

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: 🖵 TR	tS □ ERS								
mployer nformation	Name of Agency									
				Please state "none" if your agency did not employ a retired member:						
etiree formation	Please list name of retiree in alphabetical order, starting with the last name first.									
Agency must compute annual salary based on	Name	Last Firs	st	Social Security Number						
rate of pay and hours/ days/weeks/months expected to work in	Retiree's Title			Total Annual Compensation Calendar Year						
calendar year.	Check one:	☐ Part time ☐ Full time	Check one:	☐ Temporary ☐ Permanent	Contract:					
		Last Firs		Social Security Number						
		2451		Total Annual Compensation _		Calendar Year				
	Check one:	☐ Part time ☐ Full time	Check one:	☐ Temporary ☐ Permanent	Contract:					
		Last Firs		Social Security Number						
				Total Annual Compensation _						
	Check one:	☐ Part time ☐ Full time	Check one:	☐ Temporary ☐ Permanent	Contract:	Calendar Year ☐ Yes ☐ No				
				Social Security Number						
		Last Firs		Total Annual Componentian						
	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 Firs								
	Retiree's Title			Total Annual Compensation _		Calendar Year				
	Check one:	☐ Part time ☐ Full time	Check one:	☐ Temporary ☐ Permanent	Contract:	☐ Yes ☐ No				
mployer ertification		id not employ a retired me sign, and return to the RSA		the ERS or TRS for the calenda	r year, plea	se state "none" in the				
Sign Here →	Payroll Official S	Signature	Date							
	Name and Title		Please P	rint						
	Telephone Numb	per								

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Retiree Information

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

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
Name				Social Security Number		
	Last	First				
Retiree's Title _				Total Annual Compensation _		
Ch. I	□ D- 11'	ED Follo	Charl	D.T.,	C	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
Name				Social Security Number		
	Last	First				
Retiree's Title _				Total Annual Compensation _		
CI I	□ D · · ·	D. F. W	<i>C</i>			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
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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