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Requests for buy back of LWOP hours due to your own illness or redeposit of withdrawn funds should be sent directly to SCERA.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which they have not been previously credited (e.g. temporary employment); **2**) redeposit of contributions previously withdrawn; **3**) public service; and **4**) medical leave of absence (after 1/1/78) not to exceed twelve (12) consecutive months for any one absence.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@sonomacounty.gov
Or mail to: County of Sonoma - Auditor Payroll, 585 Fiscal Drive, Suite 100, Santa Rosa, CA 95403

AUDITOR PAYROLL STAFF ONLY

DATE COMPLETED: _____