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 **Tiffany**	Middle Name **K**	Last Name **Anderson**

Mailing Address **1516 SYLVAN WAY #205**		Other name(s) used:

City **LODI**	State **CA**	Zip Code **95242**	CAPS (Employee) ID Number **146836**

Home Telephone Number	Work Telephone Number	Social Security Number

Department Name **SJ Co Mosquito Abatement**	Department Number **4999554000**	Date of Birth **8/22/1970**

ADDITIONAL SERVICE TIME WAS ONE OF THE FOLLOWING:

☐ Redeposit of Refunded Contributions for San Joaquin County Time
Period of Time Worked: From _____   To _____
Current Retirement System _____

☐ Purchase Temporary Time (Part-Time)
Period of Time Worked: From _____   To _____
Department(s) _____

☐ Purchase Contract Time
Period of Time Worked: From _____   To _____
Department(s) _____

☒ 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 ___07/06/2009___   To ___11/22/2009___

☐ 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 _____

☐ 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 _____

☐ 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. *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.*

Signature	Date