



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

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

SECTION 1 – Please print in Black or Blue Ink Only			
Employee ID	Rec. No	Last Name, First Name	
Department Name		Job Code Title	Unit

SECTION 2 – Prior Credit		
<input type="checkbox"/> I do not have qualifying time for prior service credit for Retirement Medical Trust purposes (Skip to Section 3) <input type="checkbox"/> I do have qualifying time for prior service credit for Retirement Medical Trust purposes as listed below.		
Please list the following and attach verification, if applicable:		
<ul style="list-style-type: none"> • Any public agency service in which you made contributions to the retirement system(s) and have not withdrawn your contributions • Additional Retirement Credit (ARC) time and/or other service credit purchased and paid for • Military time served, purchased and paid for through SBCERA or other public retirement agency 		
Note: Documentation from the public sector retirement system(s) confirming years of service and contributions have not been withdrawn must accompany this form.		
Agency Name	Retirement System	Years/Months

SECTION 3 – Certification		
I hereby certify that the above information is true and complete to the best of my knowledge.		
Employee Signature	Telephone	Date

SECTION 4 – Official Use Only			
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	EBSD Staff Signature		Date
Total Additional Years Approved	Sick Service Hours Approved	Verified By	Verification Date
Sick Hrs. Keyed By	Keyed Date	Years Keyed By	Keyed Date
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	EBSD Staff Signature		Date

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