



Name _____ D.O.B. _____ Registration Number _____ S.S. Number _____ Previous Name
 (Print or Type) You May Have Been Using _____

By Whom Currently Employed _____ Department Where Now Employed _____
 (Indicate whether State, County, City, Town, Village, Special District, etc.)

RECORD OF ADDITIONAL SERVICE NOT INCLUDED IN FORMER STATEMENT OF SERVICES INCLUDING MILITARY SERVICE

Public employer you worked for during previous services claimed (i.e-State, County, Town, etc.)	Name of Department or Agency for that employer	Name of Retirement System (If you were a member)	Registration Number (During previous membership-if known)	Title of Position(s)	FROM			TO			LENGTH OF SERVICE			
					Mo.	Day	Year	Mo.	Day	Year	Mo.	Day	Year	

This form is to request additional retirement service credit ADDITIONAL TOTAL SERVICE CLAIMED

Current Home Address _____
 No. Street

 City State Zip Code

Telephone Number _____
 Signed _____