

TRS RETIREE WORK REQUEST FORM

ALL retirees returning to work with the RCSS, must be approved by the Human Resources Department as well as TRS before reporting to Work.

Retiree work request form must be sent to HR 10-15 days prior to start date

School/Department	Principal/Administrator		Date:		
	RETIREE I	EMPLOY	EE INFO	RMATION	
Last Name:		First:			MI
Position/Role:		Location	n:		
Social Security Number/EIN		Principal/Administrator Signature			
	JOB DESC	RIPTIO	N - REQUI	RED	
Start Date:	End Date	:		Rate of Pay:	
Examples of positions covere Media Specialist, Communit			e: Principal	, Assistant Principal,	Counselor,
	FOR INTE	RNAL U	SE		
Part Time Full Time	ne Tempoi	rary	Salary	Hourly	

Full Time

Date Approved

Salary

Part Time

Date Received

Salary

Substitute Staffing Specialist/HR Coordinator Signature

Days in Contract