PERS MEMBER ACTION REQUEST

DISTRICT NAME: _____ **DISTRICT #** _____

Member: SSN: _____ Full Name: _____
(First, Middle, Last **PER SOCIAL SECURITY CARD**)

DOB: _____ GENDER: _____

ORIGINAL HIRE DATE: _____ EFFECTIVE DATE OF ACTION: _____

Current Mailing Address: _____ This is a new address

1234 Main Street

TYPE OF ACTION REQUESTED:

_____ Appointment/Membership Enrollment Eligibility Date: _____

_____ Separation Select/Provide Reason: N/A

Last date in PAID STATUS: _____ Separation/Retire Date: _____

_____ **PERS Retirement** **SICK LEAVE IN HOURS** _____ **SICK LEAVE IN DAYS** _____

_____ Name Change New Name: _____

Document Used to Verify Name Change: _____

Identify APPLICABLE QUALIFICATIONS for appointment/Membership :

Employee:

Hired to fill a full time position _____ Is already a PERS member _____

Hired in a part time position and will work an average of 20 hours or more per week for one year or more _____

Has performed service totaling 1,000 hours or on 125 days in a fiscal year _____

This is a STRS eligible position for which the employee is electing PERS service credit. _____
(If this line is checked you must submit an ES372 Form "Retirement System Election" signed by the employee)

_____ _____ _____ _____
Certified by (Print Name) Signature Date email address

SECTION BELOW IS FOR TCOE USE:

RECEIVED: *ENTERED:* *SEED:*