



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

Must print in Black or Blue ink ONLY.

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

- I have less than five (5) years of participation in SBCERA.
- I have five (5) years, but less than ten (10) years, of participation in SBCERA.
- I have ten (10) years, but less than sixteen (16) years, of participation in SBCERA.
- I have sixteen (16) or more years of participation in SBCERA.

Please list the following and attach verification, if applicable:

- Additional Retirement Credit (ARC) time and/or other service credit purchased and paid for;
- Any public agency service in which you made contributions to the retirement system(s) and have not withdrawn your contributions;
- Military time served, purchased and paid for through SBCERA or other public retirement agency.

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	Telephone	Date

Office Use Only

<input type="checkbox"/> Approved	EBSB Staff Signature			Date
<input type="checkbox"/> Denied				
Total Additional 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>
<input type="checkbox"/> Approved	EBSB Supervisor Signature			Date
<input type="checkbox"/> Denied				

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