

**Walton County Supervisor of Elections**  
**EMPLOYEE DATA SHEET – Poll Workers**

**Employee Information**

Position/Title: Election Worker Date of hire: \_\_\_\_\_  
Social security number: \_\_\_\_\_  
Full Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last Name First Name Middle Name  
Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ County: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Demographic Information**

Gender:  Male Marital Status:  Single  Married  Divorced  Separated  Widowed  
 Female  
Birth Date: \_\_\_\_\_  
State of Birth: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Miscellaneous Information**

U.S. Citizen:  Yes  No  
Veteran:  Yes  No  
Ethnic/Race:  Amer' Indian/Alask Native  Black  White  
 Asian/Pacific Islander  Hispanic  Other  
 Two or more races, not Hispanic  Asians, not Hispanic or Latino  
 Native Hawaiian or Other Pacific Islander, Not Hispanic or Latino

**Medical Information**

Primary contact name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Other number: \_\_\_\_\_  
Secondary contact name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Other number: \_\_\_\_\_

**Certification**

I certify the information, which I have provided, is complete and accurate to the best of my knowledge.

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Walton County Supervisor of Elections**  
**DIRECT DEPOSIT AUTHORIZATION**

EMPLOYEE NAME: \_\_\_\_\_ Effective Date: \_\_\_\_\_

***E-mail address for Payroll Check payment Stub:*** \_\_\_\_\_

**Note: This form replaces any previous direct deposit form(s).**

**Name of Bank:** \_\_\_\_\_ **ABA/Transit** \_\_\_\_\_

Savings Account #: \_\_\_\_\_ Amount/Percentage \_\_\_\_\_

Savings Account #: \_\_\_\_\_ Amount/Percentage \_\_\_\_\_

Savings Account #: \_\_\_\_\_ Amount/Percentage \_\_\_\_\_

**Checking Account #:** \_\_\_\_\_ Amount/Percentage \_\_\_\_\_

**Name of Bank:** \_\_\_\_\_ **ABA/Transit** \_\_\_\_\_

Savings Account #: \_\_\_\_\_ Amount/Percentage \_\_\_\_\_

Savings Account #: \_\_\_\_\_ Amount/Percentage \_\_\_\_\_

Savings Account #: \_\_\_\_\_ Amount/Percentage \_\_\_\_\_

**Checking Account #:** \_\_\_\_\_ Amount/Percentage \_\_\_\_\_

**Name of Bank:** \_\_\_\_\_ **ABA/Transit** \_\_\_\_\_

Savings Account #: \_\_\_\_\_ Amount/Percentage \_\_\_\_\_

Savings Account #: \_\_\_\_\_ Amount/Percentage \_\_\_\_\_

Savings Account #: \_\_\_\_\_ Amount/Percentage \_\_\_\_\_

**Checking Account #:** \_\_\_\_\_ Amount/Percentage \_\_\_\_\_

**Name of Bank:** \_\_\_\_\_ **ABA/Transit** \_\_\_\_\_

Savings Account #: \_\_\_\_\_ Amount/Percentage \_\_\_\_\_

Savings Account #: \_\_\_\_\_ Amount/Percentage \_\_\_\_\_

Savings Account #: \_\_\_\_\_ Amount/Percentage \_\_\_\_\_

**Checking Account #:** \_\_\_\_\_ Amount/Percentage \_\_\_\_\_

I, the above named employee, grant permission to Walton County Clerk of Courts Payroll Department to send my payroll check to the above named bank(s), segregated in the above dollar/percentage amounts.

\_\_\_\_\_  
Employee Signature / Date

**Key to:** Naviline Payroll \_\_\_\_\_  
Payroll Changes \_\_\_\_\_

# Florida Retirement System (FRS) - Certification Form

This form is not an offer of employment or an enrollment form. If hired, a Retirement Choice kit may be mailed to your home with an enrollment form.

Name \_\_\_\_\_ SSN \_\_\_\_\_

Agency Name \_\_\_\_\_

Previous or Current FRS Employer \_\_\_\_\_

## PLEASE COMPLETE SECTION I, II, III, OR IV

I. I have **never** been a member of a State of Florida administered retirement plan.

**STOP HERE**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

II. I was or currently am a member of the following State of Florida administered retirement plan (also complete Section III or IV)<sup>1</sup>

- FRS Pension Plan (incl. DROP)     FRS Investment Plan     State University System Optional Retirement Program (SUSORP)  
 State Community College Optional Retirement Program (SCCORP)     Senior Management Service Optional Annuity Program (SMSOAP)  
 Other

III. I am **not retired** from any State of Florida administered retirement plan. I understand that if it is later determined that I was a retiree and was reemployed during the first 6 calendar months after I retired or after my DROP termination date, or at any time during the 7<sup>th</sup> through 12 months after I retired or after my DROP termination date, I **must repay** all unauthorized benefits received (see Section IV for details), or, if in the Investment Plan, terminate my employment. **My employer may also be liable for repaying any unauthorized benefits I received.**

### Retiree Definition

You are considered retired if:

1. You have received any benefits under the FRS Pension Plan (including DROP), or
2. You have taken any distribution (including a roll-over) from the FRS Investment Plan, or alternative retirement programs offered by state universities (SUSORP), state community colleges (SCCORP), state government for senior managers (SMSOAP), or local governments for senior managers.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

IV. I am **retired** from a State of Florida administered retirement plan. My FRS Pension Plan retirement effective date, DROP termination date, or date I received my first distribution from the FRS Investment Plan, SUSORP, SCCORP, SMSOAP, or other plan was \_\_\_\_\_.

**If I am initially reemployed by an FRS-covered employer on or after July 1, 2010, I will not be permitted to participate in a State of Florida administered retirement plan to earn an additional retirement benefit.**

#### I understand that as a Pension Plan retiree:

- a. If I am employed by an FRS-covered employer in **any type of position**<sup>2</sup> during the **first 6 calendar months** after I retired or after my DROP termination date, my retirement and DROP status are voided, all retirement and DROP benefits I received **must be repaid**,<sup>3</sup> and I must reapply for retirement in order to receive future benefits.
- b. If I am reemployed by an FRS-covered employer at any time during the 7<sup>th</sup> through the 12<sup>th</sup> months after I retired or after my DROP termination date, my monthly retirement benefit must be suspended<sup>4</sup> and any unauthorized benefits received must be repaid.<sup>3</sup> **My employer may also be liable for repaying any unauthorized benefits I received.**

#### I understand that as an Investment Plan, SUSORP, SCCORP, or SMSOAP retiree:

- a. If I am employed by an FRS-covered employer in **any type of position**<sup>2</sup> during the **first 6 calendar months** after I retired, I **must repay**<sup>3</sup> any benefits received or terminate employment for an additional period to satisfy the 6 calendar month termination requirement.
- b. If I am reemployed by an FRS-covered employer at any time during the 7<sup>th</sup> through the 12<sup>th</sup> months after my retirement, I will not be eligible for additional distributions until I terminate employment or complete 12 calendar months of retirement.<sup>4</sup>

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

<sup>1</sup>If you are not retired and earned FRS service after certain periods in 2002 (depending on your employer), you must rejoin the FRS retirement plan you were enrolled in when you terminated FRS-covered employment. You may have a one-time 2<sup>nd</sup> Election to switch FRS retirement plans. Also, alternative retirement programs are available to certain employees. Contact your employer for deadline and other information.

<sup>2</sup>Positions include OPS, temporary, seasonal, substitute teachers, part-time, full-time, regularly established, etc.

<sup>3</sup>Florida law requires a return of all unauthorized Pension Plan benefit payments or Investment Plan distributions received by a member who has violated the FRS termination or reemployment provisions. Similar provisions apply to unauthorized SUSORP, SCCORP, or other state-administered plan distributions – contact that plan's administrator for details.

<sup>4</sup>There are no reemployment exemptions/exceptions for Pension Plan members whose effective date of retirement or DROP termination date is on or after July 1, 2010 or Investment Plan, SUSORP, SCCORP, or SMSOAP members who retire on or after July 1, 2010.