

Position is: Certificated ☐ Classified ☐

Today's Date: _____

School District: Roseville City School District

First Working Day in this Assignment: _____

Escape # _____

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION:

Enter your name and Social Security number exactly as they appear on your Social Security card.

Social Security Number: _____ Birthdate: _____ Male: ☐ Female: ☐

Last Name First Name MI (Former or Maiden Name)

Home Phone: (____) _____ Cell: (____) _____ Email Address: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

1. Have you ever been a member of CalSTRS (Calif. State Teachers' Retirement System)? ☐ No ☐ Yes

2. Have you ever been a member of CalPERS (Calif. Public Employees' Retirement System)? ☐ No ☐ Yes

a. If yes, please provide name of employer: _____

3. Have you received a refund of retirement contributions? ☐ No ☐ Yes CalSTRS ☐ Yes CalPERS

4. If yes, have you rejoined the system? ☐ No ☐ Yes CalSTRS ☐ Yes CalPERS

a. If yes, what is your new Membership Date: _____

5. Are you retired and receiving CalSTRS or CalPERS benefits? ☐ No ☐ Yes CalSTRS ☐ Yes CalPERS

a. If yes, what was your retirement date? _____

b. If retirement date unknown, have at least 180 days (6 mos) passed since your retirement? ☐ No ☐ Yes

6. Are you currently working for another school district/COE? ☐ No ☐ Yes (If yes, percent of time: _____)

7. Currently or last employed by city, state, or county government? ☐ No ☐ Yes (If yes, where: _____)

8. Signature: _____

FOR DISTRICT USE - TO BE COMPLETED BY PAYROLL STAFF

Retirement system to be used for this employee: CalSTRS: ☐ CalPERS: ☐ OASDI: ☐

Current Employee Contribution Rate: _____ Current Employer Contribution Rate: _____

Benefit Formula (check MyCalPERS and/or REAP):

PERS ☐ 2% @ 55

STRS ☐ 2% @ 60

PERS/STRS ☐ 2% @ 62

Job Title: _____ Range: _____ Step: _____

Full Time: _____ Part Time: _____ (if part time give percent of contract: _____)

Short Term: _____ Substitute: _____ Temporary: _____ Student: _____

Hours Per Week: _____ Per Day: _____ Earnings: Monthly: \$ _____ Daily: \$ _____ Hourly: \$ _____

SEND THE COMPLETED FORM TO THE COUNTY OFFICE PRIOR TO PAYING THIS PERSON