

# 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 full-time/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 front and back 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 Employment

Hourly

Anticipated Date of Employment \_\_\_\_\_

Current Position/Title \_\_\_\_\_

Contract Days \_\_\_\_\_

Hourly Rate of Pay \_\_\_\_\_

Full-time Annual Salary \_\_\_\_\_

Part-time Annual Salary \_\_\_\_\_

Salaried

Anticipated Date of Employment \_\_\_\_\_

Current Position/Title \_\_\_\_\_

Full-time Monthly Salary \_\_\_\_\_

Part-time Monthly Salary \_\_\_\_\_

## ▼ For Board of Education FULL-TIME Employment

Current Position/Title \_\_\_\_\_

Anticipated Date of Employment \_\_\_\_\_ Anticipated Monthly Salary \_\_\_\_\_

School Retired From (*principal only*) \_\_\_\_\_

Name/Address of Hiring School (*principals only*) \_\_\_\_\_



**Continued on Reverse**

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



## ▼ For TEMPORARY Employment

Employment Date Range \_\_\_\_\_ *(can only work 3 months full-time in a fiscal year)*

Anticipated Monthly Salary \_\_\_\_\_ Regular Monthly Salary for Position \_\_\_\_\_

Current Position/Title \_\_\_\_\_

## ▼ For Substitute Classroom Teaching Positions

Rate of Pay \_\_\_\_\_

## ▼ For DOE, TCSGA and BOR

Current Position/Title \_\_\_\_\_

Monthly Salary \_\_\_\_\_

If retiree is employed on a part-time basis, please complete the Part-Time Employment section on the first page.

Select Retirement System:

- Teachers Retirement System
- Employees' Retirement System
- Public School Employees' Retirement System
- 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 requirements of O.C.G.A. 47-3-127.

\_\_\_\_\_  
Please print name clearly

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Telephone Number