

**THE SCHOOL DISTRICT OF PHILADELPHIA  
RETIREMENT DEPARTMENT**

440 North Broad Street, Suite G-8  
PHILADELPHIA, PENNSYLVANIA 19130-4015

TELEPHONE (215) 400-4680

FAX: 215-400-4681

**WORKSHEET OF PURCHASE OF RETIREMENT CREDIT FOR PHILADELPHIA SERVICE ONLY**

This Worksheet is to be used for the purchase of prior unaccredited service toward retirement credit. Enter as much information as possible and return it to the address given above.

**CURRENT**

**OTHER NAMES OR SS# USED**

Name \_\_\_\_\_

SS # \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ ( ) \_\_\_\_\_

**FOR ALL YEARS REQUESTED BEFORE THE YEAR 1970**

If you do not have pay stubs to send with this information, then please write to Social Security for Form SSA-7050-F4 at the following address:

Social Security Administration, Division of Earnings Record Operations, P.O. Box 33003, Baltimore, Maryland 21290-3003

**BEFORE 1970**

<u>Dates Claimed</u>		Name of School or Work Location	<u>Type of Service</u> (Per Diem, Hourly, Full Time, Part Time)	Job Title
FROM month/yr	TO month/yr			

**Social Security will charge you for this information**

**AFTER 1970** *Form SSA-7050-F4 not required. Fill in the needed information only.*

<u>Dates Claimed</u>		Name of School or Work Location	<u>Type of Service</u> (Per Diem, Hourly, Full Time, Part Time)	Job Title
FROM month/yr	TO month/yr			

I certify that I have not received credit for this service in any other retirement system.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date