



Welcome to The MetroHealth System!

Attached is the Prior Service Credit form. If you had prior service at another qualifying retirement system (i.e. OPERS, STRS, OP&F, HPRS, or CRS), please complete the required information indicated in section 1 and click the "submit to HR" button found on the bottom of the form. HR will mail this form to your previous employer(s) to verify service credit and sick balance that may be transferred.

Upon receipt of the completed Prior Service Credit form from your former employer, The MetroHealth System will create an adjusted hire date and any applicable sick balance with be transferred.

If you have questions regarding this process, please contact Lauren Raicevich at 440-592-1349.



The MetroHealth System: Prior Service Credit – Other PERS Employer

If an employee was previously employed with any Ohio state, county, or city government agency, he or she may receive credit for prior service as applicable under the Ohio Revised Code. Counting your public service may make a difference in computing your vacation leave. Unused sick leave may be transferable from your prior state employer if your employment is within the past ten (10) years.

Instructions: The employee requesting prior service credit should complete Section 1 and submit. The Human Resources department will make initial contact with your former employer regarding service time and the transfer of sick leave. That agency must complete Section II and mail to the address provided at the bottom of the form. PLEASE NOTE: A separate form is needed for each agency from which the employee is requesting prior service credit.

Section I – To be completed by employee:

EMPLOYEE LAST NAME	FIRST NAME	M.I.	EMPLOYEE ID #
MAIDEN NAME (IF APPLICABLE DURING PREVIOUS EMPLOYMENT)		SOCIAL SECURITY NUMBER	
EMPLOYEE SIGNATURE		DATE	

Previous Employer:

AGENCY:	ADDRESS:		
CITY:	STATE:	ZIP CODE:	
DATE OF EMPLOYMENT:	JOB TITLE:		

Section II – To be completed by previous employer:

Please provide the following information on the above employee:

Date of Hire: _____ Date of Separation: _____

Is your agency a political subdivision of the State of Ohio? YES NO

Was this employment covered under by an Ohio Public Retirement System (e.g., STRS, SERS)? YES NO

If yes, please identify the retirement system: _____

Sick Leave Balance: _____

Information in Section II has been verified by:

PRINT NAME:	SIGNATURE		
TITLE/POSITION:	DATE:	PHONE NUMBER:	