

KATY INDEPENDENT SCHOOL DISTRICT

Employment after Retirement Acknowledgement Form

I agree to read the Teacher Retirement System of Texas (TRS) *Employment after Retirement Guide* (www.trs.state.tx.us), prior to my start date, and to abide by the standards, policies, and procedures defined within or referenced in the document.

As this information is subject to change, I understand that it is my responsibility as a retiree to stay current on all updates and to comply with any changes in TRS policies and procedures.

I UNDERSTAND THAT SPECIAL ATTENTION MUST BE GIVEN TO RESTRICTIONS REGARDING ASSIGNMENTS AND WORK HOURS, AS STIPULATED BY TRS, ESPECIALLY WITH REGARD TO WORKING IN VACANT OR SUPPLEMENTAL POSITIONS AND WORKING IN MULTIPLE SCHOOL DISTRICTS.

I UNDERSTAND THAT ANY VIOLATION OF THESE RESTRICTIONS MAY RESULT IN THE REVOCATION OF MY ANNUITY BY TRS. I ACKNOWLEDGE THAT I AM SOLELY RESPONSIBLE FOR ANY REPAYMENTS TO TRS THAT MAY RESULT FROM ANY SUCH VIOLATIONS.

I UNDERSTAND THAT I WILL NOT BE EMPLOYED IN ANY CAPACITY BY KATY ISD UNTIL I HAVE BEEN RETIRED FROM ALL TRS-COVERED EMPLOYERS FOR 12 FULL, CONSECUTIVE CALENDAR MONTHS.

My signature below affirms that I have retired with TRS, and I have not worked in any capacity for a TRS-covered employer for 12 full, consecutive calendar months. I also agree to pay any and all fines, penalties, and any other member charges imposed by TRS for any reason and hold Katy ISD harmless for any and all existing and/or future charges.

PRINT NAME _____

SIGNATURE _____

DATE _____

* Any further questions or inquiries regarding TRS regulations and guidelines should be directed to:

Teacher Retirement System of Texas (TRS)
1000 Red River Street
Austin, TX 78701-2698
1-800-223-8778
www.trs.state.tx.us

Katy Independent School District
Change of Address, Phone Number, Status

Complete only sections that require information change(s).

SECTION A: CHANGE OF ADDRESS AND/OR PHONE NUMBER Please use Munis Employee Self-Service to update your personal information. <i>ONLY if you do NOT have access to Munis Employee Self-Service, please complete Section A and forward to Human Resources for processing.</i>		
Last Name:	First Name:	MI:
KISD ID #:	Campus/Dept. Location:	
<input type="checkbox"/> NEW Phone #: _____ FORMER Phone #: _____		
<input type="checkbox"/> NEW Mailing Address: _____ _____ FORMER Mailing Address: _____ _____		
Employee Signature:		Date:

SECTION B: CHANGE OF STATUS Please use Munis Employee Self-Service to update your personal information. <i>ONLY if you do NOT have access to Munis Employee Self-Service, please complete Section B and forward to Human Resources for processing.</i>		
Last Name:	First Name:	MI:
KISD ID #:	Campus/Dept. Location:	
NEW Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Employee Signature:		Date:

NOTE: Name changes must be made using the "Change of Last Name" online form found on KatyNET.

**KATY INDEPENDENT SCHOOL DISTRICT
HUMAN RESOURCES DEPARTMENT**

EMPLOYEE PAYOFF AND BENEFIT ELECTION FORM

House Bill 973 entitles school district employees to continue benefits through the summer months of a given school year if they resign or retire effective after the last day of instruction. Katy ISD is in compliance with that legislation and will continue elected benefits for all employees according to their choice.

Retiring or terminating employees who work less than 12 months, but are paid on a 12 month basis, teachers, paras, etc., may request an early payoff. We can grant your request but need to verify your requested payoff date and how you wish your benefits to be handled. If you have questions regarding HB 973, you may call the KISD Risk Management Department at 281-396-2241.

*****PLEASE READ CAREFULLY*****

Employees who work less than 12 months and receive their last check in August, please choose Options 1, 2, or 3. ALL OTHER EMPLOYEES MUST CHOOSE OPTION 4.

(Forms must be received 10 days prior to the requested early payoff---No Exceptions)

Option 1

_____ **No early payout.** Your final paycheck would be **August 15** and your benefits will end August 31.

Option 2

_____ **Final paycheck received on June 15th**

_____ I chose to end my benefits on June 30.

_____ I chose to end my benefits on August 31. *(All remaining premiums will be collected from payoff check)*

Option 3

_____ **Final Paycheck received on either June 30th or July 15. (Circle one date only)**

_____ I chose to end my benefits on July 31.

_____ I chose to end my benefits on August 31 *(All remaining premiums will be collected from payoff check)*

Option 4

Your elected benefits will end at the end of the month that you receive your final paycheck.

_____ **I do not wish to continue my elected benefits through August 31.**

_____ I wish to continue my elected benefits through August 31. *I understand that all premiums will be deducted from my final pay, if possible, or I will be placed on Direct Bill.*

Printed Employee Name

Employee Number

Date

Employee Signature

Position Title

**Katy Independent School District
RETIREMENT LEAVE BONUS**

Board Policy at DEC (LOCAL) provides for a Retirement Leave Bonus which will consist of a payment of one-half of your daily rate of pay at the time of retirement for your unused Katy ISD accrued personal, state, and local leave days – not to exceed 90 days combined. Eligibility requirements are:

- Retire under the Teacher Retirement System (TRS) within 90 days of termination of employment with Katy ISD;
- Have five (5) or more years of continuous employment with Katy ISD; and
- Have unused personal, state, or local days earned while employed with Katy ISD.

If for any reason your employment ended with KISD and you were rehired, the five (5) or more years of continuous employment shall be counted from your rehire date.

Instructions

In order for your Retirement Leave Bonus to be processed, you must provide the Human Resources office representative, **Robin Brown** (281-396-2053), with a photocopy of the documentation of your retirement benefit payment from TRS **within 90 days** from:

- The date of your termination of employment; or
*(Example: If your termination date is June 3, then the TRS payment documentation must be submitted to **Robin Brown** no later than September 3.)*
- Receipt of your final Katy ISD payroll check.
*(Example: If your last payroll check with Katy ISD is June 15, then the TRS payment documentation must be submitted to **Robin Brown** no later than September 15.)*

Acceptable TRS payment documentation is either a photocopy of your check stub or a photocopy of your receipt from the electronic funds transfer, stating the source of the payment is TRS. After proper documentation is provided, Human Resources will calculate the amount of the payment for the leave balance as described above. Payment will be made to the retiree by the administrator of the District's Section 401(a) plan.

Please sign below and return this form to the Human Resources Department.
Please make a copy of this form for your records prior to returning it to Human Resources.

I have read the provisions for payment of the Retirement Leave Bonus and understand that, if eligible, I must submit the appropriate documentation within the designated time period in order to be compensated for the retirement leave bonus.

Retiring Employee's Signature

Date

Katy ISD
Human Resources
Robin Brown
PO Box 159
Katy, TX 77492



EXIT REPORT

Top portion only to be completed by employee.				
Last Name		First Name		Middle Name
Mailing Address (records will be mailed to this address)			City	State Zip
Phone #	Employee ID #	Personal E-mail Address:		
Job Title		Location/Campus	Last Day of Work	
Reason for Leaving				
Employee Signature			Last 4 digits of Social Security # xxx-xx-	

Will you require a Service Record (future school districts require it to verify number of years teaching)?
 Yes No

It will be mailed to the address above unless otherwise noted here. _____

If you have additional comments or concerns that you wish to discuss, please check here:
A representative from Human Resources will contact you as soon as possible.



STOP HERE PLEASE!
Bottom portion to be completed by Katy ISD Human Resources Department only.

KISD Service Record: <input type="checkbox"/> Original <input type="checkbox"/> Copy	<input type="checkbox"/> Pick Up Date _____ <input type="checkbox"/> Mail Date _____ <input type="checkbox"/> I/O Mail Date _____
Reason for termination: <input type="checkbox"/> Employee voluntarily resigned/quit <input type="checkbox"/> Employee laid off due to lack of work <input type="checkbox"/> Employee was dismissed for misconduct or other good cause <input type="checkbox"/> Other: _____	
Is employee eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> Yes, as a Retiree <input type="checkbox"/> No	
If separation was voluntary, was adequate notice given? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If employee was dismissed for misconduct or other good cause, explain: 	
Human Resources Department Representative Signature	Date