

# 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 fill out 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**

_____	_____	_____
Retirement Date	Anticipated Date of Employment	Current Position/Title
_____	_____	_____
Hours per Month	Anticipated Monthly Salary	Regular Monthly Salary

**▼ For FULL TIME Employment (HB 495)**

_____	_____	_____
Retirement Date	Anticipated Date of Employment	Current Position/Title
_____	_____	_____
Hours per Month	Anticipated Monthly Salary	School Retired From <i>(Required for principal only)</i>
_____		
Name and address of Hiring School <i>(Required for principal only)</i>		

**▼ For TEMPORARY Employment**

_____	_____	
Retirement Date	Employment Date Range <i>(Cannot work more than 3 months full time in a fiscal year)</i>	
_____	_____	_____
Full Time Monthly Salary	Regular Monthly Salary for Position	Current Position/Title

**For Temporary Substitute Teaching Positions select the appropriate box and fill out Rate of Pay:**

Long Term Substitute Teacher      Rate of Pay \_\_\_\_\_

Regular Substitute Teacher      Rate of Pay \_\_\_\_\_

**Continued on Reverse**

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



## ▼ For BOARD OF REGENTS or DEPT. OF TECHNICAL & ADULT EDUCATION EMPLOYERS

Retirement Date \_\_\_\_\_ Anticipated Date of Employment \_\_\_\_\_ Current Position/Title \_\_\_\_\_

### For NON-TEACHING POSITIONS:

Hours per Month \_\_\_\_\_ Anticipated Monthly Salary \_\_\_\_\_ Regular Monthly Salary \_\_\_\_\_

### For TEACHING POSITIONS:

# of Hrs for FT Enrollment Status \_\_\_\_\_ Total # of Hrs/Semester \_\_\_\_\_ Anticipated Monthly Salary \_\_\_\_\_ Regular Monthly Salary \_\_\_\_\_

## ▼ For DEPARTMENT OF EDUCATION EMPLOYERS

Retirement Date \_\_\_\_\_ Current Position/Title \_\_\_\_\_

**Retirement System (please select one):**  Teachers Retirement System  
 Employees Retirement System

## ▼ Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To qualify for continued receipt of retirement benefits from the Teachers Retirement System of Georgia (TRS), the retiree must not be restored to service as a teacher, except as provided by O.C.G.A. section 47-3-127. Restoration to service means re-employment as a teacher as defined in O.C.G.A. section 47-3-1 (28).

## ▼ 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 \_\_\_\_\_

