SAMPLE LETTER

[Date]
[Your Return Address]

Name of Employer Address

RE: [Your Social Security Number]

[Dates Employed]

[Names - Other Than Current Name]

To Whom It May Concern:

In order to purchase other governmental or educational service to be used in the calculation of my pension from the State of Delaware, I need to have written verification of my service submitted on official letterhead of the employer in reference with an official signature. The attached form contains the information needed to satisfy the requirements of the State of Delaware. Please copy this form onto your letterhead, complete, sign and return to the following address as soon as possible:

State of Delaware Office of Pensions McArdle Building 860 Silver Lake Blvd., Ste 1 Dover, DE 19904-2402

Also, forward a copy to my home address.

Your prompt attention to this matter would be greatly appreciated.

Sincerely,

[Your Full Name]

OTHER GOVERNMENTAL OR EDUCATIONAL SERVICE VERIFICATION FORM

NAME:	ЛЕ:SOC. SEC.#:				
EMPLO	YER/SCHOOL/COLLEGE UNIVER	SITY:			
	ADDRESS:				
1.	Beginning Employment Date: Month Day Year				
	Full of Fundament Bate				
	Ending Employment Date:		Day	Year	
2.	Continuous Employment; No Absences Without Pay:				
	Brief Explanation if answer is '	'No":			
3.	Title of Position Held:				
	If School, Length of Contract: 9 mo10 mo11 mo12 mo				
	Specify beginning and ending dates for your standard school year: mo/day/year mo/day/yea				
4.	Full-time Employment: Yes No (Part-time Employment cannot be purchased)				
5.	If you are a College or Private School, are you accredited? Yes No				
	If "Yes", by Whom:				
	If "No", explain briefly:				
	Date			Official Signature	
 Telep	hone Number			 Title	