

APPLICATION FOR GROUP CLASSIFICATION

Instructions:

A Group Classification Application must be submitted for each position for which a member is seeking Group Classification. The member must first complete Section A and submit the application and all attachments to the human resources department at the agency which employed them in the position for which they seek group classification. The agency must then complete Section B and submit the application and all attachments to the Board. The complete application must be reviewed by the member's direct supervisor or the current supervisor familiar with the duties of the position being reviewed.

Member's Name:				ocial Soci	rity No	.	
Address:			3	Social Security No.: Date of Birth:			
				Date	of Birth	:	
City/State/Zip: Contact Tel:			Current F	mploying	Agency		
Applying for:	☐ Group 2	 ☐ Group 4		50 (Correc			nnly)
Job Title for Grou	· · · · · · · · · · · · · · · · · · ·	□ стоир ч		30 (COITCC	10113 0	incers O	/111y)
	· ·						
Member Ques							
1. Are you an ac	tive member curre	ently employed with the Com	nmonwealt	h? □	Yes		No
If you are	an active member	efore April 2, 2012? er and you entered service be rate your service by group c			Yes		No
If yes, yofor each pPro-rated	u must submit a s position you are s	rice by group classification? reparate Group Classification eeking group classification. tory for members entering s		on 🗆	Yes		No
4. How many G (including thi		n Applications are you submi	itting?				
	the name of the scation you are see	state agency that employed eking:	you for the	·			
	oximate dates of e roup classification	employment in the position f n (MM/DD/YY):	or which y	ou 		TO _	
whether you sup position has char	ervise other empl nged within the la	on of your daily responsibilition oyees; and if you work with a st twelve months, please designately prior to that change.	a specific p	opulation	of indiv	iduals. I	f your
I hereby certify u	ınder the penaltic	es of perjury that the above i	nformatior	n is true an	d accur	ate.	
Member Signature					Date		

GROUP CLASSIFICATION APPLICATION - PAGE 2

Mem	ber Name:			SSN:	l:							
SF	CTION	l R το	RE COMPLETE	D BY EMPLOYING	AGENCY	HR DEDART	MENT.					
	ncy:		DE COMPLETE	D DT LIMIT LOTTING	AGENCI	IIII DEI AIII	WILINI.					
	ress:											
City	/State/Zip:											
Tele	phone:											
Nan	ne of Persor	Comple	ting this Form:									
Nan	ne of Direct	Supervis	or:									
Me	mber Em	plovmo	ent History:									
1.	sheets if ne position, li s If part-time	ase report dates of service rendered in your agency and positions held by the employee. You may attach additional ets if necessary. If the employee is not pro-rating their service and is seeking Group Classification for their last ition, list the information for their last position and service rendered. art-time, please indicate percentage of full-time employment: Period of Employment Years/Months of Full-Time										
	From (MM/		To (MM/DD/YY)	Years/Months of Service	Full-Time (Y/N)	Part-time %	Title/Position					
Plea	being subn Yes ase attach v uding Empl	nitted to \(\sum \) vritten do loyee Per	the Board? ocumentation of m formance Review S	ember's service date	s, Form-30 jo	b description(s	on reviewed the documentation a), and if applicable, information to the Board.					
I h	ereby certil	fy under f	the penalties of pen nments are true and	rjury that I have revied d accurate.	wed the cont	ents of this app	olication and that the above					
		•	ervisor or Current Sup	ervisor for position beir	ід сіаѕѕіпеа	Date						