Security Number or CalPERS ID

Section 5, continued

## **Pay Period Detail**

Please keep this information attached to the Request for Service Credit Cost Information.

Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Position Title	Full-Time Pay Rate (Hourly/Daily/Monthly)	Time Worked	Earnings	CalPERS Use Only
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Required: I hereby certify that the above information is true and correct. I understand this form provides CalPERS with the information required to determine eligibility and calculate the applicable service credit cost(s). There is an employer liability associated with this service credit purchase.

	( )	( )
Printed Name	Daytime Phone	Fax

CalPERS Member Account Management Division • P.O. Box 4000, Sacramento, California 95812-4000

Put your name and Social
Security number or CalPERS ID
at the top of every page

Member Name

Social Security Number or CalPERS ID

Section 5, continued

**Pay Period Detail** 

Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Position Title	Full-Time Pay Rate (Hourly/Daily/Monthly)	Time Worked (In Hours)	Earnings	CalPERS Use Only
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