

INSTRUCTIONS

PLEASE READ CAREFULLY

- Please complete and file this form to notify TRS of the following:
 - A new appointment of a City University of New York (CUNY) employee* or a new hire of a Charter School employee; or
 - A change in a CUNY or Charter School employee's job location and/or job title.*
- Please print in black or blue ink, and initial any changes you make on this form.
- Return this form to TRS at the above address; write "ATTN: Enrollments Unit" on the envelope.
- If you require additional assistance, please contact our Member Services Center at 1 (888) 8-NYC-TRS.

*Please note the following TRS membership requirements for CUNY adjuncts and Continuing Education Teachers:

- Adjuncts are eligible to be members of TRS, but must work at least 45 hours per school year to obtain service credit. Membership is optional, not mandatory.
- Continuing Education Teachers are eligible to be members of TRS, if they are working on a 30-hour per week continuous schedule on or after May 1, 1999. Membership is optional, not mandatory.

PART A: Please provide the employee information below.

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Employee's First Name MI Last Name	Social Security Number
Permanent Home Address	Apt. No. Date of Birth (M/D/Y)
City State Zip Code	Gender: Male Female
New appointment OR Updated informat Image: Second state state Image: Second state Image: Second state OR Image: Second state Image: Second state Image: Second state Image: OR Image: Second state Image: Second state Image: Second state Image: OR Image: Second state Image: Second state Image: Second state Image: Or Second state Image: Second state Image: Second state Image: Second state Image: Or Second state Image: Second state Image: Second state Image: Second state Image: Or Second state Image: Second state Image: Second state Image: Second state Image: Or Second state Image: Second state Image: Second state Image: Second state Image: Or Second state Image: Second state Image: Second state Image: Second state Image: Or Second state Image: Second state Image: Second state Image: Second state Image: Second state Image: Or Second state Image: Second state Image: Or Second state Image: Second state Image: Second state <t< th=""><th>requested information below for the CUNY or Charter School employee. ion for existing employee (M/D/Y) to (M/D/Y) above dates must reflect a part-time employee's <u>current</u> position.)</th></t<>	requested information below for the CUNY or Charter School employee. ion for existing employee (M/D/Y) to (M/D/Y) above dates must reflect a part-time employee's <u>current</u> position.)
Work Location:	Title:
Job ID:	Payroll Code:
Job Sequence No. (CUNY only):	
Annual salary (if full-time employee): Hourly salary (if part-time employee):	
No. of hours/school year (if CUNY Adjunct*): No. of hours/week (if CUNY Continuing Education Teacher*):	
* See Instructions on page 1 for important information about TRS membership requirements.	
PART C: Please provide the requested information and sign a	and date below.
Your Name:	Title:
Email:	Phone:
Signature:	Date: