

Certified Summary of Federal Service

Office of Personnel Management 5 CFR Part 841

Federal Employees Retirement System

Information for the Agency

- 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.	ame of employee (last, first, middle)			Date of birth (mm/dd/yyyy)		3. Social Security Number				
4.	List all other names used (maiden name, AKA, spelling variants)			Other birth dates		6.	Military serial number			
			7.	7. Service computation date for retirement purposes						
8a.	. · ·	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?								
		ctive date of election:		Yes			No			
9a.	Does the applicant receive military retired pay?			9b. If yes, has the applicant waived military retired pay to credit military service for FERS retirement?						
	Yes (Attach a copy of the app if available, and complete 9b		Yes (Attach a copy of the military finance center's letter to the employee accepting waiver, if available.)							
	No		No (Incli	ude cases where a w	vaiv	er is not necessary.)				
S	Section B - Verified Servic	e History Documented in O)ffi	cial Person	nel Records					
	Federal agency or Appointment, separation, or conversion dates for civilian and active honorable military service			fame of retirement system*	Remarks and non-creditable time**					
		From To (<i>mm/dd/yyyy</i>) (<i>mm/dd/yyyy</i>)								
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^{*} Give details of creditable civilian service not subject to retirement deductions in Section C.

^{**}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.

27.	F100 (1 1)	ъ .	0.1 1 :						
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				
,,			WAE, etc.)		From (mm/dd/yyyy)	To (mm/dd/yyyy)	Total earned		
Section D - Age	ency Certification	l							
I certify that the inform entitled to an annuity. I	ation on this form accurate further certify that all re	ntely reflects veri quired document	ified information tation in support of	contained in offic of this application	ial records and that t is attached, accurate	he applicant has suf and complete.	ficient service to be		
Signature of authorized ag		Agency name and address, including ZIP Code, telephone number (including area code), FAX number, and EMAIL address							
		·							
Official Title		Date (mm/dd/yyyy)							
Section E - Em	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 se 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 deduct your agency has correctly completed Section C above.									
Signature (do not print)					Date (mm/dd/yyyy)				