

ACT 8 OF 1988
REQUEST TO PURCHASE "BACK" SERVICE
(NOT PROPERLY ENROLLED WHEN EMPLOYMENT BEGAN)

| | | | | |
|----------|--------|------|-----------------------|--|
| Name: | | | Social Security No. : | |
| Address: | | | Date of Birth: | |
| City: | State: | Zip: | Parish: | |

| | | | | | |
|--|--|--|---|--|--|
| Date Employment Began: | | | Current Occupation: | | |
| Number of hours per week currently employed: | | | | | |
| DATE OF SERVICE FOR WHICH REQUEST IS MADE: | | | | | |
| From: | | | To: | | |
| Occupation during this time: | | | Number of hours per week employed during this time: | | |
| Reason not enrolled in retirement system during this time: | | | | | |
| Gross Earnings for this time (BY MONTH - ATTACH ADDITIONAL SHEET IF NEEDED): | | | | | |
| Name and Title of Official Verifying Employment: | | | | | |
| Name and Title of Official Verifying Earnings: | | | | | |

I HERBY CERTIFY that the above information is true and accurate to the best of my knowledge and understanding and I understand that any false information may result in a denial of this request.

Signature of Employee

Date

I HEREBY CERTIFY that the above information is true and accurate to the best of my knowledge and understanding

Signature of Chief Executive Officer

Date

| |
|---------------------------------|
| Submitted to Board of Trustees: |
| Action by Board of Trustees: |