



Notice of Employment

Section A: Member information					
First name		MI	Last name		PERS ID (optional)
Mailing address (street or PO box) Social Security number (SSN)*					
City		State	ZIP code	Country	Date of birth (mm/dd/yyyy)
Home phone number Work phone number		er	Cell phone number	Email (optional)	
Section B: Employment Information					
☐ I have been employed with a PERS Employer (See Question 1)					
☐ I have <u>NEVER</u> been employed with a PERS Employer (Skip to Question 3)					
2. Contribution Start Date (if known): 3. Position Type: MAPS Licensed Substitute Classified (circle one): 12-months paid 10-month paid					
Signature (do not print) Date					
Section C: For HR and Payroll Use Only					
Employee FTE:					
Hire Intent : Qualifying					
Non-Qualifying					