## COUNTY OF GEAUGA PRIOR SERVICE CERTIFICATION FORM

Instructions: The **employee** requesting prior service credit should complete section 1 and **forward to the political subdivision of Ohio** where previously employed. The political subdivision of Ohio 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 political subdivision for which the employee is requesting prior service credit.

## Section 1 – to be completed by employee Employee Last Name: First Name: MI: Maiden Name: \_\_\_\_\_ (if applicable during previous employment) Last 4 digits of your social security number Employee Signature Date Section II – to be completed by previous employer Please provide the following information on the above named employee: Name of Agency \_\_\_\_\_ Address \_\_\_\_\_ Date of Hire: \_\_\_\_\_ Date of Separation: \_\_\_\_\_ Employment Status: Full Time Part Time (See note below for part-time & intermittent employees) Part-time and intermittent only: # of pay periods worked \_\_\_\_\_\_ # of days worked: \_\_\_\_\_\_ Please indicate payroll period and hours per pay, using reverse side of this form if necessary 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:\_\_\_\_\_\_ Were these hours transferred to another agency? \_\_\_\_\_\_ If so, which agency: \_\_\_\_\_ Was cash payment received for this balance, or any part of this balance, of sick leave? I hereby certify that this information is true and correct and complete to the best of my knowledge. 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.

PREVIOUS EMPLOYER:	
Please return completed form to:	Geauga County Commissioners
	Attn: Human Resources
	470 Center Street, Building 4
	Chardon, Ohio 44024