



MCOE CERTIFICATED PERSONNEL INFORMATION FORM

Certificated Employee to Complete

SSN _____ Date of Birth _____ Gender _____
 Last Name _____ First Name _____ M.I. _____
 Are you an Exchange/Sojourn Teacher? Yes No Date of Entry in US _____
 If Yes, list fiscal year and District where you last taught: Year _____ District _____
 If No, have you taught in another school district? Yes No Fiscal Year _____
 Previous District _____ Status: Full Time Part Time Substitute
 Member of the Public Employees Retirement System (CalPERS)? Yes No
 Member of the State Teachers' Retirement System (CalSTRS)? Yes No
 If STRS "No", did you: Retire Refund Date of Retire/Refund: _____
 Non-Members: Was the Permissive Membership Form ES350 Provided to you? Yes No
 Employee Signature: _____ Date: _____

School District to Complete

District Org: _____ District Name _____ First Day Worked _____
 Pay Frequency: 10Mo 11Mo 12Mo % of Contract _____ Escape EmpID _____
 If not Full-time Status: Substitute Part-Time Adult School Exchange/Sojourn
 REAP Verification: 2% @ 60 2%@62 Not Found Date of Membership _____
 If employee is not a STRS member and does not mandatorily qualify, was the Permissive Membership Form ES350 provided to employee? Yes No
*If EE **elects** Membership on form ES350, set Payroll Retirement Tab to "Member" and submit completed ES350 to MCOE with this personnel information form.*
*If EE **declines** Membership, set Payroll Retirement Tab to "Non-Member", file copy of ES350 and submit completed ES350 to MCOE with this personnel information form.*
If employee is a PERS member and would otherwise mandatorily qualify for STRS membership, was the Retirement Election Form ES372 provided to employee? Yes No Give form to EE within 10 days; EE has 60 days to elect
*If EE elects **PERS** on form ES372, submit completed ES372 and Form AESD-1 to MCOE PERS Retirement Specialist.*
*If EE elects **STRS** on form ES372, file copy of ES372, set Payroll Retirement Tab to "Member" and submit completed ES372 to MCOE STRS Retirement Specialist along with this personnel information form.*
 District Representative Name _____
 District Signature _____ Date _____

MCOE to Complete

REAP Existing Status: Found Not Found Date: _____
 REAP Member Status: Non-Member Mandatory Member Permissive Election