



Mail completed form to:  
30-30 47th Avenue, 10th Fl  
Long Island City, NY 11101



**Application to Purchase Service Credit for Layoff Time  
NYC Department of Correction**

This application is for Department of Correction members who wish to purchase service for the time the member was laid off for economic reasons. In order to purchase this layoff time, the two distinct parts of this form must be filled out: the Member Information, which the member completes; and the Employer Information, which is to be completed by the NYC Department of Correction. The entire form must be returned to NYCERS for processing. You must currently be in active service to be eligible to purchase service credit for layoff time. Please be sure to read the conditions below and complete the requested information. **NOTE: If the address you provide on this form is different from your address in our system, the new address will become your official address in our records.** Should you have any questions regarding this application, please contact our Call Center at 347-643-3000.

**MEMBER INFORMATION**

Member Number	Last 4 Digits of SSN	Home Phone Number (    )	Work Phone Number (    )
First Name		M.I.	Last Name
Address		Apt. Number	
City		State	Zip Code

**Under Chapter 686 of the Laws of 2005, in order to purchase credit for layoff time as a Department of Correction member, all of the following must be true:**

- (1) I must have been laid off by the NYC Department of Correction on or after May 1, 2003 and returned to service prior to July 1, 2004 **AND**
- (2) The layoff must have been for economic reasons and did not exceed thirteen (13) months.

The following Contributions are required: regular contributions plus interest, as though I had been in regular service, for the layoff period being purchased and Additional Member Contributions plus interest for members of the Correction Officer 20-year Plan (CO-20)

**LAYOFF PERIOD:**

FROM [MM/DD/YYYY]	TO [MM/DD/YYYY]	AGENCY
/    /	/    /	NYC Department of Correction
/    /	/    /	NYC Department of Correction
/    /	/    /	NYC Department of Correction

Signature of Member	Date
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**This form must be acknowledged before a Notary Public or Commissioner of Deeds**

State of \_\_\_\_\_ County of \_\_\_\_\_ On this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, personally appeared before me the above named, \_\_\_\_\_, to me known, and known to me to be the individual described in and who executed the foregoing instrument, and he or she acknowledged to me that he or she executed the same, and that the statements contained therein are true.

Signature of Notary Public or Commissioner of Deeds \_\_\_\_\_  
 Official Title \_\_\_\_\_  
 Expiration Date of Commission \_\_\_\_\_

If you have an official seal, affix it



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Member Number	Last 4 Digits of SSN

**EMPLOYER INFORMATION**

By completing the following information, you are certifying that this member:

- a.) held an appropriate title
- b.) was laid-off for economic reasons (on or after May 1, 2003)

The following is a full record of the salaries and dates of layoff while employed in the NYC Department of Correction:

**Name of Member**

First Name	M.I.	Last Name

**DATES**

**EARNABLE SALARY HISTORY FOR EACH EFFECTIVE DATE**

From (start date) [MM/DD/YYYY]	To (end date) [MM/DD/YYYY]	
/ /	/ /	\$
/ /	/ /	\$
/ /	/ /	\$
/ /	/ /	\$
/ /	/ /	\$
/ /	/ /	\$
/ /	/ /	\$

Signature of Official	Title

Agency	Date	Phone Number
NYC Department of Correction		(    )