

# Return to Work Agreement



## ▼ To Be Completed by Member -- *please print clearly*

### Member Information

Please provide the requested information.

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Social Security Number

\_\_\_\_\_  
Title (Mr, Ms etc.)      Last Name      First Name      Middle Initial

(\_\_\_\_\_) \_\_\_\_\_  
Phone Number (daytime)      Date of Birth (mm/dd/yyyy)      Sex (M or F)

\_\_\_\_\_  
Street Address (home address)

\_\_\_\_\_  
City      State      Zip Code

### Your Signature

Please sign and date verifying your adherence to Georgia Law.

Georgia law prohibits a TRS member and employer from entering into either a verbal or written employment agreement prior the member's retirement/last day of work. If it is determined that an unlawful employment agreement has been entered into by a TRS member and employer, the member's retirement will be revoked and all benefits paid to the member will be due to TRS.

***Any person who knowingly makes false statements or records to the retirement system shall be guilty of a misdemeanor.***

**By signing below, I certify that I have not entered into an agreement with any TRS employer that allows me to return to service in a TRS covered position, including service as or for an independent contractor. Any return to employment or rendering of any paid service, including service as or for an independent contractor, for any employer during the calendar month of the effective date of retirement shall render the severance invalid and nullify your application for retirement.**

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

