



Request for Costs of Purchasing Service Credit

Submit this form to request the cost of purchasing SDCERA service credit for redeposit of withdrawn contributions and interest, service prior to Membership or sick leave without pay. SDCERA will process your request when verification of service is received. Allow six to eight weeks to receive a response from SDCERA.

MEMBER INFORMATION			
Full Name			Employee ID
Mailing Address			Birthdate
City	State	Zip	Estimated Retirement Date
Street Address (if different)			Daytime Telephone Number ()

TYPE OF SERVICE CREDIT REQUESTED FOR PURCHASE	
<input type="checkbox"/> Redeposit of withdrawn contributions and interest	Dates worked _____ to _____
<input type="checkbox"/> Service prior to Membership (Hourly service performed for an SDCERA employer)	Dates worked _____ to _____
<input type="checkbox"/> Sick leave without pay You must have a Payroll Representative from the department you worked in during your leave complete the following section before you submit this form to SDCERA.	
TO BE COMPLETED BY EMPLOYER PAYROLL REPRESENTATIVE FOR SICK LEAVE WITHOUT PAY ONLY	
Member was on leave from the following dates _____ to _____	
Reason for leave without pay <input type="checkbox"/> Member's illness or injury <input type="checkbox"/> Maternity leave Only include hours due to personal leave without pay. Exclude leave used to care for a family member. Bonding leave is not eligible for purchase.	Eligible hours of Sick leave without pay _____ Family medical leave _____ Miscellaneous leave _____
Payroll Representative's Name and Title	Payroll Representative's Telephone Number ()
Payroll Representative's Signature _____ Date _____	

AUTHORIZATION
Member Signature _____ Date _____