



**CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT**  
**Office of Human Resources**  
**Retirement Information Form**



Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

SSN: \_\_\_\_\_ Email: \_\_\_\_\_

**Are you currently employed as a teacher by another school district?**     YES     NO

If "yes", give name of District and indicate whether full-time or part-time:

\_\_\_\_\_  
(District's Name)

FULL-TIME                       PART-TIME

**Are you now or have been a member of California State Teacher's Retirement System (CalSTRS)?**

YES                       NO

If "yes," please check if it is:    Defined Benefit Plan     OR    Cash Balance   

Are you retired?     YES     NO

If yes, date started in this plan? \_\_\_\_\_

Date of Retirement: \_\_\_\_\_

**Are you now or have been a member of the California Public Employees Retirement System (CalPERS)?**     YES     NO

If "yes", give name of current or former employer and indicate whether full time or part-time:

\_\_\_\_\_  
 FULL-TIME                       PART-TIME

If employment was terminated, give date: \_\_\_\_\_

Are you retired?     YES                       NO

If yes, date started in this plan? \_\_\_\_\_

Date of Retirement: \_\_\_\_\_

**Are you retired from any other retirement system in California?**     YES     NO

Name of Retirement System: \_\_\_\_\_

Date of Retirement: \_\_\_\_\_

**Are you receiving Social Security?**     YES                       NO