



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



**Application to Purchase Service Credit for Layoff Time
Department of Sanitation Uniformed Force**

This application is for Department of Sanitation Uniformed Force members who wish to purchase service for the time the member was laid off. In order to purchase this layoff time, the two distinct parts of this form should be filled out: the Member Information, which you are to complete; and the Employer Information, which is to be completed by the NYC Department of Sanitation. The entire form must be returned to NYCERS for processing. You must currently be in active service to be eligible to purchase previous service. 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

In order to purchase credit for layoff time as a Department of Sanitation Uniformed Force member, all of the following must be true:

- (1) I must have been laid off by the NYC Department of Sanitation on or after July 1, 1990 **AND**
- (2) The layoff must have been for economic reasons and did not exceed thirty-three (33) months **AND**
- (3) The following Contributions are required:
 - a.) regular contributions plus interest, as though I had been in regular service, for the layoff period being purchased;
 - b.) additional 20-year retirement program contributions (if I elected that program);
 - c.) additional member contributions of 2% of earnings (from the date the law was enacted until retirement or completion of 30 years of service).

LAYOFF PERIOD:

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

Signature of Member	Date

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 _____



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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 July 1, 1990)

The following is full record of the salaries and dates of layoff of

Name of Member

First Name	M.I.	Last Name

while employed in the NYC Department of Sanitation.

DATES

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 Sanitation		()