Department of Transformation and Shared Services
Office of Personnel Management

Years of Service Certificate Request

M E M O R A N D U M

TO: Office of Personnel Management

FROM: _____

DATE: _____

SUBJECT: Years of Service Certificate

Official request for the following from the Office of Personnel Management:

- ◯ 10 Year Service Certificate
- ◯ 20 Year Service Certificate
- ◯ 30 Year Service Certificate
- ◯ 40 Year Service Certificate
- ◯ Retirement Certificate

- Employee's Name: _____
- Employee's Preferred Name: _____
- Employee's Official Title: _____
- Employee's Dates of Service/Retirement Date for Above: _____

Select one: Certificate
- ◯ for pick up
- ◯ by messenger mail
- ◯ by US Mail

Agency/Institution Contact Name/Title: _____

Contact telephone/address information per certificate transmittal selection above:

_____

Request MUST be submitted to the Office of Personnel Management at least two weeks prior to the date needed.

_____ _____

Department Secretary, Agency Director, or Designee Signature Date