

Los Angeles Unified School District
Payroll Administration
RETIREMENT CONTRIBUTION INFORMATION

PRINTED NAME: _____ SEX: M F
Last First Middle

Birthdate: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

PREVIOUS EMPLOYMENT WITH ANY CALIFORNIA PUBLIC AGENCY: I am currently employed or have had previous employment with a Public Agency. Yes No

Agency Name Job Title Approximate Dates

PREVIOUS LOS ANGELES UNIFIED SCHOOL DISTRICT EMPLOYMENT: I am currently employed or have previously been employed by the LAUSD in some capacity, and have been issued an employee number. YES No

Job Title Approximate Dates Employee Number

RETIREMENT SYSTEMS INFORMATION:

A. Please check all box(s) below that apply if you are retired and are receiving a retirement allowance. If your retirement system is not listed and you are receiving a retirement allowance, please check other and indicate the retirement system name:

State Teachers' Retirement System (STRS) Public Employees' Retirement System (PERS)

Other: _____

B. If you are **not** retired but are a member of a retirement system, check the appropriate box(es). If the retirement system is not listed, please check the last box and indicate the retirement system name you are a member of:

- I am currently enrolled in STRS, or have funds on deposit with STRS.
 I am currently enrolled in PERS, or have funds on deposit with PERS.
 I am currently enrolled in _____, or have funds on deposit with _____.

C. I understand that if I am currently receiving a retirement allowance from PERS and/or STRS and I am accepting full time employment, it is my responsibility to rescind my retirement with PERS and/or STRS.

Signature Date

PLEASE NOTE:

- The above information is required to be in compliance with Assembly Bill 340 - California Public Employees' Pension Reform Act (PEPRA)
- Completed form must be submitted to Retirement Unit, Payroll Administration, 27th Floor Beaudry Bldg