

SAMPLE LETTER

[Date]

[Your Return Address]

Name of Employer
Address

To Whom it May Concern:

RE: [Your Social Security Number]
[Dates Employed]
[Names - Other Than Current Name]

In order to purchase other governmental service to be used in the calculation of my pension benefit from the State of Delaware, I need to have written verification of my service **submitted on official letterhead of the employer in reference with an official signature.** The attached form contains the information needed to satisfy the requirements of the State of Delaware. **Please copy this form onto your letterhead,** complete, sign and return to the following address as soon as possible.

State of Delaware
Office of Pensions
McArdle Building
860 Silver Lake Blvd., Suite 1
Dover, DE 19904-2402

Also, forward a copy to my home address. Your prompt attention to this matter would be greatly appreciated.

Sincerely,

[Your Full Name]

Other Governmental Service Verification Form

EMPLOYEE'S NAME _____

SOCIAL SECURITY NUMBER _____

DEPARTMENT/AGENCY _____

ADDRESS _____

1. Beginning Employment Date: _____

Month Day Year

Ending Employment Date: _____

Month Day Year

2. Continuous Employment; No Absences Without Pay: _____

Brief Explanation if answer is "No" Yes No

3. Title of Position Held: _____

Length of contract: 9 mo. _____ 10 mo. _____ 11 mo. _____ 12 mo. _____

4. Specify beginning and ending dates for your standard year: _____

mo/day/year mo/day/year

5. Full time Employment: Yes _____ No _____

(Part Time Employment Cannot Be Purchased)

Date

Official Signature

Telephone Number

Title