

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND  
 40 Fountain Street, 1<sup>st</sup> Floor  
 Providence, RI 02903 – 1854  
 Office (401) 457-3900, Fax (401) 222-2430  
 Email: ersri@ersri.org Web Site: www.ersri.org

## MONTHLY NOTIFICATION OF POST-RETIREMENT EMPLOYMENT

**Instructions: Please print or type in black ink. Please return completed form to ERSRI. Your promptness is appreciated.**

Rhode Island General Law allows members who retired under the provisions of Title 16, 36, or 45 to be employed or re-employed by any municipality within the state, with certain restrictions. Only one type of employment is allowed.

**ERSRI or MERS retirees may work for a participating municipality** for no more than 75 working days or 150 half-days in a calendar year. For MERS retirees working for a school department, days shall be counted according to a school year of September 1 through August 31<sup>st</sup>.

**ERSRI or MERS retirees may substitute teach** for a period of not more than 90 days or 180 half-days in any one school year. A school year shall be counted from September 1 through August 31<sup>st</sup>. Or, ERSRI teacher retirees may be hired to fill a vacant teaching position, including coaching or tutoring, for not more than 90 days if the school department certifies in writing that they have made a good faith effort to fill the position with a non-retired person.

**ERSRI or MERS retirees** may be employed by any state college, university or state school for the purpose of providing classroom instruction, academic advising of students and/or coaching; retired registered nurses may be employed on a per diem basis to provide nursing care/services at a state facility. **In no event shall gross wages exceed fifteen thousand dollars (\$15,000) in any one calendar year for teaching employment, or \$12,000 for nursing.**

Pension payments shall be suspended whenever applicable restrictions are exceeded. **No additional contributions shall be taken and no additional service credits shall be granted for post-retirement service.** Notice of employment shall be sent monthly to the retirement board by the employer and the retired member; this completed form shall suffice as notice.

### REPORTING AGENCY / DEPARTMENT / SCHOOL / CITY OR TOWN

REPORTING AGENCY	TELEPHONE NUMBER
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### RETIREE DATA

FIRST NAME	MI	LAST NAME	SOCIAL SECURITY NUMBER
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RETIREE IS: (CHECK ONE)	<input type="checkbox"/> SUBSTITUTE TEACHER (CERTIFIED POSITION)	<input type="checkbox"/> MUNICIPAL EMPLOYEE
	<input type="checkbox"/> TEACHER EMPLOYED IN A VACANT POSITION <small>*PROVIDE COPY OF GOOD FAITH HIRING LETTER FROM DEPT</small>	<input type="checkbox"/> INSTRUCTOR AT STATE SCHOOL OR COLLEGE OR REGISTERED NURSE

### MONTHLY REPORTING OF EMPLOYMENT

<b>MONTH/YEAR REPORTED:</b>	<input style="width: 100%;" type="text"/>	<b>CHECK REPORTING METHOD (SEE ABOVE) AND COMPLETE 1 COLUMN</b> <input type="checkbox"/> DAYS <input type="checkbox"/> DOLLARS
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LIST FULL DAYS WORKED THIS MONTH. INDICATE ACTUAL DATES WORKED.	GROSS DOLLARS REPORTED THIS MONTH
	\$

LIST 1/2 DAYS (3 HOURS OR LESS) WORKED THIS MONTH. INDICATE ACTUAL DATES WORKED.	TOTAL GROSS DOLLARS REPORTED THIS YEAR
	\$

TOTAL NUMBER OF DAYS WORKED THIS MONTH:	<input style="width: 100%;" type="text"/>	
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### OFFICIAL'S AND RETIREE'S STATEMENT AND SIGNATURE

**We hereby certify the above information to be true and correct based upon our official records.**

OFFICIAL'S SIGNATURE:	PRINT NAME:
RETIREE'S SIGNATURE:	DATE OF SIGNATURE (mm/dd/ccyy)

