



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 SERVICE

Federal Service Other State Public Service

Name: _____ Social Security Number: _____

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 service as indicated. Certification must be verified from a legitimate source of documentation, such as payroll or retirement records. Certify only the federal or other public service.

Name of Employer	Location of Employing Unit (City and State)	Period of Employment (Use one line for each year)						Number of months worked
		From			To			
		Mo.	Day	Yr.	Mo.	Day	Yr.	
1.								
2.								
3.								
4.								
5.								
6.								

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

Yes No

If yes, please indicate the years used to determine the benefit. _____

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 Employing Unit

Office Address: _____
Street City State and Zip Code

Phone Number: _____ Date: _____