

**FLORIDA DEPARTMENT OF EDUCATION**  
**DOE INFORMATION DATA BASE REQUIREMENTS**  
**VOLUME II: AUTOMATED STAFF INFORMATION SYSTEM**  
**AUTOMATED STAFF DATA ELEMENTS**

<b>Implementation Date:</b> Fiscal Year 1989-90 July 1, 1989
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<b>Element Name:      Employment Retirement Plan</b>																													
<b>Definition/Domain</b>																													
<p>A two-character code to identify the employee's current retirement plan.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>CODE</u></th> <th style="text-align: left;"><u>DEFINITION</u></th> </tr> </thead> <tbody> <tr><td>HA</td><td>Florida Retirement System, Regular Member</td></tr> <tr><td>HB</td><td>Florida Retirement System, Special Risk Member</td></tr> <tr><td>H</td><td>Florida Retirement System, Elected Official</td></tr> <tr><td>HL</td><td>Florida Retirement System, Re-employed Retirees</td></tr> <tr><td>IA</td><td>Teacher Retirement, Plan A</td></tr> <tr><td>IB</td><td>Teacher Retirement, Plan B</td></tr> <tr><td>IC</td><td>Teacher Retirement, Plan C</td></tr> <tr><td>ID</td><td>Teacher Retirement, Plan D</td></tr> <tr><td>IE</td><td>Teacher Retirement, Plan E</td></tr> <tr><td>AA</td><td>SCORES Plan A, Noninstructional</td></tr> <tr><td>AF</td><td>SCORES Plan B, Noninstructional</td></tr> <tr><td>OR</td><td>Other Retirement Plan</td></tr> <tr><td>ZZ</td><td>No Retirement Plan</td></tr> </tbody> </table>		<u>CODE</u>	<u>DEFINITION</u>	HA	Florida Retirement System, Regular Member	HB	Florida Retirement System, Special Risk Member	H	Florida Retirement System, Elected Official	HL	Florida Retirement System, Re-employed Retirees	IA	Teacher Retirement, Plan A	IB	Teacher Retirement, Plan B	IC	Teacher Retirement, Plan C	ID	Teacher Retirement, Plan D	IE	Teacher Retirement, Plan E	AA	SCORES Plan A, Noninstructional	AF	SCORES Plan B, Noninstructional	OR	Other Retirement Plan	ZZ	No Retirement Plan
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<b>Length:</b> 2	<b>State Reporting Formats Requiring This Data Element:</b>																												
<b>Format:</b> Alphabetic																													
<b>Compatibility Requirement:</b> Compatible																													
<b>Use Types:</b> <input type="checkbox"/> State Report <input checked="" type="checkbox"/> Local Accountability																													
<b>Data Element Number:</b> 204475																													
<b>Reported in Survey Periods:</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5																													
<b>Revised: 9/88</b>	<b>Volume II      Effective: 7/00      Page Number: 27-1</b>																												