



SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO

300 E. BROAD ST., SUITE 100 • COLUMBUS, OHIO 43215-3746
614-222-5853 • Toll-Free 800-878-5853 • www.ohsers.org

CERTIFICATION OF SCHOOL SERVICE

Name: _____ Member ID: _____

Current Address: _____

I hereby give my consent to release information regarding my personal work history record to School Employees Retirement System of Ohio.

Signature: _____ Date: _____

The above individual has applied for Ohio valued retirement credit for school service. Your certification must be verified from a legitimate source of documentation, such as payroll or retirement records of the state, municipality, institution, or school. Certify only the school service that meets the following qualification: service in a public or private school, college, university chartered or accredited by the appropriate governmental agency, or a school operated by, or for the U.S. Government.

Name of Employer	Location of employing unit (City, or Township, County, and State of Country)	Use one line for each school year, July 1 through June 30						No. of months worked if before July 1977	No. of days worked if after July 1977
		From			To				
		Mo	Day	Yr.	Mo.	Day	Yr.		
1.									
2.									
3.									
4.									
5.									

Is the applicant entitled to a benefit for any of the above service, other than Social Security?

Yes No

By what governmental agency is this institution chartered or accredited? _____

I certify that according to the records I have examined, the above statements are correct and the applicant was employed as a _____
Job classification

Signature: _____
(Fiscal , Payroll, or other officer) Title

Office: _____
Name of Educational Institution

Office Address: _____
Street City State and Zip Code

Phone Number: _____ Date: _____