



POSITION ELIGIBILITY FOR EMPLOYER'S RECORDS

Name _____ Social Security No. _____
First Middle Last
 (and/or State Employee Personnel Number, if known) _____

RETIREMENT STATUS:

Have you ever been a member of a Washington State Retirement System? Yes No

If yes, what system and plan?

- | | | | |
|---|---------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Public Employees Retirement System (PERS) | <input type="checkbox"/> Plan 1 | <input type="checkbox"/> Plan 2 | <input type="checkbox"/> Plan 3 |
| <input type="checkbox"/> Washington State Patrol Retirement System (WSPRS) | <input type="checkbox"/> Plan 1 | <input type="checkbox"/> Plan 2 | |
| <input type="checkbox"/> Judicial Retirement System (JRS) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| <input type="checkbox"/> Law Enforcement Officers & Fire Fighters Retirement System (LEOFF) | <input type="checkbox"/> Plan 1 | <input type="checkbox"/> Plan 2 | |
| <input type="checkbox"/> Teachers Retirement System (TRS) | <input type="checkbox"/> Plan 1 | <input type="checkbox"/> Plan 2 | <input type="checkbox"/> Plan 3 |
| <input type="checkbox"/> Do not know | | | |

Have you ever **retired** from one of the above Washington State Retirement Systems? Yes No

If yes, what system and plan? _____

EMPLOYEE'S UNDERSTANDING OF POSITION ELIGIBILITY FOR RETIREMENT:

(check one) I understand that this position is eligible/ ineligible for the Public Employees Retirement System.

Employee Signature _____ Date _____

Print Name _____

*****To be completed by HRD*****

CURRENT POSITION:

Position Title _____ Date Employee Entered Position _____

Eligible Ineligible Verified by _____