

REQUEST FOR SERVICE CHECK

DATE _____

Name _____ Birthdate _____

SSN _____ Pension No _____

Department _____

Street Address _____

City, State, Zip Code _____

Daytime Telephone _____

Months of Military Service purchased _____

Are you aware of any breaks in service? Yes No If yes, please list dates.

Have you ever been on Long Term Disability? Yes No If yes, please list dates.

Have you ever been on any other leaves of absence? Yes No If yes, please list types and dates.

Have you ever been on any type of disability retirement? Yes No If yes, please list dates.

DEPARTMENT USE ONLY

Y.O.S. _____

AS of _____

