

**BOARD OF TRUSTEES OF THE POLICE PENSION FUND
OF THE CITY OF DES PLAINES, ILLINOIS**

**SERVICE CREDIT EARNED IN
DES PLAINES, ILLINOIS POLICE PENSION FUND**

FOR CALENDAR YEAR - _____

OFFICER _____
Name

RANK _____ BADGE NUMBER _____

	Month	Days
Term of Employment in Year	_____	_____
Deduct Break in Service (Show details below)	_____	_____
Creditable Service for 20_____	_____	_____

Date _____ Signed _____
Chief of Police

Breaks in Service

From	To	Months	Days
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL		_____	_____