

REQUEST FOR SERVICE PURCHASE CALCULATION



Personal Information

| | | | |
|---------|--|-------|-----|
| Name | XXX-XX- SSN (last four digits only) | | |
| Address | City | State | Zip |
| Email | DOB (mm-dd-yy) | | |

I would like to request a calculation of cost for the following service:

- Medical Leave of Absence – From _____ To _____
- Temporary/On-Call Service – From _____ To _____
- Public Service
- Redeposit – From _____ To _____

Have you requested the calculation/s from SCERS in the past? Yes No

Signature

Date