



N. H. SCHOOL ADMINISTRATIVE UNIT # 93
600 OLD HOMESTEAD HIGHWAY
SWANZEY, NEW HAMPSHIRE 03446
www.mrsd.org

RETIREE LONG TERM SUBSTITUTE OR PART TIME POSITION

Date: _____

This form is to clarify that **by accepting a long term substitute or part time position, I agree to the following....**

Please initial each statement

_____ I will contact NH Retirement System to verify that this position will not interfere with my retirement benefits.

_____ I understand that the SAU office does not recommend working more than **29** hours per week while receiving NHRS benefits.

_____ I will keep weekly time sheets showing that I have not worked more than **29** hours weekly. These will be turned into the school office and forwarded to the SAU Payroll office biweekly.

_____ I will not hold the SAU or school responsible in the event of disruption of my retirement benefits due to serving in this position at Monadnock Regional School District.

Signature of Employee _____ Date _____

Business Office _____ Date _____

Principal Signature _____ Date _____

Please forward a copy of this to the SAU Payroll office upon completion.