Business Services Division / District Financial Services
Retirement Reporting Unit

CalPERS MEMBER ACTION REQUEST

(Please PRINT or TYPE clearly)

First Name	Middle Name	Last Name

Employee ID#	Social Security Number	Date of Birth	Gender	Former Name
			☐M ☐F ☐U	

Mailing Address	Email Address (First Line) and Phone Number (Second Line)
	Email

City	State	ZIP	Empl Record	CalPERS Contract Employer Name	Employer Code
				San Diego COE	0246

Effective Date of Action	School District # / School District Name	Hire Date	Category	Work Calender
			Miscellaneous	

Type of Action (Check all boxes that apply for this Effective Date: if none apply, indicate action needed in "Comments" section

A ☐ Appointment (MS)

B ☐ Membership Eff. Date Change (MSD)

C ☐ Address Change (ADC)

D ☐ Profile Change (PRC)

E ☐ Unpaid Leave of Absence

- ☐ Educational
- ☐ Family Medical
- ☐ Disability
- ☐ Maternity/ Paternity
- ☐ Service
- ☐ Sabbatical
- ☐ Unpaid
- ☐ Other

☒ Begin Leave (BEL)

☐ End Leave (ENL)

F ☐ Permanent Separation (SEP)

- ☐ Death
- ☐ Other
- ☐ Retirement

Unused Sick Leave
☐ Days ☐ Hours

BASIS FOR MEMBERSHIP QUALIFICATION: (Check appropriate box)

- ☐ Full Time for > 6 months
- ☐ Part Time for ≥ 20 hours for 1 year or more
- ☐ Already PERS
- ☐ Indeterminate; ≥ 20 hours a week for 1 year or more
- ☐ Has completed 1,000 hours or 125 days in fiscal year
- ☐ Right of Election: Certificated electing CalPERS

Comments

Form Completed By:

First Name	Last Name	Title

Phone	Email	Date

Signature	