



San Bernardino County Employees'  
Retirement Association

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San Bernardino, CA 92408

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## SERVICE PURCHASE REQUEST

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

### MEMBER INFORMATION (Please print or type)

Last Four Digits of SSN	Employee ID	Birth Date (Mo/Day/Year)	
Last Name	First Name	Middle Name	
Member Status			
Address	City	State	Zip Code

### PREFERRED METHOD OF CONTACT: LIST ONLY ONE

**EMAIL:**  
**PHONE:**

**Check and complete all sections that apply. Attach additional sheets if needed.**

**Redeposit of Withdrawn Contributions** (List all dates of prior service under SBCERA)

From: \_\_\_\_\_ To: \_\_\_\_\_ Date of Withdrawal: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Date of Withdrawal: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Date of Withdrawal: \_\_\_\_\_

**Prior Public Agency Service (PPAS)\***

Dates of Service: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Agency/County: \_\_\_\_\_  
 Dates of Service: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Agency/County: \_\_\_\_\_  
 Dates of Service: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Agency/County: \_\_\_\_\_

\* Federal Civil Service, Military Service, other '37 Act counties, State of California or PERS contract employer; other public employers in California

**Past Ineligible Service\***

Department Name: \_\_\_\_\_  
 Dates of Service: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Department Name: \_\_\_\_\_  
 Dates of Service: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Department Name: \_\_\_\_\_  
 Dates of Service: From: \_\_\_\_\_ To: \_\_\_\_\_

\* Temporary, hourly, part-time (less than 20 hours weekly), CETA, or seasonal.

**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 receive a benefit

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date