



Sonoma County Auditor Central Payroll Retirement Buy Back Information Request Form

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

Please Print

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Requests for buy back of LWOP hours due to your own illness or redeposit of withdrawn funds should be sent directly to the Retirement office (LWOP forms indicating signatures, leave beginning date, and return to work date must be submitted to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

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which they have not been previously credited (e.g. temporary employment); **2)** redeposit of contributions previously withdrawn; **3)** public service; and **4)** medical leave of absence (after 1/1/78) not to exceed twelve (12) consecutive months for any one absence.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 the Retirement Office and to the address listed above.

I authorize release of this information to the Sonoma County Retirement Office.

Signature: _____

Mail completed form to: Sonoma County Auditor/Payroll, 575 Administration Drive, Room 117A, Santa Rosa, CA 95403

AUDITOR CENTRAL PAYROLL STAFF ONLY

DATE COMPLETED: _____