

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: