



The University of Akron

Part-time Faculty New Hire Notification Form

First Name	Middle Name	
Last Name	Suffix	
Mailing Address		
City, State	Zip Code	
Social Security Number	First Date on Payroll	
Birth Date (mm/dd/yyyy)	Gender	M F
Have you retired through an Ohio public retirement system?	YES	NO
Effective Date of Retirement (mm/dd/yyyy)		
Type of Benefit <input type="checkbox"/> Age and Service Retirement <input type="checkbox"/> Disability		
Ohio retirement system paying the benefit		
<input type="checkbox"/> School Employees Retirement System	<input type="checkbox"/> Police & Firemen's Disability & Pension Fund	
<input type="checkbox"/> State Teachers Retirement System	<input type="checkbox"/> State Highway Patrol Retirement System	
<input type="checkbox"/> Public Employees Retirement System	<input type="checkbox"/> Cincinnati Municipal Retirement System	

Forward to the Payroll Office, zip+6210

For Payroll Office Use Only:

ARP Eligible: Y N Date Reported On Web: _____