



7772 N. Palm Ave.
Fresno, CA 93711
www.fcera.org
(559) 457-0681 p.
(559) 457-0318 f.

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- Redeposit of Contributions Withdrawn on: _____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.: _____