

Request for Prior Service Credit Certification

SECTION 1: EMPLOYEE INFORMATION

Employee's Full Name: First _____ M.I. _____ Last _____ Previous/Maiden Name(s) _____

Social Security Number (required) _____ OSU Employee ID# _____ Expected Date of Retirement _____

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

Home Address: Street _____ City _____ State _____ Zip _____

Date of Birth _____ Daytime Phone Number _____ Email Address _____

SECTION 2: ADDITIONAL INFORMATION

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**