



Sonoma County Office of Education CalPERS Enrollment / Change Form

LEA: _____

LEA #: _____

Employee Full Name: _____

Employee ID#: _____ CalPERS ID#: _____

Effective Date of Action: _____ Original Hire Date: _____

Type of Action:

Appointment – New Membership / Substitute
(Include snapshot from CalPERS screen and Reciprocal Self-Certification Form)

Appointment – Retired Annuitant
(Reminder: extra help, short term, temporary only)

Separation

Retirement from CalPERS – Unused sick leave balance: _____ hours

Name Change – New social security card effective date: _____

Address Change

Leave of Absence:

Begin date: _____

End date: _____

Leave type: _____

Certified by

Date

Please return form to: Maria Aguayo - Maguayo@scoe.org