



REQUEST FOR SERVICE CHECK

Member Name: _____ Last 4 digits of SSN: _____

Date of Request: _____ Birthday (MM/DD/YYYY): _____

Department: _____

Address: _____

City, State, & Zip: _____

Phone Number: _____ Email Address: _____

Please complete the following questions:

Months of Military Service purchased, if applicable: _____

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 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 _____