



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT
Business Services/Payroll
Retirement Information Form



Date _____

Name _____
Last First Middle

SSN: _____ Email: _____

Are you currently employed as a teacher by another school district? YES NO

If "yes", give name of District and indicate whether full-time or part-time:

(District's Name)

FULL-TIME PART-TIME

Are you now or have been a member of California State Teacher's Retirement System (CalSTRS)?

YES NO

If "yes," please check if it is: Defined Benefit Plan OR Cash Balance

Are you retired? YES NO

If yes, date started in this plan? _____

Date of Retirement: _____

Are you now or have been a member of the California Public Employees Retirement System (CalPERS)? YES NO

If "yes", give name of current or former employer and indicate whether full time or part-time:

 FULL-TIME PART-TIME

If employment was terminated, give date: _____

Are you retired? YES NO

If yes, date started in this plan? _____

Date of Retirement: _____

Are you retired from any other retirement system in California? YES NO

Name of Retirement System: _____

Date of Retirement: _____