

STATE OF OHIO PRIOR SERVICE CERTIFICATION FORM

Instructions: The employee requesting prior service credit should complete Section I and forward to the political subdivision of Ohio where previously employed. The political subdivision of Ohio must complete Section II and return it to the address provided at the bottom of the form. Please keep records of all prior service documents and proof of submission (e.g., fax, email) including dates. **PLEASE NOTE:** A separate form is needed from each political subdivision for which the employee is requesting prior service credit.

Section I – Completed by employee

| | |
|--|---------------|
| Employee Last Name: _____ First Name: _____ M.I.: _____ | |
| Maiden Name: _____ Employee ID: _____ <small>(if applicable during previous employment)</small> | |
| Social Security Number (if required by political subdivision): _____ | |
| _____ Employee Signature | _____ Date |
| Previous Employer (“Previous Employer” is the entity that employed and paid you) | |
| Employer Name: _____ | |
| Alternative/former name(s) of employer (if applicable): _____ | |
| Address: _____ | |
| City: _____ State: _____ Zip Code _____ | |
| Dates of employment: _____ Job Title: _____ | |
| Have you retired from any Ohio Public Retirement System (i.e., PERS, STRS, SERS, OP&F, HPRS)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify the retirement system: _____ Date of retirement: _____ | |

Section II – Completed by previous employer

| | |
|---|--|
| Please provide the following information on the above employee: | |
| Date of Hire: _____ Date of Separation: _____ | |
| Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time* | |
| <i>*If the employee did not work every pay period, please include the specific number of pay periods worked. If the employee’s schedule was on an intermittent or on-call basis, please include the specific number of days worked.</i> | |
| Part-time/intermittent only: # of bi-weekly pay periods worked: _____ # of days worked: _____ <i>*If not paid bi-weekly, identify the type of pay period (e.g., monthly, semi-monthly): _____</i> | |
| Number of bi-weekly pay periods/days worked between 7/1/03 and 6/30/05: _____ <i>*If the employee earned service by pay period, provide the number of pay periods that were worked during 7/1/2003 and 6/30/2005 or if the employee earned service by days worked, provide the number of days worked during this period.</i> | |
| Is your agency a political subdivision of the State of Ohio? (e.g., city, county, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was this employment covered under an Ohio Public Retirement System (e.g., PERS, STRS)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify the retirement system: _____ <i>*Note: Coverage by an Ohio Public Retirement System does not guarantee prior service credit eligibility.</i> | |
| Sick Leave Balance: # of hours _____ | |

Information in Section II has been verified by: Print Name: _____

Title/Position: _____ Phone Number: _____

Signature _____
Date

Please return completed form to: Personnel/HR Name
Current Agency
Agency Address
Agency Phone Number
Agency Fax Number