

Information for Payroll Office

Employee Name: _____

Employee Social Security: _____

Date of Birth: ____/____/____

Primary phone number: _____

Email address: _____

Check one of the following statements:

_____ I am an active or inactive member of another Massachusetts Contributory Retirement System and am now transferring to the Massachusetts Teachers' Retirement System.

_____ I am a current member of the MTRS and am now changing school districts.

_____ I am a new member.

Teacher Certification #: _____ Issue Date: _____

PAYROLL USE ONLY:

FTE Salary: