LETTER OF APPOINTMENT/EMPLOYMENT UPDATE FOR EMPLOYEES OF CUNY OR PARTICIPATING CHARTER SCHOOLS



TEACHERS' RETIREMENT SYSTEM OF THE CITY OF NEW YORK (TRS) 55 Water Street, New York, NY 10041 www.trsnyc.org • 1 (888) 8-NYC-TRS

INSTRUCTIONS

PLEASE READ CAREFULLY

- Please complete and file this form to notify TRS of the following:
 - A new appointment of a City University of New York (CUNY) employee* or a new hire of a Charter School employee; or
 - A change in a CUNY or Charter School employee's job location and/or job title.*
- Please print in black or blue ink, and initial any changes you make on this form.
- Return this form to TRS at the above address; write "ATTN: Employer Mailbox" on the envelope.
- If you require additional assistance, please contact our Employer Management Group (EMG) at Employer@trs.nyc.ny.us.
- CUNY employees with optional titles can also enroll on our website (www.trsnyc.org).

*Please note the following TRS membership requirements for CUNY adjuncts and Continuing Education Teachers:

- Adjuncts are eligible to be members of TRS, but must work at least 45 hours per school year to obtain service credit. Membership is optional, not mandatory.
- Continuing Education Teachers are eligible to be members of TRS, if they are working on a 30-hour per week continuous schedule on or after May 1, 1999. Membership is optional, not mandatory.

PART A: Please provide the employee information below.
Employee's First Name MI Last Name Social Security Number Determinent Home Address Apt. No. Date of Birth (MM/DD/YYYY) City State Zip Code Gender: Male Female
PART B: Please check the applicable boxes and provide the requested information below for the CUNY or Charter School employee.
New appointment OR Updated information for existing employee
Full-time Effective date:
Part-time Effective dates: to
Work Location: Title:
Job ID: Payroll Code:
Job Sequence No. (CUNY only):
Annual salary (if full-time employee): Hourly salary (if part-time employee):
No. of hours/school year (if CUNY Adjunct*): No. of hours/week (if CUNY Continuing Education Teacher*):
* See Instructions on page 1 for important information about TRS membership requirements.
PART C: Please provide the requested information and sign and date below.
Your Name: Title:
Email: Phone:
Signature: Date:
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