

PSERS Retirees Returning to Service



PSRS-1299 (10/2015)


Worksheet to Determine Eligibility for Emergency or Extracurricular Employment

The following guidelines may be helpful to employers in determining the eligibility of retirees to work in public school employment without an effect on their benefits being received from PSERS.

1. Is the employee retired and receiving a monthly retirement benefit from PSERS?

- If **YES**, an error message will appear when the employer attempts to enter a contract record for the retiree. Proceed to # 2.
- If **NO**, report the employee to PSERS in accordance with established rules.

2. Is the employment due to an emergency or shortage of school personnel?

- If **YES**, do NOT report the employee to PSERS.  **Do NOT return this worksheet to PSERS.**

NOTE: Employers must make a bona fide effort to hire non-retirees before the position can be offered to a retiree. For example, retirees should be placed at the bottom of the substitute list and called only after the pool of non-retirees is exhausted. PSERS reserves the right to request information from the employer to support that the bona fide effort has been made. The employer must continue efforts to recruit and hire a non-retiree. If the emergency extends into the next school year, the employer may be required to provide information to support the need for continued employment of the retiree.

- If **NO**, proceed to # 3.

3. Is the employment under separate contract by a Pennsylvania public school in an extracurricular position performed primarily outside regular instructional hours and not part of the mandated educational curriculum?

- If **YES**, do NOT report the employee to PSERS.  **Do NOT return this worksheet to PSERS.**

NOTE: Employment of retirees in an extracurricular position does NOT require that either an emergency or shortage of personnel exists. There is NO limit on the length of time that a retiree may work under an extracurricular contract.

- If **NO**, report the employee to PSERS as a "Return to Service" and inform the employee that retirement benefits will cease and a new retirement application must be filed upon a subsequent termination of school employment.

**Employers must complete and submit the attached
PSRS-1299, PSERS Retirees Returning to Service form.**

5 N 5th Street
 Harrisburg PA 17101-1905
 Toll-free: 1.888.773.7748
 www.psers.state.pa.us
 Fax: 717.772.3860

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If the PSERS retiree is NOT working under the emergency, shortage of personnel or extracurricular provisions, he or she is considered a "return to service" and must be re-enrolled in PSERS in accordance with established rules.

The PSERS employer reporting system will not permit employers to enter a contract record to re-enroll a retiree. Employers must notify PSERS that a retiree is returning to service so that PSERS staff can create the *Employee Contract Record* and verify/update the *Employee Demographic Record*.

Please provide the following information about the retiree returning to service:

| | |
|------------------------------|--|
| Employee (Retiree) Full Name | Last four digits of employee SSN XXX - XX - _____ |
|------------------------------|--|

| Employee Contract Record | | | |
|--|---|--|--|
| Employer Code: | Job Title: | | |
| Employment Type: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time | Wage Type: <input type="checkbox"/> Salaried <input type="checkbox"/> Hourly <input type="checkbox"/> Per Diem | | |
| Work Status: <input type="checkbox"/> Active <input type="checkbox"/> Other _____ | Start Date: ___ / ___ / _____ | | |
| Expected Months: <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> Other _____ | Expected Units: Days _____ Hours _____ | | |
| Voting Status: <input type="checkbox"/> Certified <input type="checkbox"/> Non-Certified | | | |

| Employee Demographic Record | |
|---|-------------------------------|
| | Residence Address: |
| Daytime Phone: (____) ____ - _____ | Apt/Suite # _____ |
| Evening Phone: (____) ____ - _____ | Street _____ |
| Other Phone: (____) ____ - _____ | City _____ |
| E-mail: | State _____ Zip Code _____ |

| | |
|---|---|
| Employer Name: | |
| Employer Representative (printed): | Phone Number: () ____ - _____ |
| Employer Representative Signature | Date |

FAX completed document to:

PSERS Employer Service Center
717.772.3860