

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