Office of the New York State Comptroller

NYSLRS

New York State and Local Retirement System

110 State Street, Albany, New York 12244-0001

Subsequent Employment of Active Employees' Retirement System Member RS 5520

(11/16)

This is NOT an application to enroll a new member. This form is to be used ONLY for an Active Employees' Retirement System Member. Completion of this form is required to update member's employment history.

Instructions: Please print clearly in ink or type.

Employee: Complete items 1–3, 10–12 on page 2.

Employer: Complete items 4–9a.

Receipt Stamp
For OSC use only

Location Code	Report Code	Plan Code	Group Code	Date of Membership (Mo. / Day / Year)	Tier	Registration Number	Rate
Location	Repo	Plan	Grou	01/01/0001	Tie	Registration	Ra

To Be Completed by Employee (Also see reverse side)

Employee's Name Last	First	Middle Initial
1 Doe	John	Quincy

Employee's Address Street and/or PO Box #	City	State	Zip Code + 4
2 123 Main St. Apt. 1	Anytown	NY	12345

3 Date of Birth Month	Day	Year	**Sex** M	F
01	01	0001	☑	☐

***Social Security Number**
123-45-6789

Maiden or Other Name Used
John Quincy Doe

*NOTE: In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of your Social Security account number is mandatory pursuant to Sections 11, and 34 of the Retirement and Social Security Law. Your number will be used in identifying your retirement records and in the administration of the Retirement System.

To Be Completed by Present Employer

Employer Name (Indicate State, or, if not, name of public entity by which employed and Department, Division, or Institution)

4 Employer Name (Indicate State, or, if not, name of public entity by which

Employer's Address Street	City County	State	Zip Code + 4	**Employer Telephone Number**
5 Employer's	City and County	Sta	Zip + 4	(Employer Telephone

Payroll Title:

6 Payroll Title	**Indicate Length of Work Year**	**Employer Fax Number**
	☑ 10 Months ☐ 12 Months ☐ Seasonal	(Employer Fax Number

Check if Either Applies
☑ Appointed Official ☐ Elected Official

*If accountant, auditor, physician, attorney, engineer or architect please submit documentation as indicated at www.osc.state.ny.us/retire/employers/classify_an_employee.php

Enter the Date or Dates Relating to Employee's Present Position:

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Part-Time Employment						Full-Time Employment					
Date of First Appointment			Date of Permanent Appointment			Date of Temporary or Provisional Appointment			Date of Permanent or Probationary Appointment		
Month	Day	Year	Month	Day	Year	Month	Day	Year	Month	Day	Year
01	01	0001	01	01	0001	01	01	0001	01	01	0001

Frequency of Payment:

8 ☑ Annually ☐ Semi-Annually ☐ Quarterly ☐ Monthly ☐ Semi-Monthly ☐ Bi-weekly ☐ Weekly ☐ Other – Please Specify If other, please

Basis of Compensation and Rate (Tier 1, 2, 3, 4 and 5 ONLY):

9 Annual $ Annual $ Daily $ Daily $ Hourly $ Hourly $

Units of Work Performed $ Units of per per

(Example: $50 per meeting or $10 per examination, etc.)

Basis of Compensation and Rate (Tier 6 ONLY):

9a Annual Wage $ Annual Wage $

Tier 6 requires employers to determine the Annual Wage for individuals who work Part Time, Seasonal or on an Hourly, Daily or Unit of Work Basis. See the Chart on Page Two for instructions.

Name: John Quincy Doe

Examples of Tier 6 annual wage for individuals paid at an Hourly, Daily or Unit of Work basis of compensation:

Hourly Employees	**Daily Employees**
12 month Employee: $_____ (Hourly Rate) x _____ (Standard Workday*) x 260 (Days Worked) = $0.00 (Annual Wage)	12 month Employee: $_____ (Daily Rate) x 260 (Days Worked) = $0.00 (Annual Wage)
10 month Employee: $_____ (Hourly Rate) x _____ (Standard Workday*) x 180 (Days Worked) = $0.00 (Annual Wage)	10 month Employee: $_____ (Daily Rate) x 180 (Days Worked) = $0.00 (Annual Wage)

*Standard Workday (Hrs/day) (Applies to all Tiers): The minimum number of hours that can be established for a standard workday is six, while the maximum is eight. A standard workday is the denominator to be used for the days worked calculation; it is not necessarily the number of hours the person actually worked. For example, if a bus driver works four hours a day, you must still establish a standard workday between six and eight hours as the denominator for their days worked calculation.

Unit of Work Employees	**Example: Paid $50 per Meeting**
$_____ (Unit Rate) x _____ (# of Events**) = $0.00 (Annual Wage)	$50 (Unit Rate) x 12 Meetings (# of Events***) = $600 (Annual Wage)
**Estimated or Actual	***An estimate of the number of events is acceptable

Note: Any questions regarding annual wage, please contact the Retirement System.

To Be Completed by the Employee

Are you currently an ***active*** or ***vested*** member of **any other** public retirement system in New York State? ☑ YES ☐ NO

If yes, what is the name of the system?

10 If yes, what is the name of the system?

REGISTRATION NUMBER (If Known)?

Registration Number

WARNING: If you are now an active or vested member of any other public retirement system in New York State, you should contact that system concerning the advantages of transferring your membership to this System. Failure to contact that system could cause loss of the privilege of transferring membership and may effect contribution cessation dates.

Are you receiving or are you about to begin receiving a RETIREMENT BENEFIT from any retirement system on THE BASIS OF EMPLOYMENT with New York State or any public entity in the State? ☑ YES ☐ NO

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REGISTRATION NUMBER (If Known)?

Registration Number (if

List below all previous periods of employment with New York State or any New York State public entity (County, City, Town, Village, School District, Public Authority or Special District). Include any military service. Attach additional sheets as required.

12 Name of Employer	Name of Dept. or Agency	Title of Position	From Mo. Day Year	To Mo. Day Year	Indicate If Permanent or Temporary, and Full or Part Time
1. Name of	1. Name of	1. Title of	01/01/0001	01/01/0001	1. Indicate
2. Name of	2. Name of	2. Title of	01/01/	01/01/0001	2. Indicate
3. Name of	3. Name of	3. Title of	01/01/0001	01/01/0001	3. Indicate
4. Name of	4. Name of	4. Title of	01/01/0001	01/01/0001	4. Indicate

NOTE: In accordance with the Personal Privacy Protection Law you are hereby advised that pursuant to the Retirement and Social Security Law, the Retirement System is required to maintain records. The records are necessary to determine eligibility for and to calculate benefits. Failure to provide information may result in the failure to pay benefits. The System may provide certain information to participating employers. The official responsible for maintaining these records is the Director of Member Services, New York State and Local Retirement System, Albany, NY 12244; telephone number 1-866-805-0990.