

**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:			
<b>DATE OF SERVICE FOR WHICH REQUEST IS MADE:</b>			
<b>From:</b>		<b>To:</b>	
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: