

STATE OF OHIO PRIOR SERVICE CERTIFICATION FORM

Instructions: The employee requesting prior service credit should complete Section I and forward to the political subdivision of Ohio where previously employed. The political subdivision of Ohio must complete Section II and return it to the contact info provided at the bottom of the form. Please keep records of all prior service documents and proof of submission (e.g., fax, email) including dates. A separate form is needed from each political subdivision for which the employee is requesting prior service credit. **PLEASE NOTE:** Only employees who submit proof of prior service within 90 days after the date of the employee's initial hiring will receive retroactive accrual or longevity adjustment for the time before the director's approval of prior service credit. The effective date for employees who submit proof more than 90 days after their start date will be the first day of the pay period immediately following the date on which DAS receives the ePAR. An employee who retires from any retirement plan offered by the state of Ohio is ineligible for prior service for the purpose of computing vacation leave or longevity pursuant to ORC 9.44(C), ORC 124.181(E)(2) or collective bargaining agreement. The ineligibility begins on the effective date of retirement.

Section I – Completed by employee

Employee Last Name: _____ First Name: _____ M.I.: _____	
Maiden Name: _____ Employee ID: _____ <small>(if applicable during previous employment)</small>	
Social Security Number (if required by political subdivision): _____	
Previous Employer (“Previous Employer” is the entity that employed and paid you)	
Employer Name: _____	
Alternative/former name(s) of employer (if applicable): _____	
Address: _____	
City: _____ State: _____ Zip Code _____	
Dates of employment: _____ Job Title: _____	
Have you retired from any Ohio Public Retirement System (i.e., PERS, STRS, SERS, OP&F, HPRS)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify the retirement system: _____ Date of retirement: _____	
<i>*I understand that if at any time I retire, I MUST notify my agency immediately, and that prior service will be adjusted based on my retirement.</i>	
_____ Employee Signature	_____ Date

Section II – Completed by previous employer

Please provide the following information on the above employee:	
Date of Hire: _____ Date of Separation: _____	
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time*	
<i>*If the employee did not work every pay period, please include the specific number of pay periods worked. If the employee's schedule was on an intermittent or on-call basis, please include the specific number of days worked.</i>	
Part-time/intermittent only: # of bi-weekly pay periods worked: _____ # of days worked: _____	
<i>*If not paid bi-weekly, identify the type of pay period (e.g., monthly, semi-monthly): _____</i>	
Number of bi-weekly pay periods/days worked between 7/1/03 and 6/30/05: _____	
<i>*If the employee earned service by pay period, provide the number of pay periods that were worked during 7/1/2003 and 6/30/2005 or if the employee earned service by days worked, provide the number of days worked during this period.</i>	
Is your agency a political subdivision of the State of Ohio? (e.g., city, county, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was this employment covered under an Ohio Public Retirement System (e.g., PERS, STRS)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please identify the retirement system: _____	
<i>*Note: Coverage by an Ohio Public Retirement System does not guarantee prior service credit eligibility.</i>	
Has this employee retired from your agency or provided notice of intent to retire? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	
Sick Leave Balance: # of hours _____	

Information in Section II has been verified by: Print Name: _____

Title/Position: _____ Phone Number: _____

Signature

Date

Please return completed form to: Opportunities for Ohioans with Disabilities, ATTN. Human Resources
150 E. Campus View Blvd, Columbus, OH 43235
Fax to 614-985-8971