



Submit completed form to:  
**County Employees' Retirement Fund**  
2121 Schotthill Woods Drive  
Jefferson City, MO 65101  
Toll Free: 877-632-2373  
Fax: 573-761-4404

Version 5.1

**FORM SE  
SEASONAL EMPLOYEE NOTICE**

*The County Clerk completes and signs this form prior to an employee's commencement and termination of seasonal employment. **The County Clerk is required to sign this form.***

**PARTICIPANT INFORMATION**

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ County of Employment \_\_\_\_\_

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Gender  Male  Female Marital Status  Married  Single Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**SEASONAL NOTICE INFORMATION**

Enter the appropriate employment start or end date for this employee.

Date Seasonal Employment Begins \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date Seasonal Employment Ends \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**REQUIRED SIGNATURE**

I hereby certify that the information with regard to the seasonal status for the applicant in this county is correct. I have notified the participant that their rights to the \$10,000 death benefit may be forfeited under certain circumstances.

**Signature of County Clerk**

**Date**