

Application for Post-Retirement Appointment

Name: _____

Employee ID#: _____

Department: _____

Title: _____

Anticipated date of retirement: _____

Start date of post-retirement appointment: _____

End date of post-retirement appointment: _____

Percentage of time to be worked: _____

Number of hours per calendar year: _____

Schedule of hours and dates to be worked: _____

Rate of compensation: _____

Duties and responsibilities: _____

Assigned space, if applicable: _____

I understand that, if I am drawing a pension from the Massachusetts State Employees' Retirement System, I am responsible for ensuring that I do not exceed the following limitations outlined in M.G.L. Chapter 32 and that these limitations apply to all employment with the Commonwealth of Massachusetts (including its towns, counties and all agencies):

- employment may not exceed 960 hours per calendar year, and
- total earnings per calendar year cannot exceed the difference between the retirement allowance and my previous salary in the position from which I retired.

I further understand that, as a retiree, I must cease employment whenever either one of the above two conditions is met. If I wish to continue working, then I must obtain approval from the Massachusetts State Board of Retirement to waive my retirement allowance and, in doing so, I may waive my right to benefits through the Massachusetts Group Insurance Commission. (See M.G.L. c.32, §91)

I also understand that, while on a post-retirement appointment, I will not be a member of the MSP bargaining unit and that denials of requests for post-retirement appointments are not grievable under the MSP/FSU contract.

Signature of applicant: _____

Date: _____

Approval of department head/chair: _____

Date: _____

Approval of dean: _____

Date: _____

Approval of Provost: _____

Date: _____