

## STATE OF DELAWARE OFFICE OF PENSIONS

**CREDITABLE SERVICE FORM** 

## PLEASE COMPLETE AND RETURN FORM TO THE OFFICE OF PENSIONS

NAME:

**EMPLOYEE ID:** 

PAGE \_\_\_\_\_ OF \_\_\_\_\_

Outline each period of employment in detail (include leaves of absence). Use additional form(s) to continue service if needed and sign all sheets. Attach supporting documentation (i.e. par, letter, contract, pay record, etc.)

BEGINNING DATE	ENDING DATE MM/DD/YYYY	CREDITABLE SERVICE			JOB CODE	JOB		MONTHS
MM/DD/YYYY		Years	Months	Days		TITLE	AGENCY/SCHOOL DISTRICT	WORKED
TOTAL CREDITABLE SERVICE								

EMPLOYEE SIGNATURE

DATE

AGENCY/SCHOOL DISTRICT SIGNATURE

DATE

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