



ALLEGHENY COUNTY  
**EMPLOYEES' RETIREMENT SYSTEM**

PERMISSION FOR REPAYMENT —  
SIX-MONTH WAIVER

I hereby request permission to make payment to the fund in order to credit my first six months of employment service time, during which I elected to waive making contributions, as allowed upon employment with the County. I am aware that I am responsible for paying the amount of contributions I would have made at the time of my first six months of employment as well as the employer (County) match plus annual interest. I understand that I will not receive credit for this service until payment is made in full.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

**PLEASE PRINT**

\_\_\_\_\_  
Member Name

\_\_\_\_\_  
Previous Last Name(s)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Work Email

\_\_\_\_\_  
Hiring Department

\_\_\_\_\_  
Employee Number or Last Four Digits of SSN

**The following information must be completed by the Payroll / Human Resources / Administrative staff from the employee's hiring department prior to submitting this form to the Retirement Office.**

Date of Hire: \_\_\_\_\_

Completed by: \_\_\_\_\_

Hourly Rate at Hire: \$ \_\_\_\_\_

Date: \_\_\_\_\_

Complete and return to:

**Allegheny County Employees' Retirement System**  
106 County Office Building • 542 Forbes Avenue • Pittsburgh, PA 15219 • (412) 350-4674

Effective June 2015