ERS F SC
09/08

SERVICE CALCULATION

Employees' Retirement System of Alabama
P. O. Box 302150 ♦ Montgomery, AL 36130-2150
334-517-7000 or 877-517-0020
www.rsa-al.gov

Member's Name _____

Social Security Number _____-_____-_____ Reg. No. _____

Address _____
Street or P.O. Box City State Zip Code

CERTIFICATION TO BE COMPLETED BY AGENCY (NOT by employee)			
Time Period Involved	**Total Salary**	**Dates of Service**	**No. of Months Service**
	Max $4,200		
10/01/55 – 09/30/56			
10/01/56 – 09/30/57			
10/01/57 – 09/30/58			
10/01/58 – 09/30/59			
	No Maximum		
10/01/59 – 09/30/60			
10/01/60 – 09/30/61			
10/01/61 – 09/30/62			
10/01/62 – 09/30/63			
10/01/63 – 09/30/64			
10/01/64 – 09/30/65			
10/01/65 – 09/30/66			
10/01/66 – 09/30/67			
10/01/67 – 09/30/68			
10/01/68 – 09/30/69			
10/01/69 – 09/30/70			
10/01/70 – 09/30/71			
10/01/71 – 09/30/72			
10/01/72 – 09/30/73			
10/01/73 – 09/30/74			
10/01/74 – 09/30/75			
*			
**			
10/01/76 – 09/30/77			
10/01/77 – 09/30/78			
10/01/78 – 09/30/79			
10/01/79 – 09/30/80			
10/01/80 – 09/30/81			
10/01/81 – 09/30/82			
10/01/82 – 09/30/83			
10/01/83 – 09/30/84			

CERTIFICATION TO BE COMPLETED BY AGENCY (NOT by employee)			
Time Period Involved	**Total Salary**	**Dates of Service**	**No. of Months Service**
10/01/84 – 09/30/85			
10/01/85 – 09/30/86			
10/01/86 – 09/30/87			
10/01/87 – 09/30/88			
10/01/88 – 09/30/89			
10/01/89 – 09/30/90			
10/01/90 – 09/30/91			
10/01/91 – 09/30/92			
10/01/92 – 09/30/93			
10/01/93 – 09/30/94			
10/01/94 – 09/30/95			
10/01/95 – 09/30/96			
10/01/96 – 09/30/97			
10/01/97 – 09/30/98			
10/01/98 – 09/30/99			
10/01/99 – 09/30/00			
10/01/00 – 09/30/01			
10/01/01 – 09/30/02			
10/01/02 – 09/30/03			
10/01/03 – 09/30/04			
10/01/04 – 09/30/05			
10/01/05 – 09/30/06			
10/01/06 – 09/30/07			
10/01/07 – 09/30/08			
10/01/08 – 09/30/09			
10/01/09 – 09/30/10			
10/01/10 – 09/30/11			
10/01/11 – 09/30/12			
10/01/12 – 09/30/13			
10/01/13 – 09/30/14			
10/01/14 – 09/30/15			
10/01/15 – 09/30/16			

* For State Departments 10/01/75 – 12/16/75 * For Section 12 Units 10/01/75 – 12/31/75
** For State Departments 12/17/75 – 09/30/76 ** For Section 12 Units 01/01/76 – 09/30/76

Reason for requesting this calculation: To establish retirement credit for (check one)

☐ Full time hourly rate employment
☐ Part-time employment on a _____% basis
☐ Provisional (non-temporary) employment
☐ Full-time employment during period of non-enrollment due to administrative error: I understand that the agency is required to make payment for error also.

☐ Elected Official _____
Specify Office

☐ Other (explain) _____

I certify that the information above is true and correct according to records in this office.

_____ _____ _____
Signature / Title of Certifying Official Date Agency