

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 * (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.

