

Employee Data Form

Contact Information

Name: _____ SSN: ____/____/____
Last First Middle

Address: _____ Date of Birth: ____/____/____
Number Street

City State Zip

Home Phone Number: (____) _____
Area Code Number

Person to notify in case of emergency: _____

Relationship: _____ Phone Number: _____

Retirement from Prior Employment

Are you retired from the Retirement Systems of Alabama(TRS or ERS)?
Yes ___ No ___ If yes, TRS or ERS _____ Retirement Date _____

Are you currently paying into the Retirement Systems of Alabama?
Yes _____ No _____ If yes, TRS or ERS _____ Employer Name _____

Veteran Status (check all that apply):

Vietnam Veteran _____ Disable Veteran _____ Recently Separated Veteran _____
Armed Forced Service Medal Veteran _____ Other Veteran _____

If other Veteran, please explain: _____
