

## **Continuation of Participation in the Teachers' Retirement Plan Form**

Please complete this form if you were a District of Columbia Public Schools (DCPS) employee who participated in the District of Columbia Teachers' Retirement Plan and you meet one of the following conditions:

- 1. Your employment with the charter school begins within 60 days of the date of your termination of employment with DCPS. (D.C. Code § 38-1802.07(b))
- 2. You are on an approved leave of absence for purposes of working at a charter school and will begin charter school employment within 90 days of the last day of service at DCPS. (D.C. Code § 38-1802.07(a); 5-E DCMR § 1204.5)

## **EMPLOYEE INFORMATION (PLEASE PRINT)**

Mr. Mrs. Miss Ms.						
Last Name	Firs	First Name   Middle Initial				
/ / Date of Birth / /	PeopleSoft ID (Optional) DCPS Original Hire Date	SSN (Required)	Gender			
POSITION AND DATE OF HIRE BY CHARTER SCHOOL						
Name of Charter School       Position, e.g. Principal, Teacher, Counselor       Charter School Date of Hire						
QUESTIONNAIRE						
<ol> <li>Are you a former DCPS employee who participated in the Teachers' Retirement Plan?</li> <li>Yes No</li> </ol>						
If "Yes," please continue. If "No," STOP! Please complete the Continuation of DC Sponsored <u>Other</u> Retirement Plan Form.						
2. Did you reque	est a Leave of Absence (LOA) f	rom DCPS?	Yes 🗌 No 🗌			
must be renew	e attach a copy of your LOA ap red every two years. Even thoug ployee Certification at the end o	h your continued enrol	lment is automatic, please			

If "No," please continue.



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	QUESTIONNAIRI	E CONTINUED		
2	Are you retired under the Teachers' Plan?		Yes 🗌 No 🗌	
3.	<sup>3.</sup> If "Yes," STOP! You cannot continue participation.			
	Did you terminate/separate from DCPS?		Yes 🗌 No 🗌	
4. 5.	If "Yes" to questions 4, did you request or receiv Teacher Retirement Plan contributions or rollov	•	Yes 🗌 No 🗌	
If "Yes," STOP! You cannot continue participation in the Teachers' Retirement Pl				
6.	Do you wish to continue your participation in th Teachers' Retirement Plan?	e	Yes 🗌 No 🗌	
	If "No", you may elect to participate in the charter school retirement system and rollover yo Teachers' Retirement Plan contributions. Please skip to the Employee Certification.			
7	Did DCPS hire you prior to November 16, 1996	?	Yes 🗌 No 🗌	
7.	EMPLOYEE CER	TIFICATION		
	applicable, I have attached: The personnel action form which serves as proof of my original hire date with the District of Columbia Public Schools as well as the official separation document.			
2)	The approved notification letter from District of Columbia Public Schools approving my Leav of Absence.			
scl Fu Re	answered "Yes" for #6, I understand that by sign nool to submit employee and employer contribution nd. My employee contributions will be made via troactive deductions may be needed during the tim ntinue to abide by the terms of the Teachers' Plan	ons on my behalf to th salary deductions on a ne period. I also under	e Teachers' Retirement a pre-tax basis.	
En	nployee Signature	Date		
Fo	· Office Use Only: Public Charter School Officers, pleas	e complete the following:		
Is t	he employee eligible for continuation in the DC Teach Rate of Contribution (answer if applicable)	ners Retirement Plan?	Yes No No 7% 8%	
	r above, if the employee marked "Yes" next to question #7, ployee marked "No", the appropriate rate of contribution i		ntribution is 7%. If the	
Pul	blic Charter School Officer (Printed Name)	Title		
Pul	blic Charter School Officer Signature	Date		
Em	ail:	Phone:		

This form must be completed by all new charter schools employees. Copies of the form should be given to the employee and kept on file with the school and given to DCRB and DCPS.