



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

OTHER PUBLIC AGENCY SERVICE CREDIT REQUEST For Retirement Medical Trust Fund Eligibility

Must print in Black or Blue ink ONLY.

Employee ID	Rcd No.	Last Name, First Name	
Department		Job Code Title	

This form only applies to Sick Leave Conversion to the Retirement Medical Trust (RMT) Fund. This does not count towards years of services for the bi-weekly County contribution to the RMT. List Agency, Public Sector Retirement System and years of service in which you made contributions to the public sector retirement system(s) and have not withdrawn your contributions.

Note: Documentation from the public sector retirement system(s) confirming years of service and contributions have not been withdrawn must accompany this form. Refer to appropriate MOU for eligibility.

Agency Name	Public Sector Retirement System	Years/Months

I hereby certify that the above information is true and complete to the best of my knowledge.

Employee Signature	Date
---------------------------	-------------

Office Use Only

Approved	EBSD Staff Signature	Date
Denied		

Total Add'l Time Approved	New Sick Service Hours	Verified By/Date <small>(Employee ID)</small>	Keyed By/Date <small>(Employee ID)</small>	Reviewed By/Date <small>(Employee ID)</small>
Approved	EBSD Supervisor Signature			Date
Denied				

DISTRIBUTION: EBSD-HR (0440) - SalarySavings@hr.sbcounty.gov

This document/form incorporates use of e-signature(s) in accordance with the San Bernardino County Policy #03-12 and Standard Practice 1.