



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I was a member but have withdrawn my contributions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I was a member but have withdrawn my contributions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

Yes No Do you have any active duty military service?

Signature	Date
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EMPLOYER OR OFFICE USE ONLY

First day of work _____

Certificated

Base hours _____

Classified

Rate of pay _____

Reciprocity Form