

**TFFR RETIRED MEMBER EMPLOYMENT NOTIFICATION (330)**

NORTH DAKOTA RETIREMENT AND INVESTMENT OFFICE

TEACHERS' FUND FOR RETIREMENT DIVISION

SFN 52161 (7-09)

General Information: State statutes (NDCC 15-39.1-19.1) allow a retired TFFR member to return to TFFR-covered employment under certain employment limitations. A summary of retiree employment options is outlined on the reverse side of this form. This form, along with a copy of the retiree's contract or employment agreement, must be submitted to the administrative office within 30 days of the retiree's return to covered employment **each year** the retiree is employed.

Section 1: Completed by Retiree

Name of Retiree (First, Middle, Last)		Person ID	Telephone Number	Retirement Date
Employer	Position\Subject	Post Retirement – first day of work		Post Retirement – last day of work
Number of Compensated Hours (Exclude Extra Curricular)	Salary (Include Extra Curricular)	Were you employed during the previous fiscal year? <input type="radio"/> Yes <input type="radio"/> No		If yes, Employer: Position:

Select only one option for July 1 _____ - June 30 _____ fiscal year:

☐ **General Rule - Annual Hour Limit**

9 month contract = 700 hours
10 month contract = 800 hours
11 month contract = 900 hours
12 month contract = 1,000 hours

☐ **Exception A – Critical Shortage Area (CSA)**

Approved CSA ☐ Yes ☐ No ☐ Subject Area ☐ Geographic

ESPB Signature_____
Date☐ **Exception B – Benefit Suspension and Recalculation**

Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4 ☐ Year 5 ☐

Approximate date annual hour limit is reached (first year only)

I certify that I have reviewed the retiree return to work options on the reverse of this form and understand the employment limitations. The above information is a complete and accurate description of my employment arrangement. I will notify TFFR of any change in the employment relationship.

Signature of Retiree_____
Date**Section 2: Completed by Employer**

Employer Name	Employer Number	Telephone Number	Attach Retiree Employment Contract or Agreement <input type="checkbox"/>
Business Manager Name	Superintendent Name		

I certify that I have reviewed the retiree return to work options on the reverse of this form and understand the employer reporting requirements including payment of employer contributions on all retirement salary paid to a retiree. The above information is a complete and accurate description of the employment arrangement with the retired TFFR member. I will notify TFFR of any change in the employment arrangement.

Signature of Employer_____
Date**Return to:**

ND Retirement and Investment Office
1930 Burnt Boat Drive, PO Box 7100
Bismarck ND 58507-7100
Telephone: 701-328-9885
Toll free: 800-952-2970
Fax: 701-328-9897
www.nd.gov/rio

This form is available in an alternate format upon request.
White – RIO Yellow – Employer Pink – Retiree

RIO Use Only

Letter Sent _____
Benefits Continue ☐ Y ☐ N
Benefits Suspended _____
Form Filed Within 30 Days
☐ Y ☐ N