



CaPERS MEMBER ACTION REQUEST

(Please PRINT or TYPE clearly)

First Name		Middle Name		Last Name	
Employee ID#		SS# (Only required for Charters)	DOB	Gender	Former Name
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address			Employer Name		
			San Diego County Schools		
City	State	ZIP	Position Number	CaPERS ID (SDCOE use only)	Employer Code
					0269
Effective Date of Action	Dist # / Dist Name		Hire Date	Category	Work Calendar
				Miscellaneous	12 Month
Retired Annuitant:	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Type of Action (Check all boxes that apply for this Effective Date: if none apply, indicate action needed in "Comments" section)		
A <input type="checkbox"/> Appointment (NAP)	D <input type="checkbox"/> Address Change (ADC)	F <input type="checkbox"/> Permanent Separation (PSP)
B <input type="checkbox"/> Membership Eff. Date Change (ACH)	E <input type="checkbox"/> Profile Change (PRC)	<input type="checkbox"/> Death
C <input type="checkbox"/> Unpaid Leave of Absence		<input type="checkbox"/> Other
<input type="checkbox"/> Begin Leave (BEL)		<input type="checkbox"/> Retirement
<input type="checkbox"/> End Leave (ENL)		Unused Sick Leave Days
		<input type="text"/>

BASIS FOR MEMBERSHIP QUALIFICATION:(Check appropriate box)

- Full Time for > 6 months
- Indeterminate; ≥ 20 hours a week for 1 year or more
- Part Time for ≥ 20 hours for 1 year or more
- Has completed 1,000 hours or 125 days in fiscal year
- Already PERS

Comments

Form Completed By:		
First Name	Last Name	Title
Phone	Fax	Date
Signature		