

In accordance with O.R.C. § 9.44, employees (*other than elective officers*) may be entitled to prior service credit for time spent with the State of Ohio or any political subdivision of the State for the purpose of computing the amount of vacation leave. One year of service shall be computed on the basis of twenty-six biweekly pay periods. It is the employee's responsibility to provide necessary documentation of prior service.

The employee may provide a statement from the retirement system of accrued service credit OR a completed Prior Certification Form.

(see page 2)

PERRY COUNTY OHIO, PRIOR SERVICE CERTIFICATION FORM

Instructions: The employee requesting prior service credit completes section 1; forwards to the political subdivision of Ohio where previously employed. The political subdivision of Ohio completes section II; mails to the address provided at the bottom of the form. A separate form is needed from each political subdivision.

Section 1 - completed by the employee

Name:		
Last: _____	First: _____	M.I.: _____
Maiden/Other Name: (if applicable during previous employment) _____		
Social Security Number or Employee ID: _____		
_____	_____	_____
Employee Signature		Date
Previous Employer:		
Agency: _____		
Address: _____		
Dates of Employment: From _____		To _____
Job Title: _____		

Section II - completed by previous employer

Please provide the following information on the above named employee:	
Date of Hire: _____	Date of Separation: _____
Employment Status: _____ Full Time _____ Part Time	
PLEASE NOTE: PART TIME AND INTERMITTENT EMPLOYEES ONLY	
If the employee referenced in section I worked every pay period, the dates of service will be used to calculate prior service credit. However, if he/she worked sporadic pay periods, or was employed on an intermittent or "on call" status, please include the specific number of pay periods worked.	
Part time/intermittent only: _____	# of pay periods worked: _____
Is your agency a political subdivision of the State of Ohio? _____ Yes _____ No	
Was this employment covered under an Ohio Public Retirement System (e.g., OPERS, STRS, SERS)? _____ Yes _____ No If yes, please identify the retirement system: _____	
Sick Leave Balance: _____	

Information in Section II has been verified by: Print Name: _____	
Title/Position: _____	Phone Number: _____
_____	_____
Signature	Date
PLEASE RETURN COMPLETED FORM TO:	
Agency Name/Attention: _____	
Agency Address: _____	
Agency Fax Number: _____	