

EMPLOYING AGENCY INITIAL NOTICE POSTRETIREMENT EMPLOYMENT

Retirement Systems of Alabama
P. O. Box 302150 ♦ Montgomery, AL 36130-2150
334.517.7000 or 877.517.0020
www.rsa-al.gov

Check One:

- ERS
- TRS

**This form is to be completed when a new hire starts employment and name does not appear on last annual certification.
Multiple hires may be on one form.**

Name of Employing Agency _____

Full Name not Initials

Name of Retiree Last Name First in Alphabetical Order	Social Security Number	Part Time or Full Time	Temporary or Permanent	Total Annual Compensation * or NTE** amount (calendar year)	Contract Yes or No	Title/Duties	Hire Date

More space on reverse side of this form.

Signature of Payroll Official _____

Date Submitted _____

Print Name and Title _____

Phone Number _____

* Agency must compute total **annual** compensation based on rate of pay and hours/days/weeks/months expected to work in **calendar** year.

** NTE - Not to exceed: An amount not to exceed is sufficient, but should also be detailed in the contract.

**EMPLOYING AGENCY ANNUAL CERTIFICATION
POSTRETIREMENT EMPLOYMENT**

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Check One:

- ERS
 TRS

Name of Employing Agency _____ Calendar Year _____
Full Name not Initials

If your agency did **NOT** employ a retired member of either the ERS or TRS for the calendar year, please state '**None**', sign, and return to the RSA.

Name of Retiree Last Name First in Alphabetical Order	Social Security Number	Part Time or Full Time	Temporary or Permanent	Total Annual Compensation * or NTE** amount (calendar year)	Contract Yes or No	Retiree's Title

See reverse side more space.

Signature of Payroll Official _____

Date Submitted _____

Print Name and Title _____

Phone Number _____

* Agency must compute **annual** salary based on rate of pay and hours/days/weeks/months expected to work in **calendar** year.

** NTE - Not to exceed: An amount not to exceed is sufficient, but should also be detailed in the contract.

