



NOTICE OF PUBLIC EMPLOYEE FELONY CONVICTION

**FORM
503**
(Rev.2024)

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	MI	Employee's Last Name	Last 4 of Social Security Number
Date of Felony Conviction		Date of First-Known Commission of Felony For Which The Employee Was Convicted	
<ul style="list-style-type: none"> Was the felony conviction the result of conduct arising out of or in the performance of official duties for the employer? Yes <input type="checkbox"/> No <input type="checkbox"/> Was the felony conviction the result of conduct in pursuit of office or appointment with the employer? Yes <input type="checkbox"/> No <input type="checkbox"/> Was the felony conviction the result of conduct in connection with obtaining any of the following? Salary <input type="checkbox"/> Service Retirement <input type="checkbox"/> Disability Retirement <input type="checkbox"/> Other Benefits (explain) _____ Did the defendant have contact with children as part of his or her official duties? (If NO, skip next question.) Yes <input type="checkbox"/> No <input type="checkbox"/> Was the conviction the result of a felony committed within the scope of the defendant's official duties against or involving a child whom the defendant had contact as part of his or her official duties? Yes <input type="checkbox"/> No <input type="checkbox"/> 			

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]