

FALLSBURG CENTRAL SCHOOL DISTRICT

Ivan Katz, Ed. D., Superintendent of Schools

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SUBSTITUTE/PART TIME EMPLOYEE RETIREMENT FORM

I hereby acknowledge that I have been informed by the Fallsburg Central School District, my employer, that as a "employee" not currently a member of the New York State Teachers' (TRS) or Employees' Retirement Systems (ERS), who is or will be rendering less than full-time service, I may, as a matter of right, join the New York State Teachers' (TRS) or Employees' Retirement System (ERS).

I further acknowledge that I understand that if I elect to join the New York State Teachers' (TRS) or Employees' Retirement System (ERS), I must complete a Retirement System membership application which must be filed with the Retirement System in order to be effective.

As a result of joining the Retirement System, I will be required to contribute a percentage of my salary to said Retirement System (percentage depends on tier status) and be required to contribute to Social Security.

Please read the information below, check the appropriate box, sign and date.

	ERS	TRS	
I am a member of:			Provide retirement number _____ <input type="checkbox"/> Continue to deduct the applicable percentage of my salary from my check.
I wish to become a member of: (see note below)			A percentage of my salary will be deducted from my check. The percentage depends on my tier status.
I am RETIRED from:			No deduction will be made from my salary.
I DO NOT wish to become a member of:			No deduction will be made from my salary.

NOTE: If you chose to join the retirement system and if you are a sub teacher AND sub aide, you must join **both** retirement systems.

PRINT NAME

SIGNATURE

DATE