



# Request for Service Credit Cost Information— Service Prior to Membership, CETA & 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.

### 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

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).

## Section 3

### 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.

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

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 & 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