

Please print or type

Name _____
First Middle Current Last Previous/Maiden Name(s)

Social Security # _____ OSU Employee ID # _____
(required)

Expected Date of Retirement _____

Certification Type: Student employment Leave of absence Vacation accrual rate Other: describe in #6 below

Address _____ Date of Birth _____
 _____ Daytime Phone # (_____) _____

E-mail Address _____

1. Have you previously submitted a request for certification of service credit? Yes No
2. To which retirement system do you currently contribute: OPERS STRS
 Date OPERS/STRS membership began: _____
(Contact OPERS/STRS if you are unsure of this date)
3. Have you ever contributed to another retirement system? Yes No
 If yes, which one(s): _____
4. Dates of previous Ohio State service to be certified (please be specific): _____
 List the Ohio State departments that you worked in during the requested time period: _____
 List the appointment titles that you held during the requested time period: _____
5. Have you taken a refund of contributions from OPERS/STRS? Yes No
(If yes, contact OPERS/STRS directly for a statement of cost to repay refunds)
6. Additional Comments: _____

Return completed form to: Office of Human Resources, Benefits Services, Retirement/Service Credit,
 1590 North High Street, Suite 300, Columbus, OH 43201-1189, (614) 292-1050, Fax: (614) 292-7813

Ohio State use only – date received