



**TEHAMA COUNTY DEPARTMENT OF EDUCATION**

**EMPLOYEE INFORMATION SHEET**

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I was a member but have withdrawn my contributions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I was a member but have withdrawn my contributions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
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**EMPLOYER OR OFFICE USE ONLY**

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

Certificated

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

Classified

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