



475 14<sup>th</sup> Street, Suite 1000, Oakland, CA 94612 • [www.acera.org](http://www.acera.org)  
Telephone: (510) 628-3000 or (800) 838-1932 • Fax: (510) 268-9574

**You must be a current member of ACERA to purchase service credit. Requests must be submitted 30 days prior to your retirement date. Furthermore, purchases must be paid in full by your retirement date.**

The following categories are not eligible for purchase: air time, educational leave, strike time, out of state service, leave without pay, and or contract/consultant services. To purchase time worked with another public agency, please use the Other Public Purchase Service Verification Form on our website.

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_  
 Address: \_\_\_\_\_ Social Security Number: xxx - xx - \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Sex:  Male  Female Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Marital Status:  Single  Married  Divorced  Widowed Other Name(s) Used: \_\_\_\_\_

<input type="checkbox"/> <b>FIRST PAY PERIOD OF EMPLOYMENT PRIOR TO ENTRY INTO ACERA MEMBERSHIP (DAYS PRIOR)</b>
<input type="checkbox"/> <b>NON-CONTRIBUTING WORK WITH AN ACERA PARTICIPATING EMPLOYER</b> <b>Part-Time, Temporary Assignment Pool (TAP), Project, Service as Needed, Seasonal, Intermittent, Per Diem</b> Department Name: _____ Dates of Service: From: _____ To: _____
<input type="checkbox"/> <b>1. MEDICAL LEAVE WITHOUT PAY (INCLUDING FMLA AND/OR MATERNITY LEAVE)</b> <b>2. STATE DISABILITY INSURANCE (SDI) LEAVE OR UNCOMPENSATED WORKER'S COMPENSATION</b> <b>3. MILITARY LEAVE WITHOUT PAY DURING MEMBERSHIP</b> <ul style="list-style-type: none"> <li>• You must have been a member of ACERA at the time of the leave and subsequently continued employment thereafter</li> <li>• For Medical Leave and SDI: only for the member's medical condition. All of the following documents—if applicable to your leave—must be attached in order for your request to be processed: child's birth certificate (for maternity leave), signed doctor's authorization, SDI approval, FMLA approval, and/or workers compensation approval</li> <li>• For Military Leave Without Pay: In order to process this request, military leave certificate (DD214) with honorable conditions must be submitted along with this form, after reentrance into county service within one year from date of absence</li> </ul> Dates of Leave: From: _____ To: _____ Dates of Leave: From: _____ To: _____
<input type="checkbox"/> <b>PRIOR MILITARY SERVICE BEFORE 08/09/1972</b> <ul style="list-style-type: none"> <li>• For prior military service you must be hired prior to and continuously from 08/09/1972</li> </ul> Dates: From: _____ To: _____
<input type="checkbox"/> <b>REDEPOSIT OF WITHDRAWN ACERA CONTRIBUTIONS OR COMMUNITY PROPERTY</b> From: _____ To: _____ Date of Withdrawal: _____ From: _____ To: _____ Date of Withdrawal: _____
<input type="checkbox"/> <b>REDEPOSIT OF WITHDRAWN ACERA CONTRIBUTIONS - RECIPROCAL SYSTEM MEMBERS</b> <ul style="list-style-type: none"> <li>• Reciprocal system members who left ACERA prior to 12/31/1971 and entered a reciprocal agency before 12/31/1977</li> <li>• True Safety Reciprocal system members who withdrew their ACERA funds (AB2766)</li> </ul> Reciprocal Agency: _____ Current Position: _____ From: _____ To: _____ Date of Withdrawal: _____

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date