

DISTRICT NAME

Employee Information Request

Org # _____

Last

First

Middle

Social Security Number

Birth date

Male Female

MAILING ADDRESS

City

State

Zip

Phone Number

Position

Start Date

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 below:

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I was a member but have withdrawn my contributions

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I was a member but have withdrawn my contributions

Signature

Date

EMPLOYER OR OFFICE USE ONLY:

FIRST DAY OF WORK _____

CERTIFICATED OR CLASSIFIED

BASE HOURS _____

CIRCLE ONE

RATE OF PAY _____