



# Tehama County Department of Education

## EMPLOYEE INFORMATION REQUEST

Org # \_\_\_\_\_

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Birth Date

Male  Female

\_\_\_\_\_  
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 system:

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I was a member but have withdrawn my contributions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I was a member but have withdrawn my contributions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

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

CLASSIFIED

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