**SCHOOL EMPLOYEES RETIREMENT SYSTEM**

**45 North Fourth Street, Columbus, OH 43215-3634**

**Exemption Form**

Under the terms of Ohio Law, I hereby exempt myself from membership in and contributions to the School Employees Retirement System.

\_\_\_\_\_ I am a student employed by and enrolled in this institution participating in the Career-Based Intervention Program.

\_\_\_\_\_ I am an emergency employee. The reason for the emergency is

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Name (Please Print)

Signature

Date of Employment

Date Signed

School Official’s Signature

Employer