



7772 N. Palm Ave.  
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## REQUEST FOR SERVICE CREDIT CALCULATION

Date: \_\_\_\_\_ Current Department: \_\_\_\_\_

Inter-Office (STOP #40)

I am requesting a calculation of the cost to purchase additional service credit for:  
(FCERA must have a copy of your Birth Certificate on file to process Service Credit calculations)

Approximate Dates

- Redeposit of Contributions Withdrawn on: \_\_\_\_\_
- Medical Leave of Absence \_\_\_\_\_
- Service Prior to Membership \_\_\_\_\_
- Military Leave of Absence while employed by Fresno County \_\_\_\_\_
- Other – Explain: \_\_\_\_\_  
\_\_\_\_\_

Prior Names: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

**City, State, Zip Code**

Social Security Number: \_\_\_\_\_

Daytime Telephone No.: \_\_\_\_\_