

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND  
 50 Service Avenue, 2nd Floor  
 Warwick, RI 02886-1021  
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## MONTHLY NOTIFICATION OF POST-RETIREMENT EMPLOYMENT

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

**Any employment or re-employment may begin no earlier than 30 days after retirement.**

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 1st through August 31st.

**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" is generally Sept. 1 through Aug. 31, but may vary by department. 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/service at a state facility. In no event shall gross wages exceed fifteen thousand (\$15,000) in any one calendar year for teaching employment, or twelve thousand (\$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"/> REGISTERED NURSE
<input type="checkbox"/> TEACHER EMPLOYED IN A VACANT POSITION - COPY OF GOOD FAITH HIRING LETTER FROM DEPARTMENT IS REQUIRED	<input type="checkbox"/> INSTRUCTOR AT A STATE SCHOOL OR COLLEGE	

MONTHLY REPORTING OF EMPLOYMENT (DAYS OR DOLLARS)

MONTH/YEAR REPORTED:  

CHECK APPROPRIATE REPORTING METHOD AND COMPLETE SECTION BELOW

DAYS OR  DOLLARS

LIST FULL DAYS WORKED THIS MONTH. INDICATE ACTUAL DATES WORKED.	GROSS DOLLARS REPORTED THIS MONTH
	\$
LIST HALF-DAYS WORKED THIS MONTH (3 HOURS OR LESS). INDICATE ACTUAL DATES WORKED.	TOTAL GROSS DOLLARS REPORTED THIS YEAR
	\$
TOTAL NUMBER OF DAYS WORKED THIS MONTH: <span style="border: 1px solid black; padding: 2px 20px;"> </span>	

### OFFICIALS 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)