

CASUAL EMPLOYEE REGISTRATION PACKET

CASUAL EMPLOYEE INFORMATION:	
I am a member of: <input type="checkbox"/> NYSTRS <input type="checkbox"/> NYC TRS	
Member #: _____ Date of Membership: _____	
Choose one below: (Active, Retired)	
<input type="checkbox"/> Active (not currently receiving payments) <input type="checkbox"/> Retired (receiving payments)	
<input type="checkbox"/> I am not a member of the New York State Teachers Retirement System.	
Failure to disclose membership in the New York State Teacher's Retirement System is fraudulent according to New York State Education Law.	
Print Name: _____	Social Security #: _____
Address: _____	Phone #: _____

Employee Signature: _____	Date: _____
Job Description: _____	

School District Name: _____ School phone #: _____	
District signature: _____ Date: _____	
Start Date: _____	

FOR BOCES OFFICE USE ONLY: (to be completed by program supervisor)	
Employment Term:	
Start Date: _____	End Date: _____
Hourly Rate: _____	Max Earnings: _____
Budgeted Amount: _____	Budget Code: _____
Program Supervisor Signature: _____	Date: _____
Executive Director Signature: _____	Date: _____

Human Resources Administrator: _____
Date: _____

For Nassau BOCES use only: Status verified _____ Name _____ Department _____
