

# Research Request Form

**Employees' System**       **Police Officers System**       **Uniformed System**

*Members with questions about their membership date should complete this form to begin the research process*

**Name** (please print) \_\_\_\_\_

**Daytime Phone Number** \_\_\_\_\_

**Social Security Number** (last 4 digits) \_\_\_\_\_

**Job Title** \_\_\_\_\_

**Agency** \_\_\_\_\_

**Prior service dates** \_\_\_\_\_

**Do you have part time service or LWOP?** \_\_\_\_\_

**Any breaks in service?** \_\_\_\_\_

**Additional information** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

***Retirement Systems Use Only***

Name of person researching request \_\_\_\_\_

Date adjustment made by \_\_\_\_\_ on \_\_\_\_\_  
Name Date

Please return this form to: