

# CLAYTON COUNTY PUBLIC SCHOOL SYSTEM DIVISION OF HUMAN RESOURCES

#### TRS-RETIREES RETURNING TO WORK

#### **SECTION A:** To be Completed by Requesting Administrator

Retiree's Name:		
	Please Print  O retirement:  Please Print	
□ New Hire □ Form	er CCPS Employee Start Date: _	End Date:
Position Status: □Full-	Time □Part-Time □Temporary	Request Date:
Position Title:   TRS	Consultant   Other:	
Class Code:	Grade Level:	# of Contract Days
Subject:	Teacher of Record:	Yes \( \text{No Replacing:} \)
Special Ed: Cognitive L	evel of Students:	
Self-Contained □Yes	□No Collaborative □Yes	$\Box$ No
	Veekly School Yr. # of Wo	
Requesting Hiring Author	ority Name:	Title:
Hiring Authority Signature		Date
Funding Authority Name	Print Name	Title:
Funding Authority Signature	<del></del>	Date
SECTION B: To be Co	ompleted by Finance/ Position Co	ontrol
Department #:	Class Code:	PCN:
Print Name	Position Control Co	oordinator Date
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# CLAYTON COUNTY PUBLIC SCHOOL SYSTEM DIVISION OF HUMAN RESOURCES

#### TRS-RETIREES RETURNING TO WORK

	:======================================			
SECTION C: To be Completed by Finance/ Payroll				
Retiree's Monthly Salary at Time	e of Retirement: \$			
<b>New Position:</b>	Full-Time Annual Salary: \$			
	Part-Time Annual Salaı	:y: \$		
<b>New Position:</b>	Monthly Salary 100%:			
	Monthly Salary 49%:			
<b>Salary Schedule Used:</b>		Pay Grade:		
Pay Rates: Hourly: \$	Daily: \$	<b>Monthly:</b> \$		
Print Name	Payroll Coordinator	Date		
SECTION D: To be Completed by	y Human Resources Director			
TRS Retiree Returning to Work Form References Ga PSC Certification				
Next Step this form along with Employment Verification for a TRS Retiree should be uploaded in TalentEd.				
Print Name	Human Resources Director	Date		
Continued on Next Page				
Requesting Hiring Authority continue to Section D Human Resources Director continue to Section E				

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### **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.

▼ SECTIOND: 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	☐ Salaried				
Anticipated Date of Employment	AnticipatedDateofEmployment				
Current Position/Title Current Position/Title					
Contract Days Full-timeMonthlySalary					
Hourly Rate of Pay					
Full-time Annual Salary					
Part-time Annual Salary					
▼ For Board of Education FULL-TIME Employment					
Current Position/Title					
AnticipatedDateofEmployment AnticipatedMonthlySalary					
SchoolRetiredFrom(principalsonly)					
	ly)				



**Continued on Reverse** 

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



▼ For TEMPORARY Employment	Georgia			
Employment Date Range RegularMont  Current Position/Title	hlySalaryforPosition			
▼ 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 Employ	rment			
Full-Time Hours for Position				
Anticipated Hours for Position				
Hourly Rate of Pay				
▼ <u>SECTION E:</u> To Be Completed by HR Director	or Superintendent only			
I certify that the employment of this TRS retiree is in compliance with the	e requirements of O.C.G.A. 47-3-127.			
Please print name clearly	Title			
Signature	Date			
Employer	_			
Telephone Number				