

City of Tallahassee
PENSION ADMINISTRATION
OUT-OF-CITY PUBLIC SERVICE VERIFICATION

This form must be completed by the agency from which you want to claim out-of-city public service, and must be sent directly to our office from the agency. We do not accept hand delivered copies.

Employee Name: _____ SS#: _____

Maiden or Other Name: _____ Date of Birth: _____

Address: _____

City, State Zip: _____

Agency Name: _____

Address: _____

Telephone: _____

Dates of From: _____ To: _____ From: _____ To: _____

employment: From: _____ To: _____ From: _____ To: _____

Was this former employee in a permanent position? Yes No

Was this former employee's service under a defined benefit plan? Yes No

Was this former employee's service under a defined contribution plan? Yes No

Is this former employee eligible for a retirement benefit, now or at any time in the future from your plan? Yes No

By my signature below, I, the agency representative, certify the information above was retrieved from the _____ retirement system.

Signature: _____ Title: _____

Printed Name: _____

Date: _____ Telephone: _____

Please return this completed form directly to:

City of Tallahassee
Pension Administration
300 S. Adams St.
Box A-32
Tallahassee, FL 32301 **Or you may fax it to 850-891-8859**

