

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND
 50 Service Avenue, 2nd Floor
 Warwick, RI 02886-1021
 Office (401) 462-7600 Fax (401) 462-7691
 Email: ersri@ersri.org Web Site: www.ersri.org

MONTHLY NOTIFICATION OF POST-RETIREMENT EMPLOYMENT

Instructions: Please print or type in black ink. Please return completed forms to ERSRI. Your promptness is appreciated.

Any employment or re-employment may begin no earlier than 30 days after retirement.

Rhode Island General Law allows members who retired under the provisions of Title 16, 36, or 45 to be employed or re-employed by any municipality within the state, with certain restrictions. Only one type of employment is allowed.

ERSRI or MERS retirees may work for a participating municipality for no more than 75 working days or 150 half-days in a calendar year. For MERS retirees working for a school department, days shall be counted according to a school year of September 1st through August 31st.

ERSRI or MERS retirees may substitute teach for a period of not more than 90 days or 180 half-days in any one school year. A "school year" is generally Sept. 1 through Aug. 31, but may vary by department. Or, ERSRI teacher retirees may be hired to fill a vacant teaching position, including coaching or tutoring, for not more than 90 days if the school department certifies in writing that they have made a good faith effort to fill the position with a non-retired person.

ERSRI or MERS retirees may be employed by any state college, university or state school for the purpose of providing classroom instruction, academic advising of students and/or coaching; retired registered nurses may be employed on a per diem basis to provide nursing care/service at a state facility. In no event shall gross wages exceed fifteen thousand (\$15,000) in any one calendar year for teaching employment, or twelve thousand (\$12,000) for nursing.

Pension payments shall be suspended whenever applicable restrictions are exceeded. **No additional contributions shall be taken and no additional service credits shall be granted for post-retirement service.** Notice of employment shall be sent monthly to the retirement board by the employer and the retired member; this completed form shall suffice as notice.

REPORTING AGENCY / DEPARTMENT / SCHOOL / CITY OR TOWN

| | |
|--|--------------------------------------|
| REPORTING AGENCY Narragansett School System | TELEPHONE NUMBER 401-792-9450 x 4 |
|--|--------------------------------------|

RETIREE DATA

| | | | |
|------------|----|-----------|------------------------|
| First Name | MI | Last Name | Social Security Number |
|------------|----|-----------|------------------------|

RETIREE IS: (CHECK ONE)

| | | |
|---|--|---|
| <input checked="" type="checkbox"/> SUBSTITUTE TEACHER (CERTIFIED POSITION) | <input type="checkbox"/> MUNICIPAL EMPLOYEE | <input type="checkbox"/> REGISTERED NURSE |
| <input type="checkbox"/> TEACHER EMPLOYED IN A VACANT POSITION - COPY OF GOOD FAITH HIRING LETTER FROM DEPARTMENT IS REQUIRED | <input type="checkbox"/> INSTRUCTOR AT A STATE SCHOOL OR COLLEGE | |

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|--|---|
| MONTHLY REPORTING OF EMPLOYMENT (DAYS <u>OR</u> DOLLARS) | MONTH/YEAR REPORTED: |
|--|---|

CHECK APPROPRIATE REPORTING METHOD AND COMPLETE SECTION BELOW

DAYS OR DOLLARS

| | |
|---|--|
| LIST FULL DAYS WORKED THIS MONTH. INDICATE ACTUAL DATES WORKED. | GROSS DOLLARS REPORTED THIS MONTH |
| | \$ |
| | |
| LIST HALF-DAYS WORKED THIS MONTH (3 HOURS OR LESS). INDICATE ACTUAL DATES WORKED. | TOTAL GROSS DOLLARS REPORTED THIS YEAR |
| | \$ |
| | |
| TOTAL NUMBER OF DAYS WORKED THIS MONTH: | |

OFFICIAL'S AND RETIREE'S STATEMENT AND SIGNATURE

We hereby certify the above information to be true and correct based upon our official records.

| | |
|-----------------------|--------------------------------|
| OFFICIAL'S SIGNATURE: | PRINT NAME: |
| RETIREE'S SIGNATURE: | DATE OF SIGNATURE (mm/dd/ccyy) |