

Verification for California Public University Service Credit

SC 1732 (Rev. 4/09)

CALSTRS

California State Teachers' Retirement System
P.O.Box 15275, MS 88
Sacramento, CA 95851-0275
800-228-5453
www.CalSTRS.com

If you were employed by a California public university in a teaching position, please complete Section A and forward this form to your former university employer and/or retirement system to complete Sections B and C on the reverse to verify your employment. Return completed forms to CalSTRS.

- If you are a current or former member of the California Public Employees' Retirement System (CalPERS), you are not eligible to purchase this service credit. Please contact CalPERS for additional information.
- You may not redeposit CalPERS funds in CalSTRS.
- This form is not intended for community college service.

Section A Member Information (To be completed by member)

NAME (LAST, FIRST, INITIAL) (INCLUDING ANY PREVIOUS NAMES USED) CLIENT ID OR SOCIAL SECURITY NUMBER

ADDRESS (STREET) (APT #) DATE OF BIRTH (MM/DD/YYYY)

CITY STATE ZIP CODE

() ()
WORK TELEPHONE OTHER TELEPHONE NUMBER EMAIL ADDRESS

I would like to purchase _____ years of service credit. (If you do not specify the number of years, CalSTRS will process the request for all available years of service.)

I plan to retire within the next 12 months _____ (date, if known)

I understand this is not a contract and that my signature does not obligate me to purchase this service credit.

MEMBER SIGNATURE

DATE (MM/DD/YYYY)



SC1732

MEMBER'S NAME _____

CLIENT ID OR SOCIAL SECURITY NUMBER _____

Section B California Public University Information (To be completed by university)

Name of university campus _____

Please answer the questions below regarding the above-named individual's work activity as an employee or member of your system. **Please attach payroll records.**

1. Was this individual ever a member of your retirement system or did this individual contribute to a public retirement system while employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Did the individual's employment involve teaching or classroom instruction? What was this individual's job title while employed? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Did the service performed require a certificate, credential or permit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Did the individual refund the contributions in your retirement system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. If the individual refunded the contributions and interest in your system, is the individual eligible to redeposit those contributions and interest?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Date of Refund: _____ Years Member Performed Service (MM/YYYY) _____ to _____ Amount of Service Credit Canceled by Refund _____		
7. Please check if service was: <input type="checkbox"/> Not in a teaching position <input type="checkbox"/> Performed at the foundation <input type="checkbox"/> Performed in the extension facility <input type="checkbox"/> Performed as a consultant/by agreement		

Section C Signature of University Representative

I certify that the information provided in Section B was taken from the employment or retirement system records.

NAME OF FORMER EMPLOYER OR RETIREMENT SYSTEM _____	() TELEPHONE NUMBER _____
NAME OF EMPLOYER OR RETIREMENT SYSTEM REPRESENTATIVE (PLEASE PRINT) _____	TITLE _____
SIGNATURE OF EMPLOYER OR RETIREMENT SYSTEM REPRESENTATIVE _____	DATE (MM/DD/YYYY) _____