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## APPLICATION TO PURCHASE PUBLIC SERVICE

(Print) Last Name	First Name	Middle Name
Street Address	City	State
		Zip Code
Social Security Number	Date of Birth	Work Phone Number

Your Proposed Retirement Date (REQUIRED) \_\_\_\_/\_\_\_\_/\_\_\_\_

I am claiming eligibility to purchase a minimum, in the aggregate, of six (6) whole months full-time leave(s) that I have taken from City service, as follows:

Educational Leave of Absence from City Service: *from* \_\_\_\_/\_\_\_\_/\_\_\_\_ *to* \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Date Year Month Date Year

*from* \_\_\_\_/\_\_\_\_/\_\_\_\_ *to* \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Date Year Month Date Year

Personal Leave of Absence from City Service: *from* \_\_\_\_/\_\_\_\_/\_\_\_\_ *to* \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Date Year Month Date Year

*from* \_\_\_\_/\_\_\_\_/\_\_\_\_ *to* \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Date Year Month Date Year

Leave of Absence with Dept. of Water & Power: *from* \_\_\_\_/\_\_\_\_/\_\_\_\_ *to* \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Date Year Month Date Year

*from* \_\_\_\_/\_\_\_\_/\_\_\_\_ *to* \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Date Year Month Date Year

I hereby authorize the Los Angeles City Employees' Retirement System to obtain any information concerning my employment and pension benefits with the City that may be required in connection with my application to purchase service credit for leave(s) of absence.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Official Use Only**

Verified by \_\_\_\_\_ Date \_\_\_\_\_

Remarks \_\_\_\_\_ Rev. May 4, 2011