

Position Information Form (PIF)

Retirement Board

Franklin Regional Retirement System (FRRS)
Questions: general.frrsma@gmail.com or 413-774-4837
Upload to: <https://frrsma.sharefile.com/filedrop>

Treasurer, please use this form to provide us with particulars when a current member is changing or adding a position – either with your employer unit or coming from another employer within FRRS.

Grab the phone and call us if you are not sure – 413.774.4837

v.20200609 (see our website for: <http://www.frrsma.com/version-notes-for-forms/>)

Employee Information

Name | _____ | SSN Last 4: XXX-XX- _____ |

Switching or adding position(s)? (check one)

Switching, and dropping the other position. Old position: _____
Employer: _____

Just adding this position (and still working the other(s); use this for adding summer school position)

Employment - This position

| _____ | | _____ | | _____ |
Name of Employer Title/Position First date of work

Employment Status – this position (check all that apply)

Permanent Temporary Interim Elected

Full-time Part-time

Salary Information – this position

Weekly hours, or other description | _____ | Hourly rate: | _____ |

Pay period: weekly biweekly monthly School year (21 vs 26?) # _____ |

Describe other | _____ |

Do you pay them hourly, daily, or are you dividing their annual salary and paying them equal amounts each time? _____.

Number of periods: | _____ | Rate of pay per period: | _____ | Annual pay: | _____ |

Deduction Rate (check the appropriate box – call if you have questions)

9% *New Members Longstanding members: 5% 7% 8%

2% This person is subject to the additional 2%, but it is taken only on the portion of wages that are greater than an annual rate of \$30,000 on a pay period basis.

Your Name: | _____ | Date: _____

(Treasurer, payroll personnel, Human Resources, etc.)

This Section To Be Completed by the Retirement Board

I have reviewed the above information from the applicant and the treasurer, and unless noted differently, I confirm that the group classification, start date, annual salary, employment status, and deduction rate, have been accepted as stated by the treasurer, and I have determined the following service credit percentage:

Service: This and all other membership positions held by this person together are now categorized at the following (circled) percentage.

- 20-22.99=50%; 23-25.99=60%; 26-28.99=70%; 29-31.99=80%; 32-34.99=90%; 35-40=100%
- 0-3.99=10%; 4-6.99=15%; 7-8.99=20%; 9-10.99=25%;
- 11-12.99=30%; 13-14.99=35%; 15-17.99=40%; 18-19.99=45%;

**If a member changes their regular full-time or regular part-time position to take a position that has varying hours (such as a seasonal or substitute position), please contact our office to discuss whether or not deductions should continue to be withheld from their pay.

Signature _____ Retirement staff