



Postretirement Employment Employing Agency Annual Certification

Retirement Systems of Alabama
PO Box 302150, Montgomery, Alabama 36130-2150
877.517.0020 • 334.517.7000 • www.rsa-al.gov



Check One: TRS ERS

Employer Information

Name of Agency _____
Full name, no initials please
Calendar Year _____ Please state "none" if your agency did not employ a retired member: _____

Retiree Information

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

Please list name of retiree in alphabetical order, starting with the last name first.

Name _____ Social Security Number _____
Last First
Retiree's Title _____ Total Annual Compensation _____
Calendar Year
Check one: Part time Full time **Check one:** Temporary Permanent **Contract:** Yes No

Name _____ Social Security Number _____
Last First
Retiree's Title _____ Total Annual Compensation _____
Calendar Year
Check one: Part time Full time **Check one:** Temporary Permanent **Contract:** Yes No

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Last First
Retiree's Title _____ Total Annual Compensation _____
Calendar Year
Check one: Part time Full time **Check one:** Temporary Permanent **Contract:** Yes No

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Last First
Retiree's Title _____ Total Annual Compensation _____
Calendar Year
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Last First
Retiree's Title _____ Total Annual Compensation _____
Calendar Year
Check one: Part time Full time **Check one:** Temporary Permanent **Contract:** Yes No

Employer Certification

If your agency did not employ a retired member of either the ERS or TRS for the calendar year, please state "none" in the location above, sign, and return to the RSA.

Sign Here → Payroll Official Signature _____ Date _____

Name and Title _____
Please Print

Telephone Number _____

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