

# Verification for California Public University Service Credit

SC 1732 (Rev. 7/10)

# CALSTRS

California State Teachers' Retirement System  
P.O. Box 15275, MS 88  
Sacramento, CA 95851-0275  
800-228-5453  
CalSTRS.com

**Read these instructions before completing form. Type or print clearly in black ink.**

If you were employed by the University of California or California State University in a teaching position, complete section 1 and forward this form to your former university employer and/or retirement system to complete sections 2 and 3 on the reverse to verify your employment. Once you receive the completed forms from your former employer or retirement system, return them to CalSTRS. This form cannot be used for community college service.

If you are not currently making contributions to CalSTRS (no earnings have been reported to CalSTRS by an employer for the current school year), additional interest will be added to the cost of the bill.

Note: You are *not* eligible to purchase university service credit if you:

- Were not in a teaching position.
- Performed service in a university extension or university foundation.
- Worked as a consultant or private contractor.
- Are a current or former member of CalPERS.
- Have not refunded your contributions from your former or current retirement system.

Submitting this request does not obligate you to complete the purchase.

## Section 1: Member Information (To be completed by member)

NAME (LAST, FIRST, INITIAL) (INCLUDING ANY PREVIOUS NAMES USED) CLIENT ID OR SOCIAL SECURITY NUMBER

ADDRESS (STREET) DATE OF BIRTH (MM/DD/YYYY)

CITY STATE ZIP CODE

( ) ( )

WORK TELEPHONE ALTERNATE TELEPHONE NUMBER E-MAIL ADDRESS

I would like to purchase \_\_\_\_\_ years of service credit. (If you do not specify the number of years, CalSTRS will process the request for all available years of service.)

I plan to retire within the next 12 months \_\_\_\_\_ (date, if known)

I understand that my signature does not create any obligation on my part to purchase this service credit.



MEMBER'S SIGNATURE

DATE (MM/DD/YYYY)



SC1732

tear off here

MEMBER'S NAME \_\_\_\_\_

CLIENT ID OR SOCIAL SECURITY NUMBER \_\_\_\_\_

**Section 2: California Public University Information** (To be completed by university or university retirement system)

Name of university campus \_\_\_\_\_

Answer the questions below regarding the above-named individual's work activity as an employee or member of your system.  
**Payroll records will not be accepted in place of this form.**

1. Was this individual ever a member of your retirement system or did this individual contribute to a public retirement system while employed? If No, skip to question 5. If Yes, provide complete name of retirement system: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Did the individual take a refund of contributions in your retirement system? If No, skip to question 5.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. If the individual took a refund of contributions and interest in the retirement system, is the individual eligible to redeposit those contributions and interest?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Date of refund: _____ Years member performed service (MM/YYYY) _____ to _____ Amount of service credit canceled by refund _____		
5. Check if service was: <input type="checkbox"/> In a teaching position <input type="checkbox"/> Not in a teaching position <input type="checkbox"/> Performed at a foundation <input type="checkbox"/> Performed in a extension facility <input type="checkbox"/> Performed as a consultant or private contractor		

**Section 3: Employment History**

Job Title	Employment History From – To (mm/yyyy)	Number of Units Worked	Number of Units Required for Full-Time Equivalent

**Section 4: Signature of University Representative** (To be completed by university or university retirement system)

I certify that the information provided was taken from the employment or retirement system records.

( )

NAME OF FORMER EMPLOYER OR RETIREMENT SYSTEM \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

NAME OF EMPLOYER OR RETIREMENT SYSTEM REPRESENTATIVE (PLEASE PRINT) \_\_\_\_\_

TITLE \_\_\_\_\_

 SIGNATURE OF EMPLOYER OR RETIREMENT SYSTEM REPRESENTATIVE \_\_\_\_\_

DATE (MM/DD/YYYY) \_\_\_\_\_

**Hand Delivery**—Hand deliver your application to a local CalSTRS benefits counseling office. For a current listing, go to [CalSTRS.com/counseling](http://CalSTRS.com/counseling).

**Mailing Address**—Mail your application to:  
CalSTRS  
PO. Box 15275, MS 88  
Sacramento, CA 95851-0275

**Overnight Delivery**—If you are using a special mailing service such as UPS or FedEx, send your application to:

CalSTRS  
Member Services  
100 Waterfront Place  
West Sacramento, CA 95605

**Fax Delivery**—916-414-5040

**Keep a copy of your completed application for your records.**