



CITY OF PROVIDENCE

Purchase of Service Request

Employee Name: _____

Employee Number: _____

Employee Enrollment Number: _____

Employment Department: _____

Requested Service Purchase:

- _____ Military Service
 - copy of discharge (DD Form 214) must be supplied to the Retirement Office
 - must purchase a minimum of one (1) year, but not more than four (4) years
 - military reserve time is not purchasable

_____ Academy Time

_____ Make-Up of Contributions after Period of Leave

- _____ Temporary Employment
 - must be a period of continuous, full time service of at least six (6) months duration
 - seasonal or part-time employment is not purchasable
 - part-time board membership is not purchasable

_____ Prior Withdrawal of Contributions

I am an active, contributing member of the Employee Retirement System of the City of Providence and I have completed a minimum of one (1) year of continuous service for the City of Providence.

Employee Signature: _____ Date of Request: _____