



# 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

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

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 Change**

**E. Email Address Change**

Email Address: \_\_\_\_\_

**F. Name Change**

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

**G. Leave of Absence**

Begin Date: \_\_\_\_\_

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

Return Date: \_\_\_\_\_

**H. Separation** (select reason)

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

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

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

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

Form Completed by:

Name	Title	Date	Phone Number
<b>DFS Use Only</b>			<input type="checkbox"/> Pepra
Date Received: _____	User: _____	Date Entered: _____	<input type="checkbox"/> Classic
<input type="checkbox"/> Update Persons Record	<input type="checkbox"/> Retirement Tab Correction	<input type="checkbox"/> Updated MyCalPERS	CalPERS ID: _____