

EMPLOYEES' RETIREMENT SYSTEM

PROVIDENCE CITY HALL

DATE _____

NAME

ADDRESS

DEPT.

ENR. NO.

EMP. NO.

PURCHASE OF SERVICE REQUEST FOR:

- 1. MILITARY SERVICE (DISCHARGE PAPERS NECESSARY)**
(AT LEAST ONE YEAR, NOT MORE THAN (4) – NO RESERVES)

2.PRIOR SERVICE (BROKEN SERVICE CREDITS)

2. CONTINUOUS SERVICE:

SIGNATURE: _____