



STRS REQUIRED QUESTIONNAIRE
 CCCCDC 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	<input type="checkbox"/>	Part-time	<input type="checkbox"/>	
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State Teachers' Retirement System (STRS-Defined Benefit Program)?			
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Employer:	Full-time	<input type="checkbox"/>	Part-time	<input type="checkbox"/>	
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State Teachers' Retirement System (STRS – Cash Balance Program)?			
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Employer:	Full-time	<input type="checkbox"/>	Part-time	<input type="checkbox"/>	
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Were you a member of the Public Employees' or State Teachers' Retirement System under any previous employment?			
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Did you withdraw funds?			
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Employer:	PERS	<input type="checkbox"/>	STRS	<input type="checkbox"/>	
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Are you currently on leave without pay from another public agency, school or community college?			
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Employer:	
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Leave Period From:	To:
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Are you a member of a retirement system other than the Public Employees' Retirement System or the California State Teachers' Retirement System?			
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Employer:	System:
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Are you a retired member of:	
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Public Employees' Retirement System?			
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Retirement Date:	Employer:
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State Teachers' Retirement System?			
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Retirement Date:	Employer:
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Name (Print)	Social Security Number
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Signature	Date
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