



Kern County Employees' Retirement Association
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**REQUEST FOR CERTIFICATION OF
 PRIOR KERN COUNTY / DISTRICT SERVICE**

MEMBER INFORMATION			
Member Name		Social Security # (last 4 digits)	
Address	City	State	Zip
Email Address	Work Phone Number	Alternative Phone Number	

TYPE OF SERVICE PURCHASE:

EXTRA HELP: FROM ___/___/___ TO ___/___/___ DEPARTMENT _____
 FROM ___/___/___ TO ___/___/___ DEPARTMENT _____
 FROM ___/___/___ TO ___/___/___ DEPARTMENT _____
 FROM ___/___/___ TO ___/___/___ DEPARTMENT _____

REDEPOSIT: FROM ___/___/___ TO ___/___/___ DEPARTMENT _____
 FROM ___/___/___ TO ___/___/___ DEPARTMENT _____

MEDICAL LEAVE: FROM ___/___/___ TO ___/___/___ DEPARTMENT _____
 FROM ___/___/___ TO ___/___/___ DEPARTMENT _____
 FROM ___/___/___ TO ___/___/___ DEPARTMENT _____

LAYOFF: FROM ___/___/___ TO ___/___/___ DEPARTMENT _____

TIER "BUY UP": FROM ___/___/___ TO ___/___/___ DEPARTMENT _____

PRIOR PURCHASE "BUY UP": FROM ___/___/___ TO ___/___/___ DEPARTMENT _____

WAITING PERIOD: FROM ___/___/___ TO ___/___/___ DEPARTMENT _____

ADDITIONAL COMMENTS:

***** Please use the *Certification of Prior Public Service* form for requests related to prior public service, and use the *Certification of Prior Public Service – Military* form for requests related to prior military service. *****

KCERA USE ONLY		Completed By: _____	Date: _____
Request Taken By: _____	Date: _____	Reviewed By: _____	Date: _____
Logged By: _____	Date: _____	Mailed By: _____	Date: _____