

## Request for Previous Service RS 5042

(Rev. 6/11)

| Name(Print  | Previous Name D.O.B Begistration Number S.S. Number You May Have Been Using  Print or Type) |   |  |                                |          |       |        |        |      |      |     |                   |   |  |
|---|---|---|--|--------------------------------|----------|-------|--------|--------|------|------|-----|-------------------|---|--|
| By Whom Currently Employed  | 1   | hether State, County, City, Town, Village, Specia |  | Department Where Now Employed_ |          |       |        |        |      |      |     |                   |   |  |
|   |   |   | CLUDED IN FORMER STATEMENT               | OF SERVICES INCLUDING MILITAR  | RV SERV  | ICE   |        |        |      |      |     |                   |   |  |
| Public employer you   | Name of Department  |   |  |                                | T OLIV   | FROM  |        |        | то   |      |     | LENGTH OF SERVICE |   |  |
| worked for during previous<br>services claimed (i.e-State,<br>County, Town, etc.) | or Agency for<br>that employer  | Name of Retirement System (If you were a member)  | (During previous<br>membership-if known) | Title of Position(s)           | Mo.      | Day   | Year   | Mo.    | Day  | Year | Mo. | Day               |   |  |
|   |   |   |  |                                |          |       |        |        |      |      |     |                   |   |  |
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|   |   |   |  |                                |          |       |        |        |      |      |     |                   | _ |  |
| This form is to request addition  | nal retirement service credit   |   |  | ADI                            | DITIONAL | TOTAL | SERVIC | CE CLA | IMED |      |     |                   |   |  |
| Current Home Address  | No. Str   | eet   |  | Telephone Number               |          |       |        |        |      |      |     |                   |   |  |
| City  | INU. SII  | eet   | 7in Coda                                 | Signed                         |          |       |        |        |      |      |     |                   |   |  |