

SERVICE CREDIT WORKSHEET

NAME: \_\_\_\_\_

In the spaces below, please list the dates of your full-time experience as a POLICE SERGEANT with the City of San Diego Police Department. (Indicate month-day-year)

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Did you have any separation(s) from employment as a Police Sergeant during the times listed above?

NO

YES FROM: \_\_\_\_\_ TO: \_\_\_\_\_ REASON: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_ REASON: \_\_\_\_\_

I verify that all statements made on this Service Credit Worksheet are true, accurate, and complete to the best of my knowledge. I understand that any false statements or incomplete information may be cause for rejection of my application or discharge from employment.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

PIN NUMBER: \_\_\_\_\_

Date of Sgt. Rank: \_\_\_\_\_ Adjusted Date: \_\_\_\_\_ # of Points: \_\_\_\_\_ Converted Score: \_\_\_\_\_

Calculated by: \_\_\_\_\_ Checked by: \_\_\_\_\_