

NOTICE OF PUBLIC EMPLOYEE FELONY CONVICTION



Purpose of this form: This form is used to comply with the employer's notification obligations under California Government Code Sections 7522.72(f) and 7522.74(f).

Instructions: This form is to be completed by the employer and must be submitted within ninety (90) days of the felony conviction date. Complete form in blue or black ink and return to CCCERA.

Section 1: Member Information								
Employee's First Name	мі	Employee's Last Name			of Social Security Number			
Date of Felony Conviction			Date of First-Known Commission of Felony For Which The Employee Was Convicted					
 Was the felony conviction the result of conduct arising out employer? Was the felony conviction the result of conduct in pursuit of 	Yes 🗖 Yes 🗖	No 🗖						
Was the felony conviction the result of conduct in connection with obtaining any of the following? Salary Service Retirement Disability Retirement Other Benefits (explain)								
Did the defendant have contact with children as part of h	Yes 🗖	No 🗖						
 Was the conviction the result of a felony committed with or involving a child whom the defendant had contact as 	Yes 🗖	No 🗖						

Section 2: EMPLOYER INFORMATION								
Name of Employer								
	-							
Street or P.O. Box	City			State	Zip Code			
Email Address			Phone Number					
Signature (Required)		Printed Name			Date (mm/dd/yyyy)			

[ENCLOSE CERTIFIED COPIES OF THE FELONY COMPLAINT, FELONY PLEA, FELONY ABSTRACT OF JUDGMENT, AND/OR ANY OTHER CRIMINAL COURT DOCUMENT]