Employment Verification for a Retiree Returning to Work FT/PT/Temporary



This form must be completed annually by the employer for a retiree who continues to work fulltime/part-time or temporarily. As an employer if you hire a retired TRS member who is collecting a retirement benefit and should not be, you will be responsible for paying TRS the amount of benefits paid to the retiree during that period. Please complete the <u>front and back</u> of this form.

To Be Completed by ALL EMPLOYERS -- please print clearly

Retiree Social Security Number:		
Retiree Last Name	/First Name	/Middle Name
Home Address		/City
/ State Zip	() Home Phone number	_ () _ Day Time Phone number
▼ For PART-TIME Employmen	t	
Hourly Anticipated Date of Employment Current Position/Title Contract Days Hourly Rate of Pay Full-time Annual Salary Part-time Annual Salary Full-time Annual Salary Part-time Annual Salary	Anticipated Date of Employed Current Position/Title Full-time Monthly Salary Part-time Monthly Salar	Salaried loyment / y
Current Position/Title AnticipatedDateofEmployment SchoolRetiredFrom(principalsonly) Name/Address of Hiring School (principalson)	Anticipated Month	nlySalary

Continued on Reverse

Employment Verification for a Retiree Returning to Work FT/PT/Temporary cont.



For TEMPORARY Employment			
Employment Date Range(a	(can only work 3 months full-time in a fiscal year)		
AnticipatedMonthlySalary RegularMonthl	hlySalary RegularMonthlySalaryforPosition		
Current Position/Title			
For Substitute Classroom Teaching Positions			
Rate of Pay			
▼ For DOE, TCSGA and BOR			
Current Position/Title	Select Retirement System:		
Monthly Salary	Teachers Retirement System		
	Employees' Retirement System Public School Employees'		
If retiree is employed on a part-time basis, please complete the Part-Time Employment section on the first page.	Retirement System		
the Part-Time Employment section on the first page.	Optional Retirement Plan		
▼ For Classroom Aide/Para-Professional Employment			
Full-Time Hours for Position			
Anticipated Hours for Position			
Hourly Rate of Pay			
▼To Be Completed by HR Director or Superintendent only			
I certify that the employment of this TRS retiree is in compliance with the			
Please print name clearly	Title		
Signature	Date		
Employer			
Telephone Number			