**STRS REQUIRED QUESTIONNAIRE**
CCCCD PAYROLL OFFICE
*STRS/PERS INFORMATION SUPPLEMENTAL*
*CERTIFICATED/CLASSIFIED (MONTHLY AND HOURLY)*

| **Are you a current member of:** | **Yes** | **No** |
|---|---|---|
| **Public Employees' Retirement System (PERS)?** | | |
| Employer: Full-time / Part-time | | |
| **State Teachers' Retirement System (STRS-Defined Benefit Program)?** | | |
| Employer: Full-time / Part-time | | |
| **State Teachers' Retirement System (STRS – Cash Balance Program)?** | | |
| Employer: Full-time / Part-time | | |
| **Were you a member of the Public Employees' or State Teachers' Retirement System under any previous employment?** | | |
| **Did you withdraw funds?** | | |
| Employer: PERS / STRS | | |
| **Are you currently on leave without pay from another public agency, school or community college?** | | |

Employer:

Leave Period From: To:

| **Are you a member of a retirement system other than the Public Employees' Retirement System or the California State Teachers' Retirement System?** | | |
|---|---|---|
| Employer: System: | | |

**Are you a retired member of:**

| | | |
|---|---|---|
| **Public Employees' Retirement System?** | | |
| Retirement Date: Employer: | | |
| **State Teachers' Retirement System?** | | |
| Retirement Date: Employer: | | |

Name (Print) Social Security Number

Signature Date