

Delaware County - Prior Service Certification

Instructions: The employee requesting prior service credit should complete Section 1 and forward to where previously employed. That agency must complete Section II and mail to the address provided at the bottom of the form.

PLEASE NOTE: A separate form is needed from each agency for which the employee is requesting prior service credit.

Section 1 – To be completed by employee:

Employee Last Name: _____ First Name: _____ M.I.: _____

Maiden Name: _____ Last Four Digits of Social Security Number _____
(if applicable during previous employment)

Delaware County Department: _____ Position: _____

Delaware County Office Phone #: _____ Date of Hire: _____

Have you previously retired from employment covered by an Ohio Public Retirement System? Yes No

If yes, please identify the retirement system: _____

Employee Signature

Date

Previous Employer:

Agency: _____

Address: _____

City: _____ State: _____ Zip Code _____

Dates of employment: _____ Job Title: _____

Section II – To be completed by previous employer:

Please provide the following information on the above named employee:

Date of Hire: _____ Date of Separation: _____

Employment Status: Full Time Part Time (**See note below for part-time & intermittent employees**)

Part-time/intermittent only: # of pay periods worked: _____ # of days worked: _____

Is your agency a political subdivision of the State of Ohio? Yes No

Was this employment covered under by an Ohio Public Retirement System (e.g., STRS, SERS)? Yes No

If yes, please identify the retirement system: _____

Sick Leave Balance: _____

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

Title/Position: _____ Phone Number: _____

Signature

Date

PLEASE NOTE: PART TIME AND INTERMITTENT EMPLOYEES ONLY

If the employee referenced in Section I worked every pay period, the dates of service will be used to calculate prior service credit. However, if he/she worked sporadic pay periods, please include the specific number of pay periods worked or if the employee was employed on an intermittent or "on call" status, please include the specific number of days worked.

Please return completed form to:

Delaware County
Office of Human Resources
10 Court Street, 2nd Floor
Delaware, Oh 43015
740-833-2120 (phone) 740-833-2119 (fax)