



Member's Last Name

First Name

Last four digits of Social Security Number

FOR OFFICIAL USE ONLY: (To be completed by the former employer and/or retirement system)

Table with 5 columns: 9a d`cm]b[ `5 [ YbWn; ; cj Yfba YbHJ 5 [ YbWt8; 7 cbfUWh 9a d`cmY3; 9a d`cna Ybh8 UHYg : fca Hc; 9a d`cna Ybh GHU g. Rows include Yes/No options for Full-Time and Part-Time.

Was this individual ever on an uncompensated leave of absence and/or had any uncompensated time (break in service, summer breaks)? If yes, enter all periods below: Yes No. Table with columns: Dates of leaves or uncompensated times (From, To) and Type/Description.

Was this individual ever a member of your retirement system? Yes No. Table with columns: F YHfYa YbhGmghYa # D`Ub; A Ya VYfg\ jd`8 UHYg : fca Hc; HndY`cZF YHfYa Ybh D`Ub; < Ug`h ]g`a Ya VYf`fYWW]j YX`UfYZ bX`cZ \ ]g# Yf`Vt`bf]Vi Hc`bg`UbX`]bhYfYghZca nci f`d`Ub3. Includes refund information and service credit details.

Does your retirement system have a reciprocal agreement with the California Public Employees' Retirement System (CalPERS)? Yes No. If yes, will this member be entitled to reciprocity between our two systems? (Member was hired by the City of Los Angeles on \_\_\_/\_\_\_/\_\_\_.) Yes No N/A

CERTIFICATION OF EMPLOYING AGENCY OR RETIREMENT SYSTEM

Table for certification with fields: Signature, Date, Print Your Name, Title, Agency You Represent, Address, City, State, Zip Code, Phone Number, Fax Number.

**ADA NOTICE**

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and, upon request, will provide reasonable accommodations to ensure equal access to its programs, services and activities.