

**INSTRUCTIONS**

1. All applicable fields must be completed before submission to the State Controller's Office.
2. **Human Resource Offices** – Complete sections 1-4
3. **Past or Current Employees** – Complete sections 1, 3, and 4
4. Completed requests should be emailed to [EHRRequests@sco.ca.gov](mailto:EHRRequests@sco.ca.gov)
5. Requests submitted electronically from Human Resources offices must come from a "ca.gov" address.
6. Completed requests will be returned using the same method they were submitted.

**Section 1 – Requestor Contact Information**

Full Name		Date of Request	
Address			
City		State	Zip
Email		Phone Number	

**Section 2 – Human Resources Information**

Department/Campus	
Agency Code	Position/Title

**Section 3 – Employee Information (HR Offices Only- For more than 1 employee attach additional page(s))**

First Name	Last Name	Prior Last Name(s)		
Request is for Service Credit Purchase <input type="checkbox"/>	Last 4 Digits of Social Security Number	Year of Birth	Beginning Date of Employment	Ending Date of Employment

Agencies worked for and classification held during employment (Attach additional pages if needed)

**Section 4 – Authorizing Signature**

*I certify, under the penalties of perjury, the above information is true and that I am the employee or an authorized representative for the herein named state agency.*

Signature	Date Signed
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