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Certified Summary of Federal Service

Federal Employees Retirement System

Office of Personnel Management

5 CFR Part 841

Information for Agency

- 1. A certified copy of this form must accompany an 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 (formerly FPM Supplement 830-1) 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.

2. Date of birth

3. Complete Section E, Employee's Certification, and return it to your employing office.

Section A - Identification

1. Name of employee (last, first, middle) MAGEE, JULIE K				2. Date of birth (dd/mm/yyyy) 10/03/1967	3. Social Security Number	
4. List all other names used (maide	n name, AKA, spelling var	iants)		5. Other birth dates used 7. Service computation 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6. Military serial number on date for retirement purposes	
8a. Did this employee elect to transfer to FERS? No Yes, Give effective date of election:				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? Yes No		
9a. Does the applicant receive milit Yes (Attach a copy of the appli No		9b. If Yes, has the applicant waived military retirement pay to credit military service for FERS retirement? Yes (Attach a copy of the military finance center's letter to the employee accepting waiver, if available.) No (Includes cases where a waiver is unnecessary)				
Section B - Verified Service F	listory Documented i	n Official Personnel I	Records Import Data	from Retirement Cal	culator	
ederal agency or military service ranch	1		Name of retirement system*	Remarks and non-creditable time**		
	From (mm/dd/yyyy)	To (mm/dd/yyyy)				
US EPA	02/11/1990	05 / 31 / 2025	FERS	IN FUND		

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 - Details 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.

^{*} 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.

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Otherwise, show each change affecting basic salary during the period of service. Show part-time tour of duty, if applicable. If part-time service is after April 6, 1986, also provide total number of hours employee worked during the period 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.

		•					
	Effective Date (mm/dd/yyyy)	,	, ,	Leave Without Pay	If Basic Salary Actually Earned is Available Make Summary Entry Below		
					From (mm/dd/yyyy)	To (mm/dd/yyyy)	Total Earned
There are no givilian gowing records							

Section D - Agency Certification

I certify that the information on this form accurat that the retiring employee has sufficient service for	•	ontained in official personnel and/or payroll records in the custody of this agency and			
Signature of Authorized Agency Personnel Official		Agency Name and Address, including ZIP Code, and Telephone Number (including Area Code), FAX number, and email address			
Official Title	Date (mm/dd/yyyy)	EPA 26 W. Martin Luther King Drive , Benefits Branch MS N131B			
HR Benefits Speciali		Cincinnati, OH 45268 (Tel) 513-569-7318			
		(Fax) 513-487-2567			
		lubin.wenddy@epa.gov			

Section E - Employee's Certification

\circ	The service listed is complete.		
0	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 service listed on a SF 144, Statement of Prior Federal Civilian and Military Service, or similar affidavit.)		
	Note: If you have performed Federal civilian service subject to social security deductions (FICA) or not subject to retirement deductions, be sure that your agency has correctly completed Section C above.		
Signature (do not print)		Date (mm/dd/yyyy)	

CSRS/FERS Handbook for Personnel and Payroll Offices

3107-108 Previous editions are not usable. Standard Form 3107-1 Revised May 2014