

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 Yes 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
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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 No Yes Service Time Amount Withdrawn Date (mm/dd/ryyy) Was the service rendered as an independent contractor or paid through a third party or temporary employment agency?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		
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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		
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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)			·			
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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
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Time Base Full Time Part Time Intermittent Indeterminate On Call Worked as N Other (Explain):		information requested.				
☐ Other (Explain):	records.	Time Base				
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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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