



CLAYTON COUNTY PUBLIC SCHOOL SYSTEM
DIVISION OF HUMAN RESOURCES

TRS-RETIREEES RETURNING TO WORK

SECTION A: To be Completed by Requesting Administrator

Retiree's Name: _____

Please Print

Retiree's Position prior to retirement: _____

Please Print

☐ New Hire ☐ Former 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 ☐ No Replacing: _____

Special Ed: Cognitive Level of Students: _____

Self-Contained ☐ Yes ☐ No Collaborative ☐ Yes ☐ No

of Work Days: _____ Weekly _____ School Yr. # of Work Hours Weekly: _____

Justification for Hire: _____

Requesting Hiring Authority Name: _____ Title: _____

Print Name

Hiring Authority Signature

Date

Funding Authority Name: _____ Title: _____

Print Name

Funding Authority Signature

Date

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SECTION B: To be Completed by Finance/ Position Control Staff

Department # : _____ Class Code: _____ PCN: _____

Print Name

Position Control Coordinator

Date



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SECTION C: To be Completed by Business Services / Compensation

Retiree's Monthly Salary at Time of Retirement: \$ _____

New Position: **Full-Time Annual Salary:** \$ _____

Part-Time Annual Salary: \$ _____

New Position: **Monthly Salary 100%:** _____

Monthly Salary 49% : _____

Salary Schedule Used: _____ **Pay Grade:** _____

Pay Rates: Hourly: \$ _____ **Daily:** \$ _____ **Monthly:** \$ _____

Print Name

Compensation Staff

Date

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SECTION D: To be Completed by 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

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.

▼ **SECTION D: 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 _____

▼ SECTION E: 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