

**THE STATE EDUCATION DEPARTMENT
Office of Teaching Initiatives
89 Washington Avenue, Room 5N EB
Albany, New York 12234**

**APPLICATION FOR TEMPORARY EMPLOYMENT OF RETIREE UNDER
SECTION 80-5.5 OF DEPARTMENT REGULATIONS (July 8, 2008) ***

Instructions to School District:

- School district must submit the application prior to employment of retiree. **
- Have the retiree complete and sign Part I of this form.
- Please complete all sections and submit in triplicate (one original and two copies) to above address (Please include Attn: Retiree on the envelope).

Part I – Retiree Section (to be completed by retiree)

1. EMPLOYER

Name of school district, Board of Cooperative Educational Services, or County Vocational Education and Extension Board:

Mailing Address (Street Address or P.O. Box, City, State and Zip Code):

2. RETIREE

Retiree's Name: Last, First, Middle, Maiden (complete in full) Date of Birth Social Security Number

Mailing Address (Street address or P.O. Box, City, State and Zip Code):

3. RETIREMENT SYSTEM(S) ---- Check system(s) from which the retiree receives compensation and enter the annuitant number and monthly allowance from each:

	<u>Annuitant Number</u>	<u>Monthly Allowance</u>
<input type="checkbox"/> NYS Teachers Retirement System	_____	_____
<input type="checkbox"/> NYC Teachers Retirement System	_____	_____
<input type="checkbox"/> NYS Employees Retirement System	_____	_____
<input type="checkbox"/> NYC Employees Retirement System	_____	_____
<input type="checkbox"/> Supplemental Pension and Allowance	_____	_____
<input type="checkbox"/> Social Security	_____	_____
<input type="checkbox"/> Other (<i>specify</i>) _____	_____	_____

4. CERTIFICATION STATUS – List all currently valid NYS certificates/licenses.

TYPE (i.e., Prov., Perm., Initial, Prof.)	YEAR issued	FIELD/SUBJECT of certificate	CERTIFICATE #	ISSUED BY NYS, Buffalo

* This application may be revised if the legislation passed by both houses of the State Legislature and pending action by the Governor is signed into law.

** In no case more than 30 days after the retiree commences employment.

5. DATE OF RETIREMENT: _____

6. SCHOOL/DISTRICT POSITION RETIRED FROM: _____

7. EMPLOYMENT RECORD

Employment	School district or agency	Location	Dates began/ended (mo/day/yr)	Salary
Public employment at time of retirement.				
Public employment during the two years immediately preceding retirement.	Year #1			
	Year #2			
Public employment during this calendar year, <u>other than</u> the position for which this application requests approval. If none, check here <input type="checkbox"/>				
Public employment during the previous calendar year. If none, check here <input type="checkbox"/>				

8. PROSPECTIVE EMPLOYMENT for which this application requests approval:

Title of position _____

Type of Temporary Employment: _____

___ Emergency ___ Temporary ___ Temporary/Leave Replacement

Anticipated Period of Employment: (**no more than one year may be requested**)

From _____ To _____

Estimated Salary for the Period: _____

9. Has a previous application been filed by any other school district during this calendar year for your employment under this law? If so, give the name of each district and date of request.
If not, so state. _____

District: _____ From: _____ To: _____

10. Have any waivers, under Section 211 of the Retirement and Social Security Law, been granted for employment in a school district during any previous calendar years for your employment? If so, give the name of each district and time period approved. If none, so state. _____

District #1: _____ From: _____ To: _____

District #2: _____ From: _____ To: _____

District #3: _____ From: _____ To: _____

11. I certify that the statements made in this application to the best of my knowledge and belief are true, complete and correct.

(Signature of Retiree)

(Date)

PART II – DISTRICT SECTION (To be completed by employing entity)

1. The following information must be provided by the district in support of the application: (please attach additional pages with this information)

- a. Specific reasons why there is a need for the services of this particular retired person.
- b. Specific reasons why the employment of this particular retired person is in the best educational interests of the district or board.
- c. What specific steps were taken to recruit a non-retired person. This information must be provided whether the request is for an appointment after a full recruitment process or for an emergency interim appointment pending a full recruitment.
- d. A detailed recruitment plan to replace the applicant, if approved, with a certified qualified non-retired person by the end of the temporary employment period, including contingency plans for expanded recruitment in the event an insufficient number of certified non-retired individuals apply based on initial recruitment efforts.

2. If the position to be filled is a classroom teacher:

Is the subject area a shortage area? Yes No

Is the school where the applicant would be placed a high need school? Yes No

3. SCHOOL DISTRICT ATTESTATION

a. If the position to be filled is that of superintendent of schools, I attest that the applicant, if approved, will not lead the review and selection process for the person who will serve permanently in the position.

b. The district is aware that, if this application is approved, the district has the obligation to notify all resident taxpayers that the applicant has been approved for employment pursuant to Article 7, Section 211 of Retirement and Social Security Law, of the applicant's compensation package, and that the applicant has the right to receive a pension while so employed.

c. I acknowledge that approval, if given, will be for no more than one year. No further approval of this person in this district will be considered unless there is demonstrated extreme hardship or other unexpected and unforeseen circumstances beyond the control of the district or board; or the person will serve as a classroom teacher in a position in a teacher shortage subject area or a school designated by the Department as a high need school.

d. I do certify that this retiree is duly qualified, competent, and physically fit to perform the duties to be assigned and that after extensive recruitment I am unable to obtain the services of a certified and qualified non-retired individual for the position named in Part I, Item 8.

(Signature of Superintendent of Schools or District Superintendent)

(Date)

(Print Name of Superintendent of Schools or District Superintendent)

(Date)

Note: Superintendent of Schools needs to sign for positions within his/her school district. District Superintendent will sign for positions in the BOCES or for a Superintendent of Schools position.

NEW YORK STATE EDUCATION DEPARTMENT USE ONLY

APPROVED FOR TEMPORARY EMPLOYMENT

From: _____ To: _____
(Dates)

By: _____
(Signature)

(Date)

(Title)