State of Delaware
Office of Pensions

Creditable Service Form

PLEASE COMPLETE AND RETURN FORM TO PENSION.FORMS@DELAWARE.GOV

First Name & Middle Initial: _____ Last Name: _____

Employee ID: _____

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:_____ Ending Date: _____

Period Covered: Years _____ Months_____ Days _____

Job Code: _____ Job Title: _____

Agency/School District:_____ Months Worked: _____

Beginning Date:_____ Ending Date: _____

Period Covered: Years _____ Months_____ Days _____

Job Code: _____ Job Title: _____

Agency/School District:_____ Months Worked: _____

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Job Code: _____ Job Title: _____

Agency/School District:_____ Months Worked: _____

860 SILVER LAKE BLVD., SUITE 1 - MCARDLE BUILDING - DOVER, DE 19904 / SLC D570A
PHONE: (302) 739-4208 - TOLL FREE: (800) 722-7300 - FAX: (302) 739-6129
EMAIL: PENSIONOFFICE@DELAWARE.GOV - WWW.DELAWAREPENSIONS.COM

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Period Covered: Years _____ Months_____ Days _____

Job Code: _____ Job Title: _____

Agency/School District:_____ Months Worked: _____

Total Cretitable Service:_____

Employee Signature _____ Date _____

Agency/School District Signature _____ Date _____

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