



CITY OF PROVIDENCE

Purchase of Service Request

Employee Name: _____

Employee Telephone Number: _____

Employee Number: _____

Employee Enrollment Number: _____

Employment Department: _____

Requested Service Purchase:

___ Military Service (ONLY for deployment PRIOR to becoming an employee of the city)
• A 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 eligible for purchase.

___ Academy Time

___ Make-Up of Contributions after Period of Leave (while employed by the city)

___ 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 eligible for purchase.
• Part-time board membership is not eligible for purchase.

___ Prior Withdrawal of Contributions (from a past period of employment with the city)

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: _____