



San Joaquin County Employees' Retirement Association

6 S. El Dorado Street, Suite 400 • Stockton, CA 95202 • (209) 468-2163 • contactus@sjcera.org • www.sjcera.org

ADDITIONAL SERVICE CREDIT

Please type or print in ink. Please refer to the instructions for this form if you have any questions or contact our office.

MEMBER	First Name	Middle Name	Last Name
	Mailing Address		Other name(s) used:
	City	State	Zip Code
	CAPS (Employee) ID Number		
	Home Telephone Number	Work Telephone Number	Social Security Number
Department Name	Department Number	Date of Birth	

ADDITIONAL SERVICE TIME WAS ONE OF THE FOLLOWING:	<input type="checkbox"/> Redeposit of Refunded Contributions for San Joaquin County Time Period of Time Worked: From _____ To _____ Current Retirement System _____
	<input type="checkbox"/> Purchase Temporary Time (Part-Time) Period of Time Worked: From _____ To _____ Department(s) _____
	<input type="checkbox"/> Purchase Contract Time Period of Time Worked: From _____ To _____ Department(s) _____
	<input type="checkbox"/> Purchase Medical Leave of Absence (member's only) while a member of SJCERA (Proof of Medical LOA for yourself must be submitted with this form.) Period of Time on Leave: From _____ To _____
	<input type="checkbox"/> Purchase Military/Merchant Marine Time (Form DD214 and a letter from the Veteran's Office must be submitted with this form.) Period of Time Served: From _____ To _____
	<input type="checkbox"/> Purchase Military Leave of Absence (member's only) while a member of SJCERA (Proof of Military LOA for yourself must be submitted with this form.) Period of Time on Leave: From _____ To _____
	<input type="checkbox"/> Purchase Public Service Time (Letter from former agency stating dates and hours worked and that contributions were refunded to yourself must be submitted with this form.) Period of Time Worked: From _____ To _____

With regard to Public Service Time, I hereby certify to the best of my knowledge and belief, that for this public service time I am not entitled to receive credit in any retirement system supported by public funds and acknowledge that this public service time shall not be applicable to meet the minimum requirements of retirement for service, disability, deferred and death benefits.

SIGNATURE	PLEASE SIGN AND DATE THIS FORM, AND RETURN TO THE SJCERA MAIN OFFICE. Allow approximately 4 to 6 weeks for calculations, which you will receive by mail. <i>NOTE: Interest is added on June 30th and December 31st for the purchase of service credit. Therefore, you should consider initiating requests well in advance of these dates.</i>	
	Signature	Date