Line 2 Board Paid STRS Pick Up % and Amount% = \$	BAS			n of School A collment Form	Administrators n 2016-2017	Submission Date
614-846-4881 (fs) Administrative Assistant's Name (flapplicable) Administrative Assistant's P-Mail Address Perfs (Dr., Mr., Mrs.) First Name Middle Initial Last Name Perfs (Dr., Mr., Mrs.) First Name Middle Initial Last Name Presitem County Disfret@Orgenization Name Street Address City Zip Office Plenic fabreain First Name City 78 Zip Mail Address City 78 Zip Zip Home Information: Imme Plenic Zip Zip Home Street Address City 78 Zip Zip Home Plenic Itome Plenic SALARYSURVEY INFORMATION SALARYSURVEY INFORMATION Retired - Rehired Uyes UNo Vacation Days per Year Maximum Vacation Days Reinbursed Home Plenic Vehicle Provided by Baard Uyes ENO Maximum Vacation Days Reinbursed Home Street Address Home Street Address Home Street Address Home Street Address Bask MetMBIBRSHIP Maximum Vacation Days Reinbursed Home Street Address Home Street Address Hore Street Park Mont % = \$ Home Street Address Home Street Addreses Address Home Street Addre	8050 N. High Street, Sui	te 150	MEMBER	INFORMATIC	N	
Prefix (Dr., Mr., Mrs.) Prist Name Middle Initial Last Name Prefix (Dr., Mr., Mrs.) County District/Organization Name Sincet Address City Zip Office Phone Extension Fax Cell Phone E-Mail Address Education Days Relin Phone Zip Home Information:)				
Position County District/Organization Name Street Address City Zip Office Planek / Extractors Fac Cell Phone E-Mail Address Edmont Information:			Administrati	ive Assistant's Name (if a		
Street Address City Zip Office Phone / Extension Fax Cell Phone E-Mail Address	Prefix (Dr., Mr., Mrs.)F	First Name	 Middle Initial	Last Name	
Street Address City Zip Office Phone / Extension Fax Cell Phone E-Mail Address		I		I		
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F-Mail Address Home Information: Home Street Address City/St Home Phone Itome E-Mail SALARYSURVEY INFORMATION Retired - Rehired Yes No Vacation Days per Year Board Paid Snus Yes No Maximum Donus Amount \$ Membership Membership Extrollment for August 1, 2016 - July 31, 2017 Membership Extrollment for August 1, 2016 - July 31, 2017 Membership Extrollment for August 1, 2016 - July 31, 2017 Membership Extrollment for August 1, 2016 - July 31, 2017 Membership Extrollment for August 1, 2016 - July 31, 2017 Membership Extrollment for August 1, 2016 - July 31, 2017 Membership Extrollment for August 1, 2016 - July 31, 2017 Membership Extrollment for August 1, 2016 - July 31, 2017 Membership Extrollment for August 1, 2016 - July 31, 2017 Membership Extrollment for August 1, 2016 - July 31, 2017 Membership Extrollment for August 1, 2016 - July 31, 2017 Membership Extrollment for August 1, 2016 - S S = \$<	Street Address				City	Zıp
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TOTAL PAYMENT BEING SUBMITTED: PLEASE COPY THIS FORM TO SERVE AS YOUR INVOICE