



South San Independent School District Employment After Retirement Acknowledge Form

*****TO BE COMPLETED BY TRS RETIREES ONLY*****

NAME: _____ POSITION: _____

I agree to read the Teacher Retirement System of Texas (TRS) *Employment after Retirement Guide* (www.trs.state.tx.us), prior to my start date, and to abide by the standards, policies, and procedures defined within or referenced in the document.

As this information is subject to change, I understand that it is my responsibility as a retiree to stay current on all updates and to comply with any changes in TRS policies and procedures.

I UNDERSTAND THAT SPECIAL ATTENTION MUST BE GIVEN TO RESTRICTIONS REGARDING ASSIGNMENTS AND WORK HOURS, AS STIPULATED BY TRS, ESPECIALLY WITH REGARD TO WORKING IN VACANT OR SUPPLEMENTAL POSITIONS AND WORKING IN MULTIPLE SCHOOL DISTRICTS.

I UNDERSTAND THAT ANY VIOLATION OF THESE RESTRICTIONS MAY RESULT IN THE REVOCATION OF MY ANNUITY BY TRS.

I UNDERSTAND THAT I WILL NOT BE EMPLOYED IN ANY FULL OR PART TIME CAPACITY BY SOUTH SAN ISD UNTIL I HAVE BEEN RETIRED FROM ALL TRS COVERED EMPLOYERS FOR 12 FULL, CONSECUTIVE CALENDAR MONTHS.

I UNDERSTAND THAT TRS RETIREES THAT ARE HIRED AS SUBSTITUTES DO NOT HAVE TO MEET THE 12-MONTH REQUIREMENT.

I UNDERSTAND THAT TRS RETIREES ARE SOLELY RESPONSIBLE FOR ANY REPAYMENTS TO TRS THAT MAY RESULT FROM ANY SUCH VIOLATIONS REGARDING WORK HOURS, VACANT POSITIONS, AND/OR SUPPLEMENTAL POSITIONS AS STATED ABOVE.

PRINT NAME _____

SIGNATURE _____ DATE _____