



# CalPERS Member Action Request Form

(Due to ICOE-District Financial Services immediately upon hiring)

Attached copy of Social Security Card, CalPERS Reciprocity Form and NOE is required

<b>First Name</b>		<b>Middle Name</b>	<b>Last Name</b>		<b>Suffix</b>
<b>Social Security No.</b>	<b>Date of Birth</b>	<b>Gender</b> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown <input type="checkbox"/>		<b>Phone Number</b> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/>	
<b>Mailing Address:</b>			<b>District Name:</b>		
<b>Street/P.O. Box:</b>			<b>Job Position/Title:</b>		
<b>City:</b>					
<b>State &amp; Zip Code:</b>			<b>Effective Date of Action:</b>	<b>Months Worked/Year</b>	<b>Months Paid/Year</b>

Type of Action (check all boxes that apply for this **Effective Date**):

**A. Appointment/Membership (select qualification)**

- Full-Time > 6months
- Part-Time for >= 20hrs for 1yr or more
- Indeterminate; 20hrs a week for 1yr or more
- 1000hrs or 125days in fiscal year
- Already a PERS Member
- Membership Date \_\_\_\_\_
- Retired Service Annuitant
- Retirement Date \_\_\_\_\_
- Retired Disability Annuitant
- Retirement Date \_\_\_\_\_

**B. Appointment Change**

(Mark "X", if STRS position electing CalPERS (ES372) is "Yes")

**C. Address Change**

**D. Phone Number Change**

**E. Name Change**

Former Name \_\_\_\_\_

**F. Leave of Absence**

Begin date: \_\_\_\_\_

Reason: \_\_\_\_\_

Return date: \_\_\_\_\_

**G. Separation (select reason)**

Last Day Worked: \_\_\_\_\_

Unused Sick Leave Hours: \_\_\_\_\_

- Layoff
- Resigned
- Retirement
- Term with cause
- Other:

Deceased Date: \_\_\_\_\_

Membership Information:	Yes	No
STRS position electing CalPERS (ES372 required)	<input type="checkbox"/>	<input type="checkbox"/>
PERS position electing CalSTRS (ES372 required)	<input type="checkbox"/>	<input type="checkbox"/>
Reciprocity	<input type="checkbox"/>	<input type="checkbox"/>

Form Completed by:

\_\_\_\_\_  
Name Title Date Phone Number

<b>DFS Use Only</b>		<input type="checkbox"/> Pepra	CalPERS ID: _____
Date Received: _____	User: _____	<input type="checkbox"/> Classic	
<input type="checkbox"/> Updated Persons Record	<input type="checkbox"/> Retirement Tab Correction	<input type="checkbox"/> Updated My CalPERS	