

Richmond County School System
TRS RETIREE RETURN TO WORK REQUEST FORM

Please complete form in its entirety and submit to Human Resources at least 10-15 days prior to the event for approvals.

Administrator Requesting Retiree _____

School/Department Requesting Retiree _____

Date of Request _____

TRS RETIREE TRS

Retiree Name Social _____

Security Number _____

Retirement Date _____

Last Date Worked _____

TRS RETIREEE ASSIGNMENT

Position or Role _____

Proposed length of the assignment _____

Proposed Schedule _____

Reason for the Request (Please attach an additional sheet if necessary.)

I understand that failure to monitor time worked in compliance with TRS guidelines may result in disciplinary action, including but not limited to repayment of any overpayments caused due to non-compliance. In addition, I have received a copy of the TRS guidelines.

TRS Retiree _____
TRS Retiree Supervisor _____

For internal use:

Assistant Superintendent -----

Chief Human Resources Officer -----**HR Coor.** -----

Controller -----**PR Mang.** -----

Superintendent -----