

REQUEST FOR SERVICE CREDIT CALCULATION

Date:	Current Depa	artment:	
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Redeposit of Co	ontributions Withdrawn on:		
Medical Leave	of Absence		
Service Prior to	Membership		
Military Leave of	of Absence while employed b	by Fresno County	
Other – Explain	n:		
Prior Names: _		Date:	
_			
_			
	Signature:		
	Print Name:		
	Address:		
	City,		e, Zip Code
	Social Security Number:		
	Daytime Telephone No.:		