

**MULTIPLE EMPLOYMENT MEMBERSHIP STATUS  
EMPLOYMENT HISTORY DATA FORM**



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

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

**PART A:** All information must be provided.

First Name	MI	Last Name	Social Security Number (last 4 digits only)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> - <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Permanent Home Address	Apt. No.		TRS Membership Number
<input type="text"/>	<input type="text"/>		<input type="text"/>
City	State	Zip Code	Primary Phone Number (Check one: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile)
<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"/> <input type="text"/> <input type="text"/> <input type="text"/>
			Alternate Phone Number (Check one: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile)
			( <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"/>

Please keep your personal information with TRS up to date. We will update our records based on the information you provide above, so *do not enter a temporary address*; instead, TRS suggests that you consult the U.S. Postal Service about having your mail forwarded on a temporary basis. To register any changes to your permanent address (and/or phone number), please access our website or file a "Member's Change of Address Form" (code DM13) with TRS.

If you are providing new information above, please indicate the effective date:  /  /

**To be considered for Multiple Employment Membership status, you must provide the information requested in Part B and send this form to your former employer. Please advise your former employer to complete Parts C and D, and send the completed form to TRS at the above address.**

**PART B:** TO BE COMPLETED BY THE MEMBER. Please complete the following and sign below.

I, \_\_\_\_\_, was formerly employed with \_\_\_\_\_.

I request that this employer provide TRS with my employment history for the period(s) of \_\_\_\_\_.

MEMBER'S SIGNATURE \_\_\_\_\_ DATE (M/D/Y) \_\_\_\_\_

**PART C:** TO BE COMPLETED BY A PERSONNEL REPRESENTATIVE OF THE FORMER EMPLOYER, WHO SHOULD MAIL THIS COMPLETED FORM TO TRS AT THE ADDRESS ABOVE. The representative must complete both sections of Part C.

**SECTION 1:** In the table below, please indicate the school name, the period(s) during which the above-mentioned member rendered employment (including any breaks in service with or without pay), the payroll title(s) held, the salary rate(s) paid, and the total service rendered (hours, days, sessions, etc.) for the above-mentioned member.

(NOTE: Please list the member's most recent position first. If needed, you may attach an additional sheet of paper.)

SCHOOL NAME	PERIOD OF EMPLOYMENT	EMPLOYMENT STATUS*	PAYROLL TITLE	SALARY	SERVICE RENDERED

\* (e.g., full-time; part-time; evening session; summer session; sabbatical; paid leave; substitute per-diem; other)

**SECTION 2:** Please provide all applicable information below.

To the best of your knowledge, did this member participate in the TIAA-CREF pension plan?  Yes  No  Unsure

If this member was granted leave without pay, during which period(s) did the leave(s) occur, and why did the member take the leave(s)?

If the above employee is/was a CUNY employee:

- To the best of your knowledge, which colleges other than those listed on the front of this form (if any) have employed this member?

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- To the best of your knowledge, during what time periods not indicated on the front of this form (if any) has this member been employed by CUNY?

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- To the best of your knowledge, what was the nature of this member's work while employed by CUNY?
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**PART D: TO BE COMPLETED BY A PERSONNEL REPRESENTATIVE OF THE FORMER EMPLOYER.**

Personnel Representative's First Name      MI      Last Name  
           

Official Title      Business Telephone Number  
      (    )    -

PERSONNEL REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ DATE (M/D/Y) \_\_\_\_\_