



CalSTRS Information Statement

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

First Name	Middle Name	Last Name	Suffix
Maiden Name	Social Security No.	Date of Birth	Gender Female Male
Mailing Address: Street/P.O. Box: City: State: ZIP Code:	Phone Number	Home Cell Work	
	Date		

Retirement Status Prior to Hire Date:

- A. Member of State Teacher's Retirement System (STRS) Date:** _____
 Former STRS Employer _____ Date Employed: _____
 Have you received a refund from STRS? Yes No
- B. Member of Public Employee's Retirement System (PERS) Date:** _____
 Former PERS Employer: _____ Date Employed: _____
 Have you received a refund from PERS? Yes No
- C. Currently employed by another public agency, school or college district within California**
 Name of Agency: _____
 Position Title: _____ Full-time Part-time
- D. Retired Member of STRS Date:** _____
- E. Retired Member of PERS Date:** _____
- F. Non-Member**

District Use:	
District Name: _____	Position: _____
Hire Date: _____	Employee Status: Full-Time Part-time Substitute <input type="checkbox"/> Temp
ATTACHED COPY OF SOCIAL SECURITY CARD IS REQUIRED WITH THIS FORM	
<input type="checkbox"/> Pay 37	<input type="checkbox"/> ES350 OR ES372 (Original)

<i>DFS Use Only</i>	Retirement Formula
Date Received: _____	<input type="checkbox"/> 2% at 60 <input type="checkbox"/> 2% at 62
User/Date Completed: _____	
Reap Updated: <input type="checkbox"/> No <input type="checkbox"/> Yes	Transaction: _____ Effective Date: _____
Verified Person Record: <input type="checkbox"/>	Retirement Tab Correction: <input type="checkbox"/> No <input type="checkbox"/> Yes