

# 2015 EMPLOYEE RETIREMENT INCENTIVE PROGRAM (ERIP) APPLICATION



## State Retirement Board

ONE WINTER STREET, 8TH FLOOR, BOSTON, MA 02108  
436 DWIGHT STREET, #109A, SPRINGFIELD, MA 01103

### GROUP CLASSIFICATION QUESTIONNAIRE

#### INSTRUCTIONS:

Before further proceeding with your ERIP application, the Board requires that you fully complete and submit the enclosed or attached Group Classification Questionnaire for your current position. 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.

#### SECTION A - TO BE COMPLETED BY MEMBER:

Member's Name:	
Date of Birth:	Social Security No.:
Address:	
City/State/Zip:	
Contact Tel:	Current Employing Agency:
Job Title for Group Classification:	
<b>BOARD REVIEW OF GROUP CLASSIFICATION REQUIRED.</b>	

#### MEMBER QUESTIONNAIRE:

1. Are you an active member currently employed with the Commonwealth?  Yes  No

2. List the approximate dates of employment in the position for which you are seeking group classification (MM/DD/YY): \_\_\_\_\_ TO \_\_\_\_\_

Please attach a narrative description of your daily responsibilities for the position you seek group classification; whether you supervise other employees; and if you work with a specific population of individuals. If your position has changed within the last twelve months, please describe the circumstances of that change and your position and job duties immediately prior to that change.

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

MEMBER SIGNATURE

DATE

CONTINUED >

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## GROUP CLASSIFICATION QUESTIONNAIRE - PAGE 2

MEMBER NAME: \_\_\_\_\_

SSN: \_\_\_\_\_

**▶ SECTION B - TO BE COMPLETED BY EMPLOYING AGENCY HR DEPARTMENT:**

Agency:
Address:
City/State/Zip:
Telephone:
Name of Person Completing this Form:
Name of Direct Supervisor:

**MEMBER EMPLOYMENT HISTORY:**

1. Please report dates of service rendered in your agency and positions held by the employee. You may attach additional sheets if necessary. If the employee is seeking Group Classification for their last position, only list the information for their last consecutive 12 months of service rendered. If part-time, please indicate percentage of full-time employment:

Period of Employment		Years/Months of Service	Full-Time (Y/N)	Part-time %	Title/Position
From (MM/DD/YY)	To (MM/DD/YY)				

2. Has the member's direct supervisor or a supervisor familiar with the duties of the position reviewed the documentation being submitted to the Board?

Yes       No

Please attach written documentation of member's service dates, Form-30 job description(s), and if applicable, information including Employee Performance Review Statement (EPRS).

This questionnaire and any attachments must be reviewed by a supervisor prior to submission to the Board.

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**▶ I hereby certify under the penalties of perjury that I have reviewed the contents of this questionnaire and that the above information and attachments are true and accurate.**

\_\_\_\_\_  
 SIGNATURE - DIRECT SUPERVISOR OR CURRENT SUPERVISOR FOR POSITION BEING CLASSIFIED

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 SIGNATURE - EMPLOYING AGENCY HR REPRESENTATIVE

\_\_\_\_\_  
 DATE