

# TEMPORARY EMPLOYMENT REPORT

**Tennessee Consolidated Retirement System**  
502 Deaderick Street  
Nashville, Tennessee 37243-0201  
1-800-770-8277 ♦ <http://tcrs.tn.gov>



The retiree and proposed employer must complete and sign this form and return it to the Tennessee Consolidated Retirement System (TCRS) at the above address before the employment begins. It is the retiree's and the employer's responsibility to notify TCRS should employment exceed the allotted time period. Please read the following carefully, complete Sections 1 through 3 and, if applicable, complete the certification in Section 4 or Section 5.

## **SECTION 1. CONDITIONS OF TEMPORARY EMPLOYMENT *(to be completed by employer)***

T.C.A., Section 8-36-805 permits a retired TCRS member to accept temporary employment with an employer participating in TCRS without suspension of retirement benefits provided the retired member has been retired 60 days and does not accrue additional retirement credit as a result of such employment.

- a. The 60-day period may be waived provided the member renders no more than one-half of the hours he/she was normally scheduled to work prior to retirement for a like period and the head of the employing entity certifies in writing (Section 3) to the division of retirement that no other qualified persons are available to fill the position. Once retired for more than 60 days, the remaining time may be allocated at full-time or used over the one year period.
- b. Compensation cannot exceed 60% of the retiree's final year's salary plus 5% compounded annually since retirement.
- c. Disability retirees are subject to a disability earnings limitation in addition to these limits on the number of days worked and salary. Please contact the TCRS disability section for details.

### **Please check one of the following:**

- (1) The retired employee accepts employment as a teacher by an institution of higher learning for up to 24 quarter credit hours or 18 semester credit hours during a 12-month period and the total salary payable to such retired member during the period does not exceed the prorata share of average salary being paid at the institution in the specific academic discipline concerned.
- (2) The retired employee accepts employment as an adult education teacher by an institution for up to 120 days during a 12-month period and the total salary payable to such retired employee during the period does not exceed the prorata share of average salary being paid at the institution in the specific academic discipline concerned.
- (3) The retired employee accepts employment with a covered employer for up to 120 days during a 12-month period.

- (4) The retired employee has been employed as a substitute teacher in a public school system under exception number 3 above and agrees to continue such substitute teaching for an additional 90 days during the 12-month period. The compensation payable to the retired employee for such additional days does not exceed the rate set by the school system for substitute teachers filling similar vacant positions.

**The Superintendent of the Public School System must complete the certification in Section 3.**

- (5) The higher education retired employee accepts an emeritus appointment not to exceed 120 days or teaching service not to exceed 24 quarter hours or 18 semester hours during a 12-month period. See Section 4.

SALARY LIMIT FOLLOWING RETIREMENT (Final Year's Salary x 1.05 Per Year x 60%)		120-DAY CONVERSION TO HOURS
Year 1	63.00%	8 hours a day = 960 hours a year
Year 2	66.15%	7 1/2 hours a day = 900 hours a year
Year 3	69.46%	7 hours a day = 840 hours a year
Year 4	72.93%	
Year 5	76.58%	
Year 6	80.41%	

This table sets out the maximum compensation levels for the first six years. Since 120 days is 60% of a regular workload, these limits should be considered reasonable. The table should not be interpreted as setting the pay scale for a retiree who has accepted temporary employment. The actual pay can be lower than the limit.

## SECTION 2. APPLICANT INFORMATION

Member ID	Last 4 SSN XXX-XX-	Date of Birth
Full Name		
Mailing Address		
City	State	Zip Code
Email	Phone Number	
<p>I hereby certify that I have read this form and understand my rights and limitations upon accepting temporary employment. Specifically, I am aware that should I accept such temporary employment, I will not be eligible to accrue additional retirement credit as a result of such service. Further, I am aware that should I exceed the applicable work and compensation limits set forth in Section 2 of this form, my retirement benefits will be suspended and adjusted to recover any overpayment which may occur. <b>I understand that the permitted employment period commences from the date my temporary employment begins.</b></p>		
Applicant's Signature		Date

**SECTION 3. TEMPORARY EMPLOYMENT INFORMATION (to be completed by employer)**

The employer shall submit a statement of working hours for the retiree when requested and shall be subject to audit to verify working hours. This form only covers the employment period stated in Section 3. Please submit only one form for a 12-month period.

Beginning Date of Employment for 12-Month Period

Anticipated Termination Date

Number of Hours Worked Per Day Prior to Retirement

Number of Hours to be Worked Per Day after Retirement

Projected Maximum Compensation to be Paid During this Temporary Employment Period \$

Employed By (Department, County, City or Institution)

Mailing Address

City

State

Zip Code

Email

Phone Number

Agency Head or Designee's Signature

Printed Name and Title

Date

**SECTION 4. CERTIFICATION BY SUPERINTENDENT / DEPARTMENT HEAD (to be completed only if number 4 of Section 1 is checked or if the retiree is being permitted to work up to 50% during the 60-day period immediately following his/her date of retirement)**

I hereby certify that I am the superintendent/department head of the above-named public school system/department and that no other qualified personnel are available to substitute teach/work during the employment period specified in Section 1 above. I further certify that the compensation payable to the retired member for such work will not exceed the rate of compensation set by the public school system/department for other employees filling similar vacant positions.

Superintendent or Department Head's Signature

Printed Name and Title

Date

**SECTION 5. EMERITUS CERTIFICATION (provided only if number 5 of Section 1 is checked)**

Employer must attach information which reflects duties performed, compensation and residence during the contract term.