

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 (las	SSN (last 4 digits)		
City:	Zip Code:					
Email:	Department:					
Phone Numbe	er: (Work)			me)		
Are you planni	ng to retire: wit	hin 6 months □	6- 12 months □	more than 12 mont	hs □	
should b		RA. (LWOP forms in	ur own illness or redepo ndicating signatures, leave			
Please list appr	oximate dates of extra h	nelp/part-time servic	e:			
From	То	Job Title		Extra Help	Part Time	
Other neme	(a) wasdi					
 prior cou of contributi 	937 County Retirement nty service for which the	Act, members may ey have not been pro n; 3) public service	be eligible to purchase ar eviously credited (e.g. tem ; and 4) medical leave of a sence.	nd receive service cred porary employment); 2	2) redeposit	
Certification of I	nours will be sent to SCI	ERA and to the emp	oloyee's email address liste	ed above.		
I authorize relea	ase of this information to	the Sonoma Coun	ty Employees' Retirement	Association.		
		S	ignature:			
Email complete Or mail to:	d form to: ACTTCPay County of S	onoma - Auditor Pa	yroll, 585 Fiscal Drive, Su	ite 100, Santa Rosa, C	CA 95403	
		AUDITOR PA	YROLL STAFF ONLY			
			DATE COMPLETED:			

Ret-Buy-Back.doc rev 10/28/2021 AUD-pay