

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I was a member but have withdrawn my contributions

PUBLIC EMPLOYEES RETIREMENT SYSTEM INFORMATION (PERS)

I am a current member

I am a RETIRED STRS member

I was a member but have withdrawn my contributions

Signature

Date

EMPLOYER OR OFFICE USE ONLY

First day of work _____

Certificated

Base hours _____

Classified

Rate of pay _____