

## EMPLOYEE INFORMATION SHEET

Org: \_\_\_\_\_

Last Name		First Name		Middle Name				
Social Security Number		Birth Date		Male	Female	Non-Binary		
Mailing Address		City		State		Zip		
Phone Number		Position		Start				
Part Time	Yes	No	Regular	Yes	No	Substitute	Yes	No

If you will be or are working part-time at another district, please indicate the name of the other district: \_\_\_\_\_

### RETIREMENT INFORMATION

Please indicate if you have been or are a current member of any of the following retirement systems:

I am **not** a member of any retirement system.

#### STATE TEACHER'S RETIREMENT SYSTEM INFORMATION (STRS)

I am a current member

I am a RETIRED STRS member

I was a member but have withdrawn my contributions

Yes

No

Did you receive a retirement incentive?

Yes

No

Have you been informed of retirement earning limits?

#### PUBLIC EMPLOYEES RETIREMENT SYSTEM INFORMATION (PERS)

I am a current member

I am a RETIRED PERS member

I was a member but have withdrawn my contributions

UNEMPLOYMENT INSURANCE PAYMENT

QUALIFICATION I certify in writing that I did not receive any unemployment insurance payments within the 12 months prior to this appointment for previous retired annuitant work with any CalPERS employer

Signature

Date

#### EMPLOYER OR OFFICE USE ONLY

First day of work \_\_\_\_\_

Certificated

Base hours \_\_\_\_\_

Classified

Rate of pay \_\_\_\_\_

Reciprocity form