Print Form

THE COMMONWEALTH OF MASSACHUSETTS

State Board of Retirement

ONE ASHBURTON PLACE, BOSTON, MA 02108-1607

GROUP CLASSIFICATION QUESTIONNAIRE

PLEASE COMPLETE AND RETURN TO THE STATE BOARD OF RETIREMENT:

Member's Name:		Social Security No.:	
Address:			
City/State/Zip:			
Current Job Title:		Employing Agency:	
Work Telephone:		Direct Supervisor:	

Please indicate the dates of employment in your current position and location. If your position has changed within the last twelve months, please describe the cirucmstances of that change and your position and job duties immediately prior to that change.

Please provide a current description of your daily responsibilities. In this description please include information such as, whether you work on a particular shift; whether you supervise or are assigned other employees, and if so, how many. Also, if you work with a specific population of individuals, such as children, the mentally ill, medically infirmed, prisoners or parolees, please describe the exact nature of your responsibilities on a daily basis. **Please attach information responsive to this request, if this space is not sufficient.**

Please attach a current job description (F-30) and your most recent Employee Performance Review Statement (EPRS). This questionnaire and any attachments must be reviewed by your direct supervisor prior to submission to the Board.

I hereby certify under the penalties of perjury that the above information is true and accurate.

Member Signature _____ Date _____

Employing Agency Signature _____ Date _____

Main Office: One Ashburton Place, Room 1219, Boston, MA 02108 Phone: 617-367-7770 Fax: 617-723-1438 Toll Free (within MA): 1-800-392-6014
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