



PUBLIC SECTOR RETIREMENT SYSTEM INFORMATION

To Be Completed by the Employee:

Qualifying certificated employees participate in the California State Teachers' Retirement System (10.25% for 2% at 60 members and 9.205% for 2% at 62 members), along with Medicare tax at 1.45%. Qualifying classified employees participate in the California Public Employees Retirement System (7% for Classic members and 6.5% for PEPR members) along with Social Security at 6.2% and Medicare tax at 1.45%. Both CalSTRS and CalPERS are qualified public retirement systems. Employees who work part-time are usually not eligible for membership in CalSTRS or CalPERS.

Effective July 1, 2000, all substitute and part-time employees who are not eligible to participate in one of the qualifying public retirement systems will be placed in the Public Agency Retirement System, the District's Alternative Retirement System (PARS-ARS). Employees in the alternative retirement system will contribute 6.2% towards PARS-ARS (in lieu of Social Security) and 1.45% for Medicare tax.

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 Please answer the following questions to assist in placing you in the correct retirement system:

|           |                                                                                                 |                              |                             |
|-----------|-------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>1.</b> | <b>Are you now, or have you ever been employed by another school district or public agency?</b> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|           | <b>If yes, in which school district/public agency are/were you last employed?</b><br>_____      |                              |                             |
|           | <b>If applicable, date of separation?</b> _____                                                 |                              |                             |
|           | <b>Are/Were you a part-time _____ or full-time _____ employee?</b>                              |                              |                             |

|           |                                                                                                                          |                              |                             |
|-----------|--------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>2.</b> | <b>Are you now a member of CalSTRS?</b>                                                                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|           | <b>If you are not currently a member of CalSTRS, have you withdrawn/received a refund of your CalSTRS contributions?</b> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|           | <b>Are you retired and receiving a monthly allowance from CalSTRS?</b>                                                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

|           |                                                                                                                          |                              |                             |
|-----------|--------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>3.</b> | <b>Are you now a member of CalPERS?</b>                                                                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|           | <b>If you are not currently a member of CalPERS, have you withdrawn/received a refund of your CalPERS contributions?</b> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|           | <b>Are you retired and receiving a monthly allowance from CalPERS?</b>                                                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Social Security Number**