



[HIGH PRIORITY]

(NOTE: Please print in black or blue ink, and initial any changes that you make on this form.)

Employer/Retirement System

Address

City

State

Zip Code

PART A: The following member claims service/membership with your organization for the following period(s):

Member's First Name

MI

Last Name

Member's Social Security Number

Member's Home Address

Member's TRS Membership Number

City

State

Zip Code

Membership Status

[Employee Reference Number

[PMS Reference Number

PART B: TO BE COMPLETED BY A REPRESENTATIVE OF THE FORMER EMPLOYER/RETIREMENT SYSTEM, WHO SHOULD MAIL THE COMPLETED FORM TO TRS AT THE ADDRESS ABOVE. Please indicate in the spaces below and on the back the following information: the period(s) during which the member rendered service (start and end dates), the salary rate(s) paid to the member (per annum, monthly, weekly, daily, or hourly, as applicable), the total amount of service that the member rendered (days, hours, or sessions, as applicable), the intervals of any leaves of absence without pay (start and end dates), and any additional details.

TITLE

START DATE

END DATE

SALARY RATE

(specify whether per annum, monthly, weekly, daily, or hourly)

TOTAL AMOUNT OF SERVICE RENDERED

(specify whether days, hours, or sessions)

PART-TIME SERVICE:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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TITLE	START DATE	END DATE	SALARY RATE <i>(specify whether per annum, monthly, weekly, daily, or hourly)</i>	TOTAL AMOUNT OF SERVICE RENDERED <i>(specify whether days, hours, or sessions)</i>
EVENING SESSION SERVICE:				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SUMMER SESSION SERVICE:				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FULL-TIME SERVICE:				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OTHER SERVICE:				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LEAVE WITHOUT PAY:			PURPOSE OF LEAVE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

ADDITIONAL DETAILS:

PART C: TO BE COMPLETED BY A REPRESENTATIVE OF THE FORMER EMPLOYER/RETIREMENT SYSTEM.

Please provide the information requested, and then read the statement and sign and date below.

Representative's First Name MI Last Name

Official Title Business Telephone Number () -

I certify that all of the information presented on this form is accurate.

SIGNATURE _____ DATE (M/D/Y) _____

