



**Los Angeles County  
Office of Education**

Serving Students ■ Supporting Communities ■ Leading Educators

Division of School Financial Services  
PERS Retirement Unit

**MEMBER ACTION REQUEST**

(Please PRINT or TYPE clearly)

\*Attach a "Reciprocal Self-Certification Form" for new appointments.

This form is due as soon as possible **but no later than 15 calendar days after the effective date** of action in Box 14.

<b>1. LACOE EID or SSN</b>		<b>2. Current Name (First, Middle, Last)</b>		<b>3. Program Type</b>	
				CPE	
<b>4. Date of Birth</b> MM/DD/YYYY		<b>5. Gender</b> <input type="checkbox"/> Female <input type="checkbox"/> Male		<b>6. Former Name - For name changes only (PRC)</b>	
<b>7. Mailing Address: (MAI)</b>				<b>8. Remarks</b>	
Street/P.O. Box:					
Additional Address Line:					
City:				<b>9. District Name</b>	
State: Zip Code: Country: USA					
<b>10. Pay Months</b>		<b>11. District Code</b>		<b>12. Member Category</b>	
<input type="checkbox"/> 10 Mo <input type="checkbox"/> 11 Mo <input type="checkbox"/> 12 Mo				<input type="checkbox"/> Misc. Schools <input type="checkbox"/> School Police	
				<b>13. Hire Date (1st Day at District)</b> MM/DD/YYYY	

**14. Type of Action (check all boxes that apply):**

- A. ☐ Appointment (NAP)\*  
MM/DD/YYYY
- B. ☐ Membership Eff. Date Change  
MM/DD/YYYY
- C. Unpaid Leave of Absence (OTL)  
☐ Begin Leave (BEL) MM/DD/YYYY  
☐ End Leave (ENL) MM/DD/YYYY
- D. ☐ Permanent Separation (PSP)  
MM/DD/YYYY
- Separation Type:  
☐ Death (DEA)  
☐ Other (OTH)  
☐ Retirement (RET)\*

\*Retirement Only  
Unused Sick Leave  
DAYS

**15. Profile Change (PRC) Effective Date**

- MM/DD/YYYY
- ☐ DOB (complete box 4)
- ☐ Gender (complete box 5)
- ☐ Name (complete box 6)
- ☐ SSN (complete box 8-see HRS)
- ☐ Address Change (complete box 7)

<b>16. Retired Annuitant</b>		<b>If retired less than 180 days, did the district approve a resolution?</b>		<b>17. Survivor Benefits</b>		<b>18. Covered by Social Security</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

19. ☐ Certificated Employee Electing PERS (ES 372)  
☐ Classified Employee Electing STRS (ES 372)
20. Job / Position Title
21. Prior PERS Membership  
☐ Yes ☐ No
22. Prior STRS Membership  
☐ Yes ☐ No
23. Independent Contractor  
☐ Yes ☐ No

<b>24. BASIS FOR MEMBERSHIP QUALIFICATION: (Check appropriate box)</b>			
<input type="checkbox"/> Full-Time for > 6 months		<input type="checkbox"/> Person is already a PERS member	
<input type="checkbox"/> Part-Time for ≥ 20 hours for 1 year or more		<input type="checkbox"/> Has completed 1,000 hours or 125 days in fiscal year	

<b>25. Form Completed By:</b>			
NAME AND TITLE			
TELEPHONE NUMBER		EMAIL ADDRESS	
DISTRICT SIGNATURE			DATE