

## TRS Pre-Employment Certification

**\*\*To be completed by all new faculty & staff employees\*\***

**(Does not need to be completed by student employees, GTA/GRA's, and Post-docs)**

**No Initials Please**

**Name:** \_\_\_\_\_  
  First  Middle Given  Last  Maiden

**Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
  Street or P. O. Box  City  State  Zip

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

**Position You Will Hold:**

- |   |  |                                       |
|---|--|---------------------------------------|
| 1 <input type="checkbox"/> Faculty            | 2 <input type="checkbox"/> Staff                 | <input type="checkbox"/> Other: _____ |
| a. <input type="checkbox"/> Full-time         | a. <input type="checkbox"/> Regular Full-time    |                                       |
| b. <input type="checkbox"/> Temporary/Adjunct | b. <input type="checkbox"/> Temporary, Full-time |                                       |
|   | c. <input type="checkbox"/> Regular, Part-time   |                                       |
|   | d. <input type="checkbox"/> Temporary, Part-time |                                       |
|   | e. <input type="checkbox"/> On-call              |                                       |

- |  |  |
|--|--|
| 1. Are you currently participating in the Employees' Retirement System of Alabama (ERS)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you ever been a member of the Teachers' Retirement System of Alabama (TRS)?      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are you currently contributing to TRS through another TRS participating employer?     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are you currently receiving ERS or TRS retirement benefits?                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Signature of Employee:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**TO BE COMPLETED BY HIRING CAMPUS / DEPARTMENT**

**Hiring Campus/Department:** \_\_\_\_\_ **Date of Employment:** \_\_\_\_\_

**(%) of Full Time Equivalent or # of courses teaching:** \_\_\_\_\_

**\*\*Send completed form to HR: Employee Benefits Office, Shelbie King Hall Room 102\*\***