

This form is to be used when a retiree who has returned to work is approaching the earnings limitation. When completing this form, please type or print in ink.

PART 1 – RETIREE INFORMATION

	<table border="1" style="border-collapse: collapse; width: 100%; height: 30px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										
Name (First, Middle, Last)	Social Security number										
Mailing address (Street or P.O. Box, City, State, Zip+4)	Daytime phone number										
Agency name	Agency number										

PART 2 – EMPLOYMENT STATUS

Check one:

Retiree will be continuing employment

Retiree will be terminating employment

Date employment ended: _____ Gross amount of last payroll: _____

PART 3 – EARNINGS LIMIT

Check one:

Retiree will not go over maximum allowable earnings

Retiree will go over or has gone over maximum allowable earnings

PART 4 – SIGNATURES

Retiree acknowledges retirement benefit payments will stop if the earnings limit is reached.

Retiree's signature _____
Date

Retirement Coordinator's signature _____
Date