

REQUEST TO REMAIN IN THE CORRECTIONS OFFICER RETIREMENT PLAN
(A.R.S. Section 38-891, subsection E, F or G)

When Completed return to: Department of _____ CORP Local Board

Address: _____

NAME: _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____

ADDRESS: _____ WORK LOCATION: _____

PHONE NUMBER: (____) _____ - _____ DATE OF BIRTH: ____/____/____

I am transferring or being reassigned from a Corrections Officer Retirement Plan designated position to a non-designated position within the department. The transfer or reassignment is for the purpose of temporarily filling a non-designated department position. I currently have five or more years of credited service with the Corrections Officer Retirement Plan. Pursuant to A.R.S. Section 38-891, I request that the local board temporarily specify my new position as a designated position in the department.

FORMER DESIGNATED POSITION: _____

CORP MEMBERSHIP DATE - FROM: ____/____/____ TO: ____/____/____

PRIOR SERVICE WITH THE CORP: _____

TOTAL YEARS OF CREDITED SERVICE: _____

NEW NON-DESIGNATED POSITION: _____

START DATE: ____/____/____

NOTE: This request can be made before the transfer but must be made within 90 days of the starting date to the new non-designated position.

If employee contributions have been made to the Arizona State Retirement System after the above start date, these monies will be reversed from the ASRS to the CORP. However, I agree to make arrangements with my department for a one-time payment to pay the additional employee contributions representing the difference between the CORP employee contributions and the ASRS employee contributions.

TODAY'S DATE: ____/____/____

SIGNATURE OF MEMBER: _____

WITNESS: _____

(Over)

REQUEST TO REMAIN IN THE CORRECTIONS OFFICER RETIREMENT PLAN (Continued)
(A.R.S. Section 38-891, subsection E, F, or G)

A.R.S. Section 38-891, subsection E, F or G provides:

TO BE COMPLETED BY LOCAL BOARD:

The Corrections Officer Retirement Plan Local Board has reviewed this request and has verified that the information in this request is accurate and conforms to our records and the records of the personnel office. Based on the information contained in this request, on and after the start date as prescribed in this request, we specify the non-designated position that is being filled temporarily by _____ as a CORP designated position.

DATE APPROVED: ____/____/____ TELEPHONE NUMBER: (____) ____-____

SIGNATURE OF SECRETARY OR LOCAL BOARD CHAIRMAN: _____

- COPY SENT TO BOARD OF TRUSTEES, CORRECTIONS OFFICER RETIREMENT PLAN
- COPY SENT TO DEPARTMENT PAYROLL OFFICE
- COPY SENT TO DEPARTMENT PERSONNEL OFFICE
- COPY SENT TO APPLICANT

TO PAYROLL OFFICE: Please ensure that the correct employee and employer contributions are made on a pre-tax basis to the Corrections Officer Retirement Plan on and after the start date as prescribed in this request. If contributions have been made to the Arizona State Retirement System, please reverse any pre-tax employee and employer contributions made to the Arizona State Retirement System and forward the correct employee and employer contributions on a pre-tax basis for the above employee for the prescribed periods of time to the Corrections Officer Retirement Plan.