



STATE OF DELAWARE OFFICE OF PENSIONS

CREDITABLE SERVICE FORM

PLEASE COMPLETE AND RETURN FORM TO THE OFFICE OF PENSIONS

NAME: _____ **EMPLOYEE ID:** _____ **PAGE** _____ **OF** _____

Outline each period of employment in detail (include leaves of absence). Use additional form(s) to continue service if needed and sign all sheets.

Attach supporting documentation (i.e. par, letter, contract, pay record, etc.)

BEGINNING DATE MM/DD/YYYY	ENDING DATE MM/DD/YYYY	PERIOD COVERED			JOB CODE	JOB TITLE	AGENCY/SCHOOL DISTRICT	MONTHS WORKED
		Years	Months	Days				
TOTAL CREDITABLE SERVICE								

_____ **EMPLOYEE SIGNATURE** _____ **DATE** _____ **AGENCY/SCHOOL DISTRICT SIGNATURE** _____ **DATE**