



348 W. Hospitality Lane, Third Floor, San Bernardino, CA 92415-0014

(909) 885-7980

SERVICE PURCHASE REQUEST

YOU MUST BE A CURRENT MEMBER OF SBCERA TO PURCHASE ADDITIONAL SERVICE CREDIT

MEMBER INFORMATION (Please print or type)

Social Security Number	Employee ID	Birth Date (Mo/Day/Year)	
Last Name	First Name	Middle Name	
Member Status			
Address	City	State	Zip Code

<p>PREFERRED METHOD OF CONTACT: <u>LIST ONLY ONE</u></p> <p style="text-align: right;">E-MAIL: _____</p> <p style="text-align: right;">PHONE: _____</p>
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Check and complete all sections that apply. Attach additional sheets if needed.

<p><input type="checkbox"/> Redeposit of Withdrawn Contributions (List all dates of prior service under SBCERA)</p> <p>From: _____ To: _____ Date of Withdrawal: _____</p> <p>From: _____ To: _____ Date of Withdrawal: _____</p> <p>From: _____ To: _____ Date of Withdrawal: _____</p>
<p><input type="checkbox"/> Prior Public Agency Service (PPAS)*</p> <p>Dates of Service: From: _____ To: _____</p> <p>Agency/County: _____</p> <p>Dates of Service: From: _____ To: _____</p> <p>Agency/County: _____</p> <p>Dates of Service: From: _____ To: _____</p> <p>Agency/County: _____</p> <p><small>* Federal Civil Service, Military Service, other '37 Act counties, State of California or PERS contract employer; other public employers in California</small></p>
<p><input type="checkbox"/> Past Ineligible Service*</p> <p>Department Name: _____</p> <p>Dates of Service: From: _____ To: _____</p> <p>Department Name: _____</p> <p>Dates of Service: From: _____ To: _____</p> <p>Department Name: _____</p> <p>Dates of Service: From: _____ To: _____</p> <p><small>* Temporary, hourly, part-time (less than 20 hours weekly), CETA, or seasonal.</small></p>

Authorized Leave*

Department Name: _____

Type of Leave: _____

Dates of Leave: From: _____ To: _____

Department Name: _____

Type of Leave: _____

Dates of Leave: From: _____ To: _____

Department Name: _____

Type of Leave: _____

Dates of Leave: From: _____ To: _____

*Sick leave without pay up to 1 year (12 consecutive months); military leave that is between periods of SBCERA covered employment; you must provide a DD214 form for military leave purchase requests.

TYPES OF SERVICE NOT ELIGIBLE TO PURCHASE OR REDEPOSIT

- Educational or Sabbatical Leaves
- Out of State Service
- Strike
- Leave without Pay
- Public Agency Service for which you will receive a benefit

Member Signature

Date