



# Summary of Other Governmental Service

Wisconsin Department  
of Employee Trust Funds  
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Madison WI 53707-7931  
1-877-533-5020 (toll free)  
Fax 608-267-4549  
etf.wi.gov

Name (first, middle, last)	ETF ID	Date
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**Instructions:**

- Complete sections 1 through 3 for non-military service, National Guard, or Reserve Service.
- If active military service can be verified with a DD214 or comparable military discharge form that shows an honorable or general discharge, complete section 3 only. Submit a copy of your military discharge papers if the Department of Employee Trust Funds does not have any on file. If you do not have a DD214, complete all three sections.

<b>1. Other Governmental Employers</b>	
List your other governmental employer(s) for the service you want to purchase.	
<b>First Employer:</b>	
Employing agency, department, or institution	Subdivision of (specify the federal, state, or local governmental entity)
Street address	Agency business or mission (e.g., school, hospital)
City, State, ZIP code	Name and phone number, including area code, of contact person
Phone number, including area code	Your occupation while employed with this employer
<b>Second Employer (if applicable):</b>	
Employing agency, department, or institution	Subdivision of (specify the federal, state, or local governmental entity)
Street address	Agency business or mission (e.g., school, hospital)
City, State, ZIP code	Name and phone number, including area code, of contact person
Phone number, including area code	Your occupation while employed with this employer
<b>Third Employer (if applicable):</b>	
Employing agency, department, or institution	Subdivision of (specify the federal, state, or local governmental entity)
Street address	Agency business or mission (e.g., school, hospital)
City, State, ZIP code	Name and phone number, including area code, of contact person
Phone number, including area code	Your occupation while employed with this employer



## 2. List Each Year of Other Governmental Service

Use the table below to enter the dates and hours of employment. List each year separately for each employer based on a **calendar year** (January through December). Calendar year hours must be entered even if you were a fiscal year employee.

- **Hours of work** should be paid hours only, including vacation and sick leave.
- **Full-time employment** is assumed to be 40 hours per week. You may include overtime hours if you received additional compensation for them. If your work hours varied week to week, give your best estimate of the average number.
- **Part-time employment:** Enter your total hours per year. If you work different hours each week, enter your *average* weekly hours.

Year	Employer	Begin date	End date	Hours per week	Total hours per calendar year	<i>Office use only (calculated years of creditable service)</i>	
						Pre-2000	Post-1999

During any of the employment described above, were you a student employee or trainee, volunteer, or private contractor? If yes, please explain:

## 3. Signature Required

Your signature		Date (MM/DD/YYYY)	Phone, including area code
Address	Street	City	State ZIP code