

## **Certified Summary of Federal Service**

Office of Personnel Management 5 CFR Part 841

Federal Employees Retirement System

## **Information for the Agency**

- 1. A certified copy of this form must accompany the employee's *Application for Immediate Retirement* (SF 3107).
- 2. This form may also be used:
  - for retirement counseling purposes
  - to respond to an employee's request for a record of creditable service.
- 3. See the CSRS and FERS Handbook for Personnel and Payroll Offices for detailed instructions for completion and disposition of this form.

## **Instructions for the Employee**

- 1. Your employing office will complete and certify this form for you.
- 2. Review this form carefully. Be sure it contains all of your service.
- 3. Complete Section E, Employee's Certification, and return the form to your employing office.

S	Section A - Identification									
1.	Name of employee (last, first, middle)			2. Date of birth (mm/dd/yyyy)			3. Social Security Number			
4. List all other names used (maiden name, AKA, spelling variants)				5. Other birth dates used 6. Military serial number						
			7.	Service computa	ation date for retirement	nt pu	urposes			
8a.	Did this employee elect to transfer to F	8b. If the employee elected to transfer to FERS, is the employee entitled, according to your records, to have part of the FERS annuity computed under CSRS rules?								
9a.	No Yes, give effe  Does the applicant receive military retir	9b. If yes, has the applicant waived military retired pay to credit military service for								
Yes (Attach a copy of the applicant's military retired pay order, if available, and complete 9b.)				FERS retirement?  Yes (Attach a copy of the military finance center's letter to the employee accepting waiver, if available.)						
c	No	ee History Documented in C	No (Include cases where a waiver is not necessary.)							
	Federal agency or military service branch	Appointment, separation, or conversion dates for civilian and active honorable military service  From To (mm/dd/yyyy)	1	ame of retirement system*		nrks:	and non-creditable time**			

<sup>\*</sup> Give details of creditable civilian service not subject to retirement deductions in Section C.

<sup>\*\*</sup>In Remarks, show if CSRS service on or after January 1, 1984, is "regular" CSRS or CSRS Offset.

Indicate if service is part-time. If service was performed on a WAE or intermittent basis, show the number of days worked in "Remarks." If the number of days worked is not available, then show the number of hours worked.

## Section C - Detail of Civilian Service Not Subject to Contributory Retirement System for Civilian Federal Employees

Detail below (1) any period of Federal civilian service subject only to "FICA" deductions, and (2) any other Federal civilian service not subject to a Federal employee (or D.C. Government) retirement system. If total basic salary earned for any such period of service is known, you may make a summary entry on the right hand side below. Otherwise, show each change affecting basic salary during the period of service. Show part-time tour of duty, if applicable. Also provide total number of hours the employee worked during the period of part-time service, if available, and show what a full-time tour of duty would be. Service which is not subject to FERS or CSRS deductions is creditable only as specifically allowed by law.

Nature of action (Appt., pro., res., etc.)	Effective date (mm/dd/yyyy)	Basic salary rate	Salary basis (per annum, per hour,	Leave without pay	If basic salary actually earned is available make summary entry below				
resi, etc./			WAE, etc.)		From (mm/dd/yyyy)	To (mm/dd/yyyy)	Total earned		
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	ency Certification ation on this form accura		ified information	contained in offic	ial records and that t	ha applicant has suf	ficient cervice to be		
entitled to an annuity. I	further certify that all re	quired document	tation in support of	of this application	is attached, accurate	e and complete.			
Signature of authorized ag	gency personnel official		Agency name and address, including ZIP Code, telephone number (including area code), FAX number, and EMAIL address						
Official Title		Date (mm/dd/yyyy)							
	ployee's Certifica	tion							
The service listed is complete.  I have additional service. (If you claim additional service, attach signed statement(s) giving dates, positions, titles and locations of employment,									
including agency, bureau, and division. Claimed service cannot be credited for retirement until it has been verified. This includes unverified ser listed on an SF 144, <i>Statement of Prior Federal Civilian and Military Service</i> , or similar affidavit.)  Note: If you have performed Federal civilian service subject to social security deductions (FICA) or not subject to retirement deductions, be so your agency has correctly completed Section C above.									