

Whitman County

Human Resources 400 N Main Suite 120, Colfax, WA 99111

DRS EMPLOYEE DATA FORM



INSTRUCTIONS: Complete the Personal Data section of this form.

Return completed form to Human Resources.

PERSONAL DATA- To be completed by member and returned to Human Resources

Name (Last, First, Middle):		
Mailing Address:		
City:	State:	ZIP:
Date of Birth:	Social Security Number:	
Phone:	Email Address:	

I certify all of the information I have entered on this form is true and complete.

Employee Signature:	Date:
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EMPLOYER DATA- To be completed by Human Resources

Reporting Group:	Retirement System: <input type="checkbox"/> PERS <input type="checkbox"/> PSERS <input type="checkbox"/> JBM <input type="checkbox"/> LEOFF
Plan: <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3 <input type="checkbox"/> N/A	
Employee Position Title:	First Date of Employee Eligibility:

Human Resources Signature:	Date:
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