



County of Sonoma - Auditor Payroll Retirement Buy Back Information Request Form

You **must** be a current member of SCERA to be eligible. (Please allow 10-12 weeks for completion)

Please complete the following:

Date: _____

Name: _____

EE ID. #: _____

Address: _____

SSN (last 4 digits) _____

City: _____

Zip Code: _____

Email: _____

Department: _____

Phone Number: (Work) _____

(Home) _____

Are you planning to retire: within 6 months 6- 12 months more than 12 months

Requests for buy back of LWOP hours due to your own illness or redeposit of withdrawn funds should be sent directly to SCERA. (LWOP forms indicating signatures, leave beginning date, and return to work date must be submitted to SCERA).

Please list approximate dates of extra help/part-time service:

From	To	Job Title	Extra Help	Part Time

Other name(s) used: _____

Under the 1937 County Retirement Act, members may be eligible to purchase and receive service credit for:
1) prior county service for which they have not been previously credited (e.g. temporary employment); **2)** redeposit of contributions previously withdrawn; **3)** public service; and **4)** medical leave of absence (after 1/1/78) not to exceed twelve (12) consecutive months for any one absence.

Certification of hours will be sent to SCERA and to the employee's email address listed above.

I authorize release of this information to the Sonoma County Employees' Retirement Association.

Signature: _____

Email completed form to: ACTTCPayrollDivision@sonoma-county.org

Or mail to: County of Sonoma - Auditor Payroll, 585 Fiscal Drive, Suite 100, Santa Rosa, CA 95403

AUDITOR PAYROLL STAFF ONLY

DATE COMPLETED: _____