



Name _____ (Print or Type) D.O.B. _____ Registration Number _____ S.S. Number _____ Previous Name _____
 You May Have Been Using _____

By Whom Currently Employed _____ Department Where Now Employed _____
(Indicate whether State, County, City, Town, Village, Special District, etc.)

RECORD OF ADDITIONAL SERVICE NOT INCLUDED IN FORMER STATEMENT OF SERVICES INCLUDING MILITARY SERVICE															
Public employer you worked for during previous services claimed (i.e.-State, County, Town, etc.)	Name of Department or Agency for that employer	Name of Retirement System (If you were a member)	Registration Number (During previous membership-if known)	Title of Position(s)	FROM			TO			LENGTH OF SERVICE				
					Mo.	Day	Year	Mo.	Day	Year	Year	Mo.	Day		
This form is to request additional retirement service credit										ADDITIONAL TOTAL SERVICE CLAIMED					

Signed _____

Current Home Address _____
No. Street City State Zip Code