

# PAYROLL USERS GROUP

Wednesday, May 26, 2021

9:30 AM

Zoom Webinar

## AGENDA

1. Notes from Elena
2. Rolling Paylines
3. Listings – Superintendent Contracts
4. New authorizations for next school year
5. Workers Comp Docks/Pay
6. Reduced Workload – Must be approved prior to start of school year
7. Golden Handshakes
8. STIP – no, no, no
9. CalSTRS -
  - a) Permissive Elections Forms
  - b) Retirement System Election Forms
  - c) New Pension Solution
  - d) Account Codes 44, 45, 47
10. CalPERS -
  - a) Appointments/ Separations
  - b) Working out of Class
  - c) Pay rates – only 261 day employees should have monthly pay rate
11. Special Comp versus Extra Duty

## **NOTES FROM ELENA**

**PUG MEETING 5/26/21**

**01 Voluntary Deductions:** EE 01 deductions always work for the EE. If you post an ER side 01 deduction will not post unless you have a NML payline with at least a penny. Also, if you are reimbursing an EE for a vol ded and no other staff are paying to cover the credit, please post a positive on the ER side with a NML line to pay the credit. If you need assistance, please call.

**Bonus/Retros:** Please contact Vicki before entering these to confirm the correct coding.

**Child Support:** Make sure you have the vol ded and child support equal the same amount.

If you need to update amounts, update both screens. Update deduction screen first then go to the Child Support Information screen, tab into the Percent field, type 100 and save. Do not tab out of the cell.

**DD Prenotes:** 2<sup>nd</sup> and last Friday of the month, notes attached. If you delete a DD and need the pay to be canceled from their w2 totals, please complete a Cancel Sheet (attached and notes).

**End of Year (EOY):** CL (Current Liability) if July MIDA & MIDB payroll needs to be paid from last fiscal year budget; type on title of prelist CL (current liability), 'T's on Mid payrolls and Roll paylines include KILERB lines.

**Pay620:** Please review this trailing report, it is one of the reports automatically generated when requesting payroll prelist. There should not be any negatives, exceptions: Summer payout and STRS excess contribution refunds. If you have a negative please contact us to clear before submitting payroll to auditing.

**Summer deferral payouts:** If you have staff with have Summer pay, they will payout automatically on their summer month(s); when you request the prelist for the month of disbursement June/July, they will be listed and part of the EE count, but not gross wages.

**W4 changes:** do not change the w4 on mid payrolls for EOM staff receiving mid supplemental pay. It will add back to EOM wages and cause the EE to pay more extra taxes and cause payroll run to halt.

OFFICE OF MARY C. BARLOW  
KERN COUNTY SUPERINTENDENT OF SCHOOLS

TO: Tyler Hemingway, School District Accounting Services DATE: \_\_\_\_\_

FROM: \_\_\_\_\_ DISTRICT: \_\_\_\_\_

REASON:

SUBJECT: **CANCELLATION OF WARRANT(S)**

Please cancel the following warrant(s) – check one:

\_\_\_\_\_ B-Warrant – Current Year (abated to original account number)

\_\_\_\_\_ B-Warrant – Prior Year & Current Year (district to **reissue** using Fund 01 Object 9510.02)

\_\_\_\_\_ B-Warrant – Prior Year (abated to Fund 01 Object 9200)

\_\_\_\_\_ Payroll Vol-Ded Warrant – Prior Year & Current Year (abated to Fund 01 Object 9510.02)

\_\_\_\_\_ Payroll Warrant – Prior Year & Current Year (abated to original account number)

WARRANT#	PAYEE	DATED	AMOUNT
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KERN COUNTY SUPERINTENDENT OF SCHOOLS

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\_\_\_\_\_ Payroll Vol-Ded Warrant – Prior Year & Current Year (abated to Fund 01 Object 9510.02)

☒ Payroll Warrant – Prior Year & Current Year (abated to original account number)

WARRANT#	PAYEE	DATED	AMOUNT
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## CANCEL WARRANTS

Cancel Warrant: Employee (EE) gets paid in error or various other reasons; wages not reported on W2.

Submit the cancel request and attach the original warrant.

If the warrant was a direct deposit (DD), submit the request to delete/reversal the DD and the cancel request.

The warrant is canceled at the bank and in QSS. It stays in the history, but not W2 totals.  
(MC - manual cancelation notation)

If the delete or reversal is successful we will issue the district a hand warrant with the net pay for the direct deposit. Deposit the warrant to **9200**, because a receivable has been set up for the cancel direct deposit. **PLEASE, DO NOT SET UP YOUR OWN RECEIVABLE.** During the EOM 501 adjustment process the district gets the credit back for the cancel. We email the cancel/adj spreadsheet with the breakdown of the credits. District receives credit back for net pay and deductions, except: employee voluntary deductions. The district will have to obtain credit from the vendors or request refunds.

The tax deposit figures are calculated on the day the payroll ran. So, when the warrant is canceled your taxes are overpaid. If your warrant is canceled during the same quarter it was issued, your taxes will balance. But, if you have a cross quarter cancel you will be overpaid and request that the refund be applied to the following quarter.

Cc: dist pr, forms, notes & PUG

5/16/13  
ejp

OFFICE OF MARY C. BARLOW  
KERN COUNTY SUPERINTENDENT OF SCHOOLS

AFFIDAVIT TO SECURE COUNTY WARRANT  
DECLARATION OF LOSS OR DESTRUCTION OF ORIGINAL COUNTY WARRANT  
(GOVT. CODE SECS. 29850-29854 AND CODE OF CIVIL PROCEDURE SEC. 2015.5)

I, \_\_\_\_\_ hereby declare that I am  
legal owner or custodian of County Warrant No. \_\_\_\_\_  
issued by the County Auditor of the County of Kern, State of California,  
on the County Treasury of said County in the amount of \$ \_\_\_\_\_  
dated \_\_\_\_\_ and the name of the payee shown is  
\_\_\_\_\_.

Indicate below what happened - Mark one box and explain:

- ☐ The above warrant was not received.
- ☐ The above warrant was destroyed by \_\_\_\_\_
- ☐ The above warrant was lost by me on \_\_\_\_\_

DECLARATION

I hereby declare under penalty of perjury that the foregoing is true and correct,  
and that I have not presented this warrant for payment.

Executed at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

Instructions:

1. Complete the declaration.
2. Check one of the boxes above
3. Sign your name and indicate your address.
4. Mail this affidavit to: Kern County Superintendent of Schools - DISTRICT ACCOUNTING  
1300 17th ST.  
Bakersfield, CA 93301-4533
5. You can fax 661-636-4131 - Tyler Hemingway, 661-636-4699

If the original warrant is found, please return it to  
Kern County Superintendent of Schools Office immediately.

\_\_\_\_\_  
District That Issued Warrant

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Phone Number

**Office of MARY C. BARLOW**  
**Kern County Superintendent of Schools**

Direct Deposit Delete/Reversal Request

District (    ) \_\_\_\_\_

Pay Day \_\_\_\_\_

Net Amount \$ \_\_\_\_\_

Employee Name \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Checking ☐

Savings ☐

Make Check Payable:

☐ Employee

☐ District

Send warrant:    Courier ☐

Pick up: district ☐ employee ☐

US Mail: district ☐ employee ☐

Employee External ID \_\_\_\_\_

**Final EE payout and/or terminating, please contact us for Summer Pay**

Requested by: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact Person: Elena Perez, 661.636.4662, fax 661.636.4131

Email: [elperez@kern.org](mailto:elperez@kern.org) & vilueck@kern.org

## **DELETE/REVERSAL/LETTER OF INDEMNITY Direct Deposit (DD) Employee (EE) Employer (ER)**

**DD are submitted to the ACH (automated clearing house) DD file includes: complete social security, account or EE ID, routing/transit number, first initial of first name, middle initial, last name, credit amount and settlement date.**

**PRENOTES:** Are processed on the 2<sup>nd</sup> and last Friday of the month, unless a holiday, then we transmit the day before. Prenotes also process on their payroll run. If the prenote fails we will contact you. Prenotes do not verify names, only routing and account numbers.

**CHANGES:** If you change: account numbers or routing numbers the new information must prenote. When the bank notifies us of changes we will contact you to update. The EE DD payroll will be transferred to the new account. But, you must update QCC with the new information, because the bank won't continue to transfer the funds to the new account.

Entering a new DD after payroll posts, complete a delete/reversal request. This will delete the DD and we can retrieve the funds and the EE will receive a hand check on payday. You must update the DD screen before the next prenote.

If you terminate an EE on QSS their DD is cancelled on the system. Reminder: no alpha or symbols on their routing/acct lines, only numeric characters. Please do not enter a routing number with ' 5 ', it will reject and be returned.

Please fax deletes, reversals or letter of indemnity to 661.636.4131. Or email to [elperez@kern.org](mailto:elperez@kern.org) and [vlueck@kern.org](mailto:vlueck@kern.org)

### **DELETE REQUEST**

DD file goes to ACH two (2) business days before payday. **Delete Request must be received by ACH by noon Pacific Time.** If there is a bank holiday during the 2 business days, please submit delete request 3 days before payday. We can retrieve the DD before then. We usually receive the funds (1) day before payday. There have been instances that funds don't arrive til payday, but very rarely, district error or bank error. We will reissue to EE or ER depending on your request. Vol deds are not returned, only net pay. EE or ER must request vol deds from vendors. SISC funds are returned to your 9550 object code. The 215 report has DD detail and is generated after payroll.

### **REVERSAL REQUEST**

If a delete request is received after the deadline, it is a reversal Request. It takes 3 days after payday to verify the reversal was successful. A Reversal can be requested within 10 days of the pay date. After 10 days we can submit a Letter of Indemnity claim to retrieve funds. We will contact district by 10 AM, on the day the DD is returned. Vol deds are not returned, only net pay. EE or ER must request vol deds.

### **LETTER OF INDEMNITY (LOI)**

After 10 days from payday, we can file a Letter of Indemnity Claim. Complete the delete/reversal form and we will contact ACH. Please write on the top of the delete/reversal form LOI. It is not a guarantee of return of funds. The process of the LOI takes from 2 business days to 4 weeks.

### **CANCEL REQUEST**

If the EE is not going to receive their complete pay, please submit a cancel request. This will cancel the payroll from their W2 totals and credit back all taxes. ER is responsible to retrieve vol deds. Please send cancel request and stub or payroll screen with all payroll and vol ded breakdown. Hand check is payable to your district, please deposit to your revolving. Enter EROD to clear receivable set up in the 9200 account. The cancel will also be on the 501/adj cancel spreadsheet.

### **RETURNS**

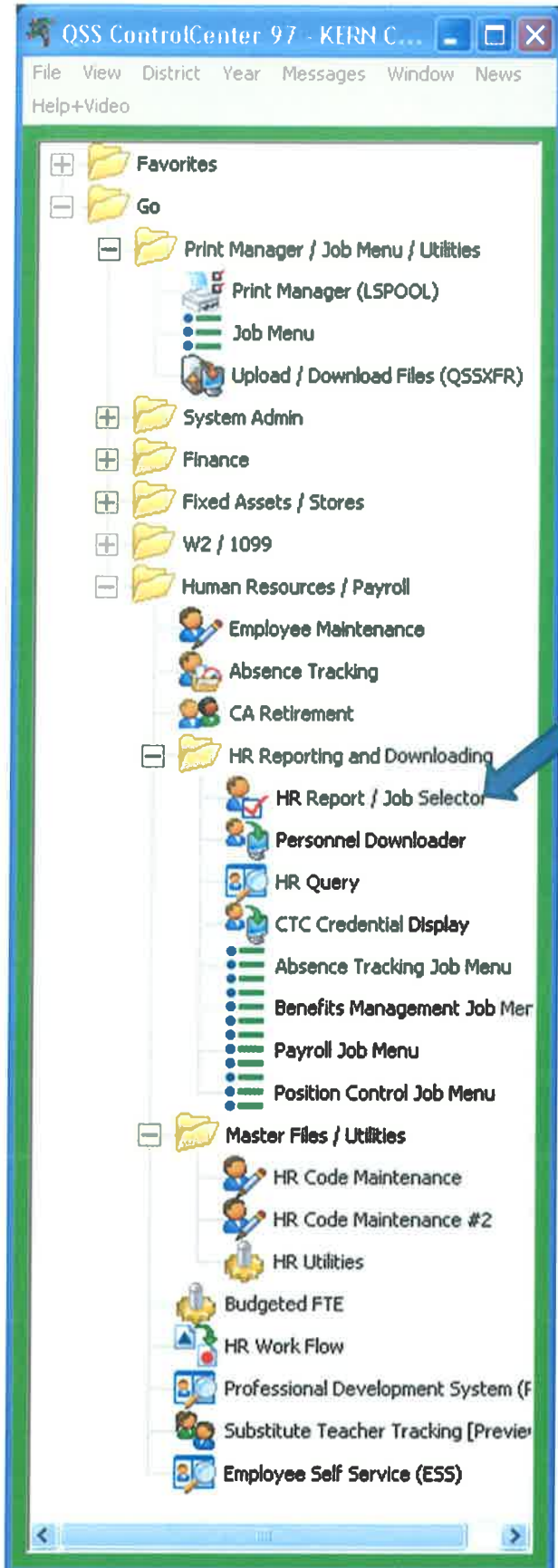
DD Returns - \*Closed, Frozen or Invalid Accounts. We will receive the funds for these types of exceptions 1-4 days after pay day. We will contact the district by 10 AM on the day we receive it. We will issue payment to the EE or ER (If requested by out of town districts and you can issue EE a revolving check and pay yourself with our hand check). If funds are not received by the 3<sup>rd</sup> day, we can give the EE the tracing number.

DD vol ded for Valley Strong Credit Union closed account; will be return funds to district. Unless, they don't know the district then it is returned to KCSOS and we will return to district.

**\* Special note: If a DD account is closed, and the EE has another open account, DD may post to the open account. \* Also, if the account is closed, and there are outstanding fees, DD will not be returned if there's not enough funds in the account to cover the DD.** ACH communications are received every business morning by 10 AM. We receive only ONE notice of Deletes/Reversals/Changes per day.

Questions please call me 661.636.4662, fax 661 636-4131 or email [elperez@kern.org](mailto:elperez@kern.org). Thank you, *Elena Perez*

## COPY PAYLINES





# COPY PAYLINES

HR Report/Job Selector 97 - KERN CSOS TRUST/SERVICE FUNDS OSS/OASIS

File Options Help+Video

Reports | Global Settings | Field Selection | Districts | Employee Selection | Custom Selection Screen | Schedule Job

Show Reports Show Jobs Category: [v]

ID	Name	Description	Category	Access
501	PER680ST	Update Employee Experience	PER	No
502	PER990ST	Reset Job Code --> Job Category Relationship	PER	No
503	PER994ST	Update PER-PAY Data From Employee's Prime Position	PER	No
504	500ST	Request Repair of Orphaned Positions	ABT	No
505	500ST	Reset Deduction Accumulators	DED	No
506	PL0900ST	Copy Paylines	PAY	Yes
507	PCT900ST	Re-Calculate Employee Projections	PAY	Yes
508	PCT920ST	Update D-EMP-POSITION with Bonus Recalculations	PAY	Yes
509	PL0402ST	Load Payline Data from Position Control (ENH)	PAY	No
510	ABT994ST	Update Employee Leave Pay Rate	ABT	No
511	PER810ST	Batch Employee Termination	PER	No
512	PER804ST	Reset Calendar Relationships	PER	No
513	PTI100ST	Payroll Timesheet Import	PAY	Yes
514	PCT902ST	Re-Calculate Employee Projections (EH PosCtl)	PAY	Yes
515	PL0400ST	Load Payline Data from Position Control (STD)	PAY	Yes
516	PER800ST	Update Per-Pay Data from Employee Payroll/Pos Data	PER	No

Yr:2014 Dist:97 Site:0 5/27/2014 9:26 AM

# COPY PAYLINES

HR Report/Job Selector 97 KERN CSOS TRUST/SERVICE FUNDS QSS/OASI

File Options Help+Video

Reports | Global Settings | Field Selection | Districts | Employee Selection | Custom Selection Screen | Schedule Job |

Job: p10900st - Copy Paylines

Roll Selected Pay Lines to New Year

Required Data	Optional Data
Report Title: 21 to 22	
Run Mode: Report Only	Report Type: Source/Target
From Year: 21 To Year: 22	Non-Terminated Empl Only: <input type="checkbox"/>
Active/Inactive Paylines: Active	Make Inactive Active: <input type="checkbox"/>
Position Number Selection: Both	<a href="#">Zero the Pos Number:</a> <input type="checkbox"/>
Exclude All Pay Lines with SP-EP: <input type="checkbox"/>	Blank the SP-EP: <input type="checkbox"/>
	Balance of Contract Pay Line Selection: No Contract

You should run the job in Report Only mode first and check the report to see if the result is correct. If report only mode shows odd entries do not proceed to update.

# COPY PAYLINES

HR Report/Job Selector 97 KERN CSOS TRUST/SERVICE FUNDS QSS/1

Options Help+Video

Reports | Global Settings | Field Selection | Districts | Employee Selection | Custom Selection Screen | Schedule Job

Job: pl0900st - Copy Paylines

Roll Selected Pay Lines to New Year

Required Data

Optional Data

Bargaining Unit: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Pay Code: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Retirement System: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Pay Location: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Control Group: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Pay Type: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Pay Schedule: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Sta. Ded. Profile: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

SP-EP: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

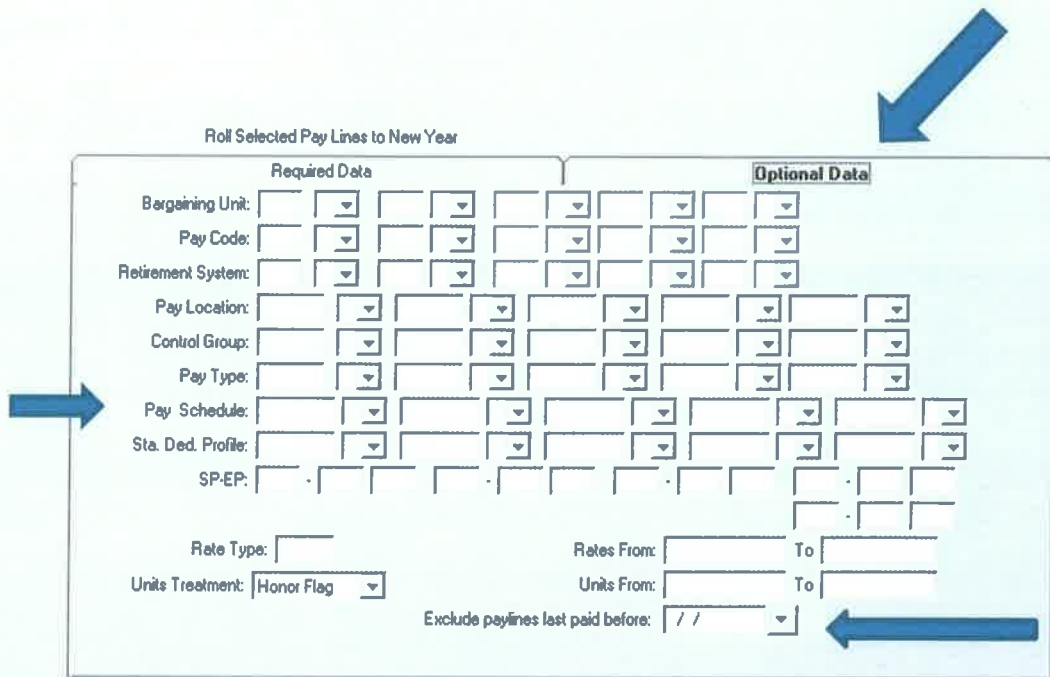
Rate Type: [ ]

Units Treatment: Honor Flag [ ]

Rates From: [ ] To: [ ]

Units From: [ ] To: [ ]

Exclude paylines last paid before: [ ] / [ ] / [ ]



This is where you can roll only certain lines. All NML lines need to be rolled before non-pay benefit run.

If you use 'Exclude paylines last paid before' option, you must separately copy your EBEN lines.

Lines can't be copied/rolled before your budget is rolled into year 22.

Lines in year 22 will be used to pay July Mid payrolls.

**Permissive Membership**  
ES 0350 REV 03/20

[For CalSTRS' Official Use Only]

**CALSTRS.**

California State Teachers' Retirement System  
P.O. Box 15275, MS 17  
Sacramento, CA 95851-0275  
800-228-5453  
CalSTRS.com

**PERMISSIVE MEMBERSHIP ELECTION AND/OR ACKNOWLEDGEMENT OF RECEIPT  
OF CALSTRS DEFINED BENEFIT PROGRAM MEMBERSHIP INFORMATION**

This form is used to permissively elect membership in the CalSTRS Defined Benefit Program and/or to acknowledge receipt of information provided by an employer about the right to elect membership in the CalSTRS Defined Benefit Program. Please read all instructions before completing the form.

**Section 1: Employee Information (to be completed by employee)**

Provide either your CalSTRS Client ID or Social Security number.

CLIENT ID

SOCIAL SECURITY NUMBER

LAST NAME

FIRST NAME

MI

ADDRESS (number, street, apt or suite no.)

CITY

STATE

ZIP CODE

DATE OF BIRTH (MM/DD/YYYY)

EMAIL ADDRESS

TELEPHONE

**Section 2: Employee Election (to be completed by employee)**

Check One:

- ☐ I elect membership in the CalSTRS Defined Benefit Program as of:

MEMBERSHIP DATE (MM/DD/YYYY)\*\*

I understand this election applies to all future creditable service performed for any current or future employer unless another election is made as allowed by law. I understand my membership is irrevocable and may only be cancelled by terminating all employment to perform creditable service and receiving a refund of my accumulated retirement contributions from the CalSTRS Defined Benefit Program.

\*\*Membership Date may be no earlier than the first day of the pay period in which the election is made, or the first day of employment, whichever is later. Please work with your employer to select the most beneficial, valid membership date.

- ☐ I decline membership in the CalSTRS Defined Benefit Program at this time

I understand that I can elect membership in the CalSTRS Defined Benefit Program at any time while I am employed to perform creditable service.



ES0350

## Section 3: Required Signature (to be completed by employee)

I certify that I have received information from my employer concerning the CalSTRS Defined Benefit Program and understand the criteria for membership in the program.

I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statement, including a false statement regarding my marital status, for the purpose of using it, or allowing it to be used, to obtain, receive, continue, increase, deny or reduce any benefit administered by CalSTRS and it may result in penalties, including restitution, of up to one year in jail and/or a fine of up to \$5,000 (Education Code section 22010). It may also result in any document containing such false representation being voided. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that perjury is punishable by imprisonment for up to four years (Penal Code section 126).

EMPLOYEE SIGNATURE	DATE (MM/DD/YYYY)
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## Section 4: Employee Position Information (to be completed by employer)

POSITION TITLE	POSITION HIRE DATE
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## Section 5: Employer Information and Certification (to be completed by employer) Required Signature

I certify that the above-named employee was provided information about their right to elect membership in the CalSTRS Defined Benefit Program and, if electing membership, is eligible to elect membership in the CalSTRS Defined Benefit Program as of the membership date provided.

I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statement for the purpose of using it, or allowing it to be used, to obtain, receive, continue, increase, deny or reduce any benefit administered by CalSTRS and it may result in penalties, including restitution, of up to one year in jail and/or a fine of up to \$5,000 (Education Code section 22010). It may also result in any document containing such false representation being voided. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that perjury is punishable by imprisonment for up to four years (Penal Code section 126).

EMPLOYER OFFICIAL'S SIGNATURE	DATE (MM/DD/YYYY)
EMPLOYER NAME	COUNTY AND DISTRICT CODE
EMPLOYER OFFICIAL'S NAME AND TITLE	

The following instructions are to assist you and your employer in completing the *Retirement System Election form* (ES 0372). Please read the instructions and information for retirement system coverage before completing the form. Please type or print legibly in dark ink.

### INFORMATION

A member of the CalSTRS Defined Benefit Program who becomes employed by a school district, a community college district, a county superintendent of schools, limited state departments, or the California Community Colleges Board of Governors to perform service that requires membership in a different public retirement system, may elect to receive credit under the CalSTRS Defined Benefit Program for such service by completing a *Retirement System Election form* (ES 0372) within 60 days after the hire date requiring membership in the other system, and CalSTRS must receive the completed form within 60 days of the signature date. If the CalSTRS member does not elect to continue as a member of CalSTRS, all service subject to coverage by the other public retirement system will be reported to that retirement system. (Education Code sections 22508, 22508.5 and 22509)

A member of CalPERS who was employed by a school employer, Board of Governors of the California Community Colleges, or State Department of Education within 120 days before the member's date of hire, or who has at least five years of CalPERS credited service, and who accepts employment to perform creditable service that requires membership by the CalSTRS Defined Benefit Program, may elect to receive credit under CalPERS for such service by submitting a *Retirement System Election form* (ES 0372) to CalPERS, within 60 days after the hire date of employment requiring membership in CalSTRS. If the CalPERS member does not elect to continue as a member of CalPERS, all CalSTRS creditable service will be reported to CalSTRS. (Government Code section 20309).

Education Code section 22509 requires that within 10 working days of hire, an employer must provide all employees who have the right to make this election with the information regarding their election rights and must make available written information about the retirement systems to assist the employee in making an election.

### SECTION 1: MEMBER INFORMATION AND ELECTION

Section 1 must be completed by the employee with assistance from the employer. Please complete all entries in Section 1.

**EMPLOYEE NAME and SOCIAL SECURITY NUMBER** – Enter employee's full name, and full Social Security Number.

#### RETIREMENT SYSTEM COVERAGE:

If you are a member of CalSTRS and have accepted employment to perform service that requires membership in a different public retirement system, mark the box next to the coverage you elect.

If you are a member of CalPERS and have accepted employment to perform service that requires membership in CalSTRS, mark the box next to the coverage you elect.

**EMPLOYEE SIGNATURE** – Sign and date the form. By signing this document, you certify that you have received information from your employer regarding your right to the Retirement System Election. You also certify that you understand this election is irrevocable, and that it is a crime to fail to disclose a material fact or to make any knowingly false material statements for the purpose of altering a benefit administered by CalSTRS which may result in up to one year in jail and a fine of up to \$5,000. (Education Code section 22010)

Submit the signed and dated *Retirement System Election form* (ES 0372) to your employer. Retain a copy for your records.

For general membership information, contact CalSTRS by calling 800-228-5453, or write to CalSTRS at P.O. Box 15275, MS 17, Sacramento, CA 95851-0275.

### SECTION 2: EMPLOYER CERTIFICATION

Section 2 must be completed by the employer and the County Office of Education. Please complete the employer certification only after the employee has completed Section 1. Employees must qualify for membership before they can retirement system elect.

#### EMPLOYER:

**POSITION HIRE DATE** – Enter the date the employee was hired in the position.

**POSITION EFFECTIVE DATE** – Enter the first date that service was/will be performed by the employee in the new position.

**POSITION TITLE** – Enter employee's new position title and check the box next to the applicable position type.

**CO/DIST CODE/STATE DEPARTMENT** – Enter the appropriate county and district codes. Example: Kern

## Retirement System Election – Information and Instructions

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County, Edison Elementary would be 15-012, and CA Department of Education would be 59-174.

**EMPLOYER CERTIFICATION** – Print school or state official's name, title and phone number, and sign and date the form.

Submit the completed form to the County Office of Education.

If you represent a state department, submit the form directly to CalSTRS and retain a copy of the employee's signed election form.

### COUNTY OFFICE OF EDUCATION:

Print the County official's name, title and phone number, and sign and date the form.

Retain a copy for your and the employee's files.

### **SUBMIT THE FORM:**

The *Retirement System Election* form (ES 0372) must be submitted to the retirement system elected by the employee. For additional requirements, please see the Information section.

### Mail completed forms to:

CalSTRS  
P.O. Box 15275, MS 17  
Sacramento, CA 95851-0275

### CalPERS

P.O. Box 942709 Sacramento, CA 94229-2709

CalSTRS also accepts the form by secure messaging via the Secure Employer Website.

# Retirement System Election

ES 0372 REV 02/21

[For CalSTRS' Official Use Only]

# CALSTRS

California State Teachers' Retirement System  
P.O. Box 15275, MS 17  
Sacramento, CA 95851-0275  
800-228-5453  
CalSTRS.com

## RETIREMENT SYSTEM ELECTION AND ACKNOWLEDGEMENT OF RECEIPT OF RETIREMENT SYSTEM INFORMATION

Please read the attached information and instructions before completing this form. Please type or print legibly in dark ink.

### SECTION 1: Member Information and Election (to be completed by employee)

NAME (LAST, FIRST, MIDDLE INITIAL)

SOCIAL SECURITY NUMBER

A member of **CalSTRS** who becomes employed in a new position by the same or a different school district, a community college district, a county superintendent of schools, limited state employment or the Board of Governors of the California Community Colleges, as defined in Education Code sections 22508 and 22508.5, to perform service that *requires* membership in a different public retirement system will have that service credited with that other public retirement system unless the member files a written election (within 60 days after the date of hire) to have that service covered by CalSTRS, pursuant to Education Code section 22508(a) or 22508.5(a).

**I am a member of CalSTRS** who has accepted employment to perform service that *requires* membership in a different public retirement system and am eligible to elect to continue retirement system coverage under CalSTRS.

I elect coverage in: (please choose one)

- ☐ CA State Teachers' Retirement System (CalSTRS)  
☐ CA Public Employee's Retirement System (CalPERS) \*  
☐ A Different Public Retirement System identified here:

OR

A member of **CalPERS** who was employed by a school employer, Board of Governors of the California Community Colleges or State Department of Education within 120 days before the member's date of hire, or who has at least five years of CalPERS credited service, as defined in Government Code section 20309, and who is subsequently employed to perform creditable service that requires membership in the Defined Benefit Program of CalSTRS, will have that service credited with CalSTRS unless the member files a written election (within 60 days after the date of hire) to have the service credited with CalPERS, pursuant to Government Code section 20309.

**I am a member of CalPERS** who has accepted employment to perform service that requires membership in the CalSTRS Defined Benefit Program and am eligible to elect to continue coverage under CalPERS.

I elect coverage in: (please choose one)

- ☐ CA State Teachers' Retirement System (CalSTRS)  
☐ CA Public Employee's Retirement System (CalPERS) \*



ES0372



*With my signature below, I certify that I have received information from my employer regarding my eligibility to elect membership for this position as described on this form. I fully understand that this election is irrevocable. I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statements for the purpose of altering or receiving a benefit administered by CalSTRS and it may result in up to one year in jail and/or a fine of up to \$5,000 pursuant to Education Code section 22010.*

EMPLOYEE SIGNATURE

DATE

## SECTION 2: Employer Certification (to be completed by employer and County Office of Education)

*With my signature below, I certify that I have provided information to the above employee regarding his/her eligibility to elect membership for this position, pursuant to Education Code section 22509. I certify the employee meets the qualifications to make a retirement system election, pursuant to Education Code sections 22508 or 22508.5, or Government Code section 20309.*

### EMPLOYEE POSITION INFORMATION:

POSITION HIRE	POSITION EFFECTIVE DATE	POSITION TITLE
SELECT ONE: <input type="checkbox"/> CREDENTIALLED <input type="checkbox"/> CLASSIFIED <input type="checkbox"/> STATE SERVICE		

### EMPLOYER INFORMATION:

CO/DIST/STATE DEPT NAME	CALSTRS REPORT UNIT CODE
SCHOOL/STATE OFFICIAL'S NAME	TITLE
SIGNATURE OF SCHOOL/STATE OFFICIAL	PHONE NUMBER
COUNTY OFFICIAL'S NAME	TITLE
SIGNATURE OF COUNTY OFFICIAL	PHONE NUMBER
	CALPERS EMPLOYER CODE