Request for Service Credit Cost Information— Service Prior to Membership, CETA, and Fellowship

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

If we have provided cost information to you in the past for this service credit, check the **Yes** box and indicate the date you submitted your request. If you have submitted a retirement application, check the **Yes** box and indicate your planned retirement date.

About You

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)

Were you compensated for this employment? ☐ No ☐ Yes

Are you a member of a reciprocal agency? ☐ No ☐ Yes   If yes, what agency? _____

Section 2

List the name and address of the employer where the service was earned. If this was a certificated position, contact the State Teachers' Retirement System.

List the dates and hours of employment for which you are requesting credit. List each position separately and indicate 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).

Prior Employment Information

Employer

Address

City   State   ZIP Code

Was this service rendered under the Comprehensive Employment & Training Act from 1973 to 1982? ☐ No ☐ Yes

Was this service rendered under a fellowship program? ☐ No ☐ Yes _____ Name of Program

Was service rendered as a 10-month employee? ☐ No ☐ Yes

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

Position Title   Hours Worked Per Month OR Time Base/Fraction of Full Time

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

Position Title   Hours Worked Per Month OR Time Base/Fraction of Full Time

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

Position Title   Hours Worked Per Month OR Time Base/Fraction of Full Time

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Section 3

Also attach a copy of your cost estimate from the Service Credit Cost Estimator at **www.calpers.ca.gov/ servicecreditestimator**.

Member Certification

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

Signature   Date (mm/dd/yyyy)

- If the service was performed for the State of California or a California State University, **stop**. Sign this form on the line above and mail it to CalPERS.

- If the service was performed for the University of California, a CalPERS-covered public agency, or a school, forward this request form to the appropriate employer for completion of Page 2 before returning to CalPERS.

Your Name   Social Security Number or CalPERS ID

| **Section 4** | **Employer Certification** |

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

Do you agree that the member-provided information in Section 2 is true, correct, and provides CalPERS with all the necessary information to apply any exclusions to CalPERS membership? ☐ No ☐ Yes

If yes, continue to Section 6 to complete employer certification.
If no, provide the following information:

Position Type   ☐ Seasonal   ☐ Limited Term   ☐ On-call   ☐ Intermittent   ☐ Permanent

Position Title   Employment From (mm/dd/yyyy)   To (mm/dd/yyyy)

Time Base   ☐ Full time   ☐ Part time   ☐ Hourly   ☐ Fraction of full time

Average Number of Days or Hours Per Month _____   ☐ Days   ☐ Hours

Average Percentage or Fraction of Time Worked Per Month _____

For Teachers Assistants in a credential program only:
Was this person employed pursuant to Section 44926 of the Education Code? ☐ No ☐ Yes

If applicable, complete Section 5, or else continue to Section 6 to complete employer certification.

| **Section 5** | **Member Employment History** (Fill in below or attach separate sheet) |

Complete Section 5 **only** if the employee was full time, worked more than 1,000 hours in a fiscal year (July 1 through June 30), or did not work a consistent time base and could not be listed above.

Employment From (mm/dd/yyyy)   Employment To (mm/dd/yyyy)   Position Title

Pay Rate (Hourly/Daily/Monthly)   Time Worked (Hours Per Day)   Time Worked (Earnings)

Employment From (mm/dd/yyyy)   Employment To (mm/dd/yyyy)   Position Title

Pay Rate (Hourly/Daily/Monthly)   Time Worked (Hours Per Day)   Time Worked (Earnings)

Employment From (mm/dd/yyyy)   Employment To (mm/dd/yyyy)   Position Title

Pay Rate (Hourly/Daily/Monthly)   Time Worked (Hours Per Day)   Time Worked (Earnings)

Employment From (mm/dd/yyyy)   Employment To (mm/dd/yyyy)   Position Title

Pay Rate (Hourly/Daily/Monthly)   Time Worked (Hours Per Day)   Time Worked (Earnings)

Continue to Section 6.

| **Section 6** | **Statement and Signature of Personnel or Payroll Officer** |

Please return this form to the member.

I hereby certify that the above information is true and correct. I understand 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 in employment history relied upon by CalPERS.

Signature   Title   Date (mm/dd/yyyy)

Printed Name   Daytime Phone ( )   Fax

| **Mail to:** | **CalPERS Customer Account Services Division** • P.O. Box 4000, Sacramento, California 95812-4000 |