



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	CREDITABLE SERVICE			JOB CODE	JOB TITLE	AGENCY/SCHOOL DISTRICT	MONTHS WORKED
		Years	Months	Days				
TOTAL CREDITABLE SERVICE								

EMPLOYEE SIGNATURE

DATE

AGENCY/SCHOOL DISTRICT SIGNATURE

DATE