



# TRS Information for HR Personnel



# ISDs, Charter Schools, and Service Centers

This presentation is intended as a high level overview of TRS Laws and Rules related to reporting. This presentation should not be viewed as a comprehensive overview of the TRS reporting process.

The information in this presentation is based on the TRS Laws and Rules as of the 2020-2021 fiscal year

Please see the various RE Portal training and resources available on the TRS website for more complete information.

- TRS Eligible Employment
- View Employee Information
- Census Data



## Three Requirements

Must be established through a single employer

Working  $\frac{1}{2}$  time or more of the FTE for the position (not the person)

Definite period of time 4  $\frac{1}{2}$  months or longer  
OR  
Undefined amount of time

Comparable rate of pay

## Considerations for Eligibility – Concurrent Employment

- If eligible at *one* employer, then all employment with TRS-covered employers is reported as eligible
  - *Exceptions:*
    - Substitute work is not considered employment for TRS purposes
    - Student Employment at a Higher Education employer is not considered employment for TRS purposes (not applicable to non-higher education employers)
- Combine multiple positions at ONE employer to meet eligibility
  - Different FTEs for each position



## Additional Considerations for Eligibility

- No Full-time Equivalent (FTE)
- Earning a Year of Service Credit
- Substitute Work
  - A person who serves on a temporary basis in the place of a current employee and is paid at the daily rate of pay as set by the employer.



- Active employee working in a vacancy is NOT a substitute
- Recommend REs establish a way to document the employee of record who a person is subbing for
- TRS Audit is monitoring substitutes in vacancies



## TRS Definition of Full Time Equivalent

- The number of hours per week that an employee must work to be considered full-time in their primary position, entered as any number from 30-40.
- If the employee's position doesn't have a full-time equivalent, enter 00.



## Temporary vs. Part Time Employment

- Temporary employment is total employment lasting less than 4 ½ months (18 weeks)
- Irregular or seasonal employment that will cover more than 4 ½ months of the school year must be listed as Less Than Half Time



## General Information

This section of the site provides general information for reporting entities. For those new to TRS reporting, this page includes orientation and training materials regarding reporting requirements. We hope you find our site helpful as you seek information about TRS.

### Orientation Materials

-  [Contribution Rates FY2008-Present](#)
-  [Employer Reporting Requirements for Social Security Form SSA-1945](#)
-  [Introduction to TRS Reporting - Higher Education](#)
-  [Introduction to TRS Reporting - Public School](#)
-  [Important ORP Information](#)
-  [IRS Salary Cap Provision](#)
-  [Limits on Transfers and Refunds](#)
-  [One Time Pay Increases in Lieu of Increases in Contract Rates](#)
-  [TEXNET Payment Instructions](#)
-  [TEXNET Training](#)

### Other Supporting Information

-  [Creditable Compensation: Compensation Eligible for TRS](#)
-  [Employment Eligible for TRS Membership](#) 
-  [Definition of Terms](#)
-  [TRS Contributions to be Submitted](#)
-  [Employment after Retirement Limits Chart](#)
-  [Employment After Retirement and Surcharges Overview](#)
-  [Report Due Dates, Penalties and Reporting Entity Ledger Balances](#)
-  [Statutory Minimum/Federal Fund/Non-OASDI Relationship Examples](#)

More in-depth training manuals for each report type may be found in the [Payroll Reporting Manuals](#).

- Look up all new hires
- Enter SSN and either last name or DOB -  
Not all 3
- Screen will let you know:
  - If person is already a TRS member
  - If New Member Contributions due
  - If person is a TRS retiree
    - Person's retirement date
    - If retiree is subject to surcharges
  - If person has elected ORP



# View Employee Information – No TRS Account

**Employee Information** ? [Activity Help](#)

**Search Employee**

SSN or TRS-Assigned Temp ID	<input type="text" value="██████████"/>
Last Name	<input type="text" value="smith"/>
Date of Birth	<input type="text"/>

**Employee Information**

The information provided is based on the most recent data available, but may be affected by outstanding data. This data is subject to audit, adjustments and correction.

SSN or TRS-Assigned Temp ID	██████████
TRS Member	No
New Member Contributions Due	Yes

# View Employee Information Screen – ED 20 received only

In the example below, TRS received demographic information for the employee but does not have ED Contract or RP Payroll Info reported. If the person is hired into a TRS eligible position, the New Member contribution will be due for the first 90 days of employment.

**Employee Information**

The information provided is based on the most recent data available, but may be affected by outstanding data. This data is subject to audit, adjustments and correction.

As Of Date	08/13/2020
SSN or TRS-Assigned Temp ID	[REDACTED]
First Name	[REDACTED]
Middle Name	[REDACTED]
Last Name	[REDACTED]
Suffix	NONE
New Member Days completed as of 1st of Current Month	
In a TRS Eligible Position	No
TRS Eligible Date Range	
Subject to Salary Cap	Yes

[View ED Contract Info](#) [View RP Payroll Info](#)

# View Employee Information---Current TRS Member

**As of date:** date the search was completed in the RE portal

**Employee Information**

The information provided is based on the most recent data available, but may be affected by outstanding data. This data is subject to audit, adjustments and correction.

As Of Date	06/04/2020	New Member Contributions Due	Yes
SSN or TRS-Assigned Temp ID	[REDACTED]	New Member Days completed as of 1st of Current Month	80
First Name	[REDACTED]	In a TRS Eligible Position	Yes
Middle Name	[REDACTED]	TRS Eligible Date Range	03/13/2020 - 06/05/2020
Last Name	[REDACTED]	Subject to Salary Cap	Yes
Suffix	NONE		
TRS Member	Yes		

[View ED Contract Info](#) [View RP Payroll Info](#)

# View Employee Information – Active Member Continued

**New Member Days completed as of 1<sup>st</sup> of Current Month:** The number of days remaining in the 90-day new member period as of the 1<sup>st</sup> of the month in which the search was completed. In the example, as of June 1<sup>st</sup> the employee completed 80 of the 90 days, with 10 days remaining.

## Employee Information

The information provided is based on the most recent data available, but may be affected by outstanding data. This data is subject to audit, adjustments and correction.

As Of Date	06/04/2020	New Member Contributions Due	Yes
SSN or TRS-Assigned Temp ID	██████████	New Member Days completed as of 1 <sup>st</sup> of Current Month	80
First Name	██████████	In a TRS Eligible Position	Yes
Middle Name	██████████	TRS Eligible Date Range	03/13/2020 - 06/05/2020
Last Name	██████████	Subject to Salary Cap	Yes
Suffix	NONE		
TRS Member	Yes		

[View ED Contract Info](#)

[View RP Payroll Info](#)

# View Employee Information - Continued

**Employee Information**

The information provided is based on the most recent data available, but may be affected by outstanding data. This data is subject to audit, adjustments and correction.

As Of Date	06/04/2020	New Member Contributions Due	Yes
SSN or TRS-Assigned Temp ID	[REDACTED]	New Member Days completed as of 1st of Current Month	80
First Name	[REDACTED]	In a TRS Eligible Position	Yes
Middle Name	[REDACTED]	TRS Eligible Date Range	03/13/2020 - 06/05/2020
Last Name	[REDACTED]	Subject to Salary Cap	Yes
Suffix	NONE		
TRS Member	Yes		

[View ED Contract Info](#) [View RP Payroll Info](#)

**In a TRS Eligible Position:** "Yes" or "No". Indicates that the employee has a TRS eligible position active in the TRS database on the "as of date". This could be for any TRS covered employer and may indicate concurrent eligible employment. Work with your employee to determine if they've terminated employment

# View Employee Information - Continued

## Employee Information

The information provided is based on the most recent data available, but may be affected by outstanding data. This data is subject to audit, adjustments and correction.

As Of Date	06/04/2020	New Member Contributions Due	Yes
SSN or TRS-Assigned Temp ID	[REDACTED]	New Member Days completed as of 1st of Current Month	80
First Name	[REDACTED]	In a TRS Eligible Position	Yes
Middle Name	[REDACTED]	TRS Eligible Date Range	03/13/2020 - 06/05/2020
Last Name	[REDACTED]	Subject to Salary Cap	Yes
Suffix	NONE		
TRS Member	Yes		

[View ED Contract Info](#)

[View RP Payroll Info](#)

**TRS Eligible Date Range:** the date range of the eligible TRS position(s) active on the "as of date"

# View Employee Information - Continued

**Employee Information**

The information provided is based on the most recent data available, but may be affected by outstanding data. This data is subject to audit, adjustments and correction.

As Of Date	06/04/2020	New Member Contributions Due	Yes
SSN or TRS-Assigned Temp ID	██████████	New Member Days completed as of 1st of Current Month	80
First Name	██████████	In a TRS Eligible Position	Yes
Middle Name	██████████	TRS Eligible Date Range	03/13/2020 - 06/05/2020
Last Name	██████████	Subject to Salary Cap	Yes
Suffix	NONE		
TRS Member	Yes		

[View ED Contract Info](#) [View RP Payroll Info](#)

**Subject to the Salary Cap:** "Yes" or "No". If yes, the employee can only be reported with eligible compensation up to the [IRS Salary limit](#) set for the fiscal year.

# View Employee Information – Viewing Contract and Payroll Data

## Employee Information

The information provided is based on the most recent data available, but may be affected by outstanding data. This data is subject to audit, adjustments and correction.

**Note:** This employee is an ORP participant and not eligible for TRS membership.

As Of Date	08/24/2020	New Member Days completed as of 1st of Current Month	Over 90 days
SSN or TRS-Assigned Temp ID	[REDACTED]	In a TRS Eligible Position	No
First Name	[REDACTED]	TRS Eligible Date Range	
Middle Name		Subject to Salary Cap	Yes
Last Name	[REDACTED]	ORP Election Date	07/03/2017
Suffix	NONE	ORP Vesting Status	Yes
TRS Member	No		

[View ED Contract Info](#)

[View RP Payroll Info](#)

**View ED Contract Info:** displays ED 40 contract/position records posted by your RE. Will not display contract/position records posted by other employers.

# View ED Contract Info Screen

## Positions

TRS Membership Eligible	Beginning Date of Contract/Work Agreement	Ending Date of Contract/Work Agreement	Position Code	Employment Type	Full-Time Equivalent (FTE)	ORP Eligible Position	Non-Standard Work Week	Adjunct Faculty
Yes	08/10/2020	05/28/2021	02	F	40	No	No	No
Yes	08/05/2019	05/22/2020	02	F	40	No	No	No
Yes	08/06/2018	05/24/2019	02	F	40	No	No	No
Yes	08/10/2017	05/31/2018	02	F	40	No	No	No
Yes	08/12/2016	06/02/2017	02	F	00	No	No	No
Yes	08/14/2015	06/03/2016	02	F	00	No	No	No
Yes	08/15/2014	06/05/2015	02	F	00	No	No	No
Yes	08/20/2013	06/02/2014	03	F	00	No	No	No



# View Employee Information - Continued

## Employee Information

The information provided is based on the most recent data available, but may be affected by outstanding data. This data is subject to audit, adjustments and correction.

**Note:** This employee is an ORP participant and not eligible for TRS membership.

As Of Date	08/24/2020	New Member Days completed as of 1st of Current Month	Over 90 days
SSN or TRS-Assigned Temp ID	[REDACTED]	In a TRS Eligible Position	No
First Name	[REDACTED]	TRS Eligible Date Range	
Middle Name		Subject to Salary Cap	Yes
Last Name	[REDACTED]	ORP Election Date	07/03/2017
Suffix	NONE	ORP Vesting Status	Yes
TRS Member	No		

[View ED Contract Info](#)

[View RP Payroll Info](#)

**View RP Payroll Info:** displays RP transaction records posted by your RE. Includes compensation, contributions (member and employer), position code(s) and time worked reported. Will not display data posted by other employers. Data is available from the time the RE Portal went live (September 2017) forward.

# View RP Payroll Information screen

RP Payroll Info		
Years	TRS RE Number	Report Month
<a href="#">+ 2020</a>		
<a href="#">+ 2019</a>		
<a href="#">+ 2018</a>		

RP Payroll Info										
Years	TRS RE Number	Report Month	Record Type Code	Position Code	Hours Worked	Hours Scheduled	Days Worked	Zero Days Reason Code	Eligible TRS Gross Compensation (Adjustment)	Performance Pay Gross (Adjustment)
<a href="#">- 2020</a>										
2020		July	RP20	02	000	00	00	A	4677.92	0.00
2020		June	RP20	02	000	00	00	A	4677.92	0.00
2020		May	RP20	02	000	40	16		4977.92	0.00
2020		April	RP20	02	000	40	21		4677.92	0.00
2020		March	RP20	02	000	40	17		4677.92	0.00
2020		February	RP20	02	000	40	20		4677.92	0.00
2020		January	RP20	02	000	40	19		4677.92	0.00
2019		December	RP20	02	000	40	15		4977.92	0.00
2019		November	RP20	02	000	40	16		4677.92	0.00
2019		October	RP20	02	000	40	23		4677.92	0.00
2019		September	RP20	02	000	40	20		4677.92	0.00
<a href="#">+ 2019</a>										
<a href="#">+ 2018</a>										

# View Employee Information - Continued

Employee Information			
The information provided is based on the most recent data available, but may be affected by outstanding data. This data is subject to audit, adjustments and correction.			
<b>Note:</b> This employee is an ORP participant and not eligible for TRS membership.			
As Of Date	08/24/2020	New Member Days completed as of 1st of Current Month	Over 90 days
SSN or TRS-Assigned Temp ID	██████████	In a TRS Eligible Position	No
First Name	██████████	TRS Eligible Date Range	
Middle Name		Subject to Salary Cap	Yes
Last Name	██████████	ORP Election Date	07/03/2017
Suffix	NONE	ORP Vesting Status	Yes
TRS Member	No		

[View ED Contract Info](#) [View RP Payroll Info](#)

**ORP Election Date:** indicates the participant elected ORP. Provides the date the employee elected ORP in lieu of TRS.

**ORP Vesting Status:** "Yes" or "No". Indicates that the participant has vested in ORP.

## Reporting Accurate Demographic Information

- Report an employee's name as it appears on their Social Security card
- Report the date of birth and gender as they appear on the employee's government-issued identification
- The State Auditor's Office (SAO) conducts census data audits annually at REs around the state



## Employee Demographic (ED) Report

- The purpose of the Employee Demographic Report is to create and maintain information for TRS participants
- ED20, ED25, ED40, ED45 & ED90
- Can submit and complete as many ED reports as needed each month
- Examples of when to send ED records

New Employee  
ED20 or ED25  
ED40

Change  
Positions  
ED45 to  
End/Add\*

Terminate ALL  
Employment  
ED90

# Important Fields on ED 40

- Position code
- Employment type
- Membership eligibility flag
- Non Standard Work Week
- ORP eligible position flag
- Entitled to group benefits under UT/A&M/ERS

TRS Membership Eligibility Flag	<input type="checkbox"/>
Entitled to group Benefit Coverage under ERS/UT/A&M	<input type="checkbox"/>
Employment Start Date	<input type="text"/>
Beginning Date of Contract/Work Agreement	<input type="text"/>
Ending Date of Contract/Work Agreement	<input type="text"/>
Position Code	<input type="text"/>
Full Time Equivalent (FTE)	<input type="checkbox"/>
Employment Type	<input type="text"/>
Adjunct Faculty	<input type="checkbox"/>
RE Pays Social Security	<input type="checkbox"/>
Pay Unit/Salary Flag	<input type="checkbox"/>
Hourly Rate	<input type="text"/>
Non-Standard work week	<input type="checkbox"/>
ORP Eligible position	<input type="checkbox"/>
ORP Eligibility Date	<input type="text"/>
ORP Vested Flag/Indicator	<input type="checkbox"/>

- The purpose of the ED 45 record is to edit, end, end/add or delete position information for TRS participants
- Examples of when to send ED 45 records

### Edit

Incorrect original information

### End

Position ends prior to expected, not termed

### End/Add

Original position ends, new position begins immediately

### Delete

Position record submitted in error

- TRS 7 – Notice of Final Deposit before Retirement and School Official Certification of Salaries
- TRS 8 – Notice of Final Deposit of Deceased Member Form
- TRS 22I – Verification of Service and Salary Form
- TRS 22S – Verification of Substitute Service and Salary Form



# TRS 7 – Notice of Final Deposit before Retirement and School Official Certification of Salaries



1000 Red River Street  
Austin, TX 78701-2698  
(800) 223-8778  
www.trs.texas.gov

## Notice of Final Deposit before Retirement and School Official Certification of Salaries

TRS7 (08-19)

Participant Name

Social Security Number or TRS Participant ID

Name of Employing Institution

Was the participant in a TRS membership eligible position in the last school year of employment?  
Yes  No  (If no, only complete effective date of resignation/termination and sign the form.)

Effective Date of Resignation/Termination   
(month, day, year)

Semester dates for current school year or last school year of employment:

Beginning  Ending  Beginning  Ending

Total amount of salary during final month \$

Final Member Contribution of \$  will be included in the   
report period. (month)

Annual salary paid for final year (September 1 through termination date) \$

Has any non-creditable compensation been converted to salary for the above named employee during any of the last five school years before retirement? Yes  No

If yes, \$  per month was converted to salary beginning   
(amount of conversion) (month and year)

CERTIFICATION: I certify the above is true and correct and that the reported "Annual salary paid for final year" does not include any (1) payment for unused sick leave, vacation leave, or compensatory overtime; (2) expense payment; (3) allowance; (4) fringe benefit; (5) drivers education courses in excess of \$5,000 earned outside the regular contract; or (6) other non-creditable compensation referenced in TRS Rule 25.21(d). I also certify that no part of the salary reported for this member represents amounts converted from non-creditable compensation during the last five school years, except as specified above.

Signature of Reporting Official \_\_\_\_\_

Printed Name of Reporting Official

Title  Date



# TRS 7 – Notice of Final Deposit before Retirement and School Official Certification of Salaries

Indicate if this person was employed by your entity in an eligible position in the last year of employment.

If not, only complete the effective date of resignation/termination and sign the form.



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## Notice of Final Deposit before Retirement and School Official Certification of Salaries

TRS7 (08-19)

Participant Name

Social Security Number or TRS Participant ID

Name of Employing Institution

Was the participant in a TRS membership eligible position in the last school year of employment?  
Yes  No  (If no, only complete effective date of resignation/termination and sign the form.)

Effective Date of Resignation/Termination   
(month, day, year)

Semester dates for current school year or last school year of employment:

Beginning  Ending  Beginning  Ending

Total amount of salary during final month \$

Final Member Contribution of \$  will be included in the   
report period. (month)



## Notice of Final Deposit before Retirement and School Official Certification of Salaries

TR57 (08-19)

1000 Red River Street  
Austin, TX 78701-2698  
(800) 223-8778  
www.trs.texas.gov

Participant Name

Social Security Number or TRS Participant ID

Name of Employing Institution

Was the participant in a TRS membership eligible position in the last school year of employment?  
Yes  No  (If no, only complete effective date of resignation/termination and sign the form.)

Effective Date of Resignation/Termination   
(month, day, year)

Actual Termination Date  
of the Employee.

# TRS 7 – Notice of Final Deposit before Retirement and School Official Certification of Salaries



1000 Red River Street  
Austin, TX 78701-2698  
(800) 223-8778  
www.trs.texas.gov

## Notice of Final Deposit before Retirement and School Official Certification of Salaries

TRS7 (08-19)

Participant Name

Social Security Number or TRS Participant ID

Name of Employing Institution

Was the participant in a TRS membership eligible position in the last school year of employment?  
Yes  No  (If no, only complete effective date of resignation/termination and sign the form.)

Effective Date of Resignation/Termination   
(month, day, year)

Semester dates for current school year or last school year of employment:

Beginning  Ending  Beginning  Ending

Total amount of salary during final month \$

Final Member Contribution of \$  will be included in the   
report period. (month)

Annual salary paid for final year (**September 1 through termination date**) \$

Has any non-creditable compensation been converted to salary for the above named employee during any of the last five school years before retirement? Yes  No

If yes, \$  per month was converted to salary beginning   
(amount of conversion) (month and year)

Dates of your employer's fall semester. Not TRS fiscal year.

# TRS 7 – Notice of Final Deposit before Retirement and School Official Certification of Salaries



## Notice of Final Deposit before Retirement and School Official Certification of Salaries

TRS7 (08-19)

1000 Red River Street  
Austin, TX 78701-2698  
(800) 223-8778  
www.trstexas.gov

Participant Name

Social Security Number or TRS Participant ID

Name of Employing Institution

Was the participant in a TRS membership eligible position in the last school year of employment?  
Yes  No  (If no, only complete effective date of resignation/termination and sign the form.)

Effective Date of Resignation/Termination   
(month, day, year)

Semester dates for current school year or last school year of employment:

Beginning  Ending  Beginning  Ending

Total amount of salary during final month \$

Final Member Contribution of \$  will be included in the

Salary paid during final month

# TRS 7 – Notice of Final Deposit before Retirement and School Official Certification of Salaries



## Notice of Final Deposit before Retirement and School Official Certification of Salaries

TRST (08-19)

1000 Red River Street  
Austin, TX 78701-2698  
(800) 223-8778  
www.trstexas.gov

Participant Name

Social Security Number or TRS Participant ID

Name of Employing Institution

Was the participant in a TRS membership eligible position in the last school year of employment?  
Yes  No  (If no, only complete effective date of resignation/termination and sign the form.)

Effective Date of Resignation/Termination   
(month, day, year)

Semester dates for current school year or last school year of employment:

Beginning  Ending  Beginning  Ending

Total amount of salary during final month \$

Final Member Contribution of \$  will be included in the   
report period. (month)

Annual salary paid for final year (**September 1 through termination date**) \$

Has any non-creditable compensation been converted to salary for the above named employee during any of the last five school years before retirement? Yes  No

If yes, \$  per month was converted to salary beginning   
(amount of conversion) (month and year)

Final Contribution  
Amount and TRS  
Final Report month

# TRS 7 – Notice of Final Deposit before Retirement and School Official Certification of Salaries



## Notice of Final Deposit before Retirement and School Official Certification of Salaries

TR57 (08-19)

1000 Red River Street  
Austin, TX 78701-2698  
(800) 223-8778  
www.trstexas.gov

Participant Name

Social Security Number or TRS Participant ID

Name of Employing Institution

Was the participant in a TRS membership eligible position in the last school year of employment?  
Yes  No  (If no, only complete effective date of resignation/termination and sign the form.)

Effective Date of Resignation/Termination   
(month, day, year)

Semester dates for current school year or last school year of employment:

Beginning  Ending  Beginning  Ending

Total amount of salary during final month \$

Final Member Contribution of \$  will be included in the   
report period. (month)

Annual salary paid for final year (**September 1 through termination date**) \$

Annual Salary paid according to the TRS fiscal year (Sept 1 – final report month)

# TRS 7 – Notice of Final Deposit before Retirement and School Official Certification of Salaries



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## Notice of Final Deposit before Retirement and School Official Certification of Salaries

TRS7 (08-19)

Participant Name

Social Security Number or TRS Participant ID

Name of Employing Institution

Was the participant in a TRS membership eligible position in the last school year of employment?  
Yes  No  (If no, only complete effective date of resignation/termination and sign the form.)

Effective Date of Resignation/Termination   
(month, day, year)

Semester dates for current school year or last school year of employment:

Beginning  Ending  Beginning  Ending

Total amount of salary during final month \$

Final Member Contribution of \$  will be included in the   
report period. (month)

Annual salary paid for final year (September 1 through termination date) \$

Has any non-creditable compensation been converted to salary for the above named employee during any of the last five school years before retirement? Yes  No

If yes, \$  per month was converted to salary beginning   
(amount of conversion) (month and year)

CERTIFICATION: I certify the above is true and correct and that the reported "Annual salary paid for final year" does not include any (1) payment for unused sick leave, vacation leave, or compensatory overtime; (2) expense payment; (3) allowance; (4) fringe benefit; (5) drivers education courses in excess of \$5,000 earned outside the regular contract; or (6) other non-creditable compensation referenced in TRS Rule 25.21(d). I also certify that no part of the salary reported for this member represents amounts converted from non-creditable compensation during the last five school years, except as specified above.

Signature of Reporting Official

Printed Name of Reporting Official

Title  Date

Must be signed by  
someone with signature  
authority

# TRS 8 – Notice of Final Deposit of Deceased Member



1000 Red River Street  
Austin, TX 78701-2698  
(800) 223-8778  
www.trs.texas.gov

## Notice of Final Deposit of Deceased Member

TRS 8 (09-10)



Name of Deceased Member \_\_\_\_\_ TRS Participant ID \_\_\_\_\_  
Social Security Number \_\_\_\_\_

Last known address of Deceased Member \_\_\_\_\_

Name of Employing Institution \_\_\_\_\_

▶ Date of Death \_\_\_\_\_ Date employment was terminated if before date of death \_\_\_\_\_

If member was not employed at time of death, please state or attach affidavit stating circumstances leading to absence from service \_\_\_\_\_

Job Title \_\_\_\_\_

Number of months/days normally worked under employment contract or agreement \_\_\_\_\_ / \_\_\_\_\_  
(Months / Days)

Did member work in a year-round school?  If yes and school is multi-track, which track? \_\_\_\_\_

Total amount of salary during final month \$ \_\_\_\_\_

Final TRS deposit of \$ \_\_\_\_\_ was/will be included in the \_\_\_\_\_ TRS Report

Annual salary paid for school year in which death occurred \$ \_\_\_\_\_

Annual compensation rate (total amount member would have received had they worked the full school year) in which death occurred, or in which last service was rendered

\$ \_\_\_\_\_ for school year beginning \_\_\_\_\_ Ending \_\_\_\_\_

Annual salary paid for school year before year in which last service was rendered

\$ \_\_\_\_\_ for school year beginning \_\_\_\_\_ Ending \_\_\_\_\_

If member was an hourly employee, give the hourly rate and the number of hours the employee would have worked during school year in which the death occurred. \$ \_\_\_\_\_ per hour / \_\_\_\_\_ number of hours

### CERTIFICATION

I certify the above as true and correct and that the reported "Annual salary paid for school year in which death occurred" does not include any (1) payment for unused sick leave or vacation; (2) expense payment; (3) allowance; (4) fringe benefit; (5) drivers education courses outside the regular contract; or (6) other non-creditable compensation referenced in TRS Board of Trustees' Rule 25.21 (d).

\_\_\_\_\_  
Signature and Title of Reporting Official

\_\_\_\_\_  
Date

### INSTRUCTIONS FOR REPORTING OFFICIAL

To report the death of a member of the Retirement System, complete and return this form immediately to TRS. Please inform the next of kin that the first document needed by the Retirement System is a copy of the death certificate. A surviving spouse, dependent children (under age 25), and incapacitated children may be eligible for health insurance if the member contributed to the program at the last place of employment and had 10 or more years of membership service. Ask them to contact TRS for details.

# TRS 8 – Notice of Final Deposit of Deceased Member

Date of Death (if known).  
If you do not know the  
date, enter today's date.



TEXAS RETIREMENT SYSTEM OF PUBLIC EMPLOYEES

1000 Red River Street  
Austin, TX 78701-2698  
(800) 223-8778  
www.trs.texas.gov

## Notice of Final Deposit of Deceased Member

TRS8 (09-16)



Name of Deceased Member  TRS Participant ID   
Social Security Number

Last known address of Deceased Member

Name of Employing Institution

Date of Death  Date employment was terminated if before date of death

If member was not employed at time of death, please state or attach affidavit stating circumstances leading to absence from service

Job Title

# TRS 8 – Notice of Final Deposit of Deceased Member



1000 Red River Street  
Austin, TX 78701-2698  
(800) 223-8778  
www.trs.texas.gov

## Notice of Final Deposit of Deceased Member

TRS8 (09-16)



Name of Deceased Member  TRS Participant ID   
Social Security Number

Last known address of Deceased Member

Name of Employing Institution

Date of Death  Date employment was terminated if before date of death

If member was not employed at time of death, please state or attach affidavit stating circumstances leading to absence from service

Job Title

Must fill out if employee was out absent from service (FMLA, Leave without Pay, etc...)



# TRS 8 – Notice of Final Deposit of Deceased Member



1000 Red River Street  
Austin, TX 78701-2698  
(800) 223-8778  
www.trs.texas.gov

## Notice of Final Deposit of Deceased Member

TRS8 (09-16)



Number of  
Contract Days or  
Total Work days  
expected

Name of Deceased Member  TRS Participant ID   
Social Security Number

Last known address of Deceased Member

Name of Employing Institution

Date of Death  Date employment was terminated if before date of death

If member was not employed at time of death, please state or attach affidavit stating circumstances leading to absence from service

Job Title

Number of months/days normally worked under employment contract or agreement  /   
(Months / Days)

Did member work in a year-round school?   If yes and school is multi-track, which track?

# TRS 8 – Notice of Final Deposit of Deceased Member



1000 Red River Street  
Austin, TX 78701-2698  
(800) 223-8778  
www.trs.texas.gov

## Notice of Final Deposit of Deceased Member

TRS8 (09-16)



Name of Deceased Member  TRS Participant ID   
Social Security Number

Last known address of Deceased Member

Name of Employing Institution

Date of Death  Date employment was terminated if before date of death

If member was not employed at time of death, please state or attach affidavit stating circumstances leading to absence from service

Job Title

Number of months/days normally worked under employment contract or agreement  /   
(Months / Days)

Did member work in a year-round school?  If yes and school is multi-track, which track?

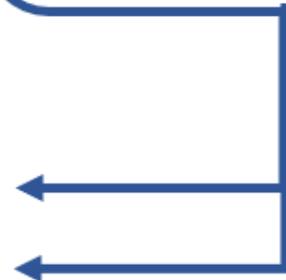
Total amount of salary during final month \$

Final TRS deposit of \$  was/will be included in the  TRS Report

Annual salary paid for school year in which death occurred \$

Final Salary amount, Final TRS contribution amount, and TRS Report month for Final deposit.

Enter the annual salary actually paid in the school year in which death occurred



# TRS 8 – Notice of Final Deposit of Deceased Member

Annual compensation if member had worked the remainder of school year at a normal schedule. Use your semester dates.



1000 Red River Street  
Austin, TX 78701-2698  
(800) 223-6778  
www.trs.texas.gov

## Notice of Final Deposit of Deceased Member

TRS8 (09-16)



Name of Deceased Member \_\_\_\_\_ TRS Participant ID \_\_\_\_\_  
Social Security Number \_\_\_\_\_

Last known address of Deceased Member \_\_\_\_\_

Name of Employing Institution \_\_\_\_\_

Date of Death \_\_\_\_\_ Date employment was terminated if before date of death \_\_\_\_\_

If member was not employed at time of death, please state or attach affidavit stating circumstances leading to absence from service \_\_\_\_\_

Job Title \_\_\_\_\_

Number of months/days normally worked under employment contract or agreement \_\_\_\_\_ / \_\_\_\_\_  
(Months / Days)

Did member work in a year-round school?  If yes and school is multi-track, which track? \_\_\_\_\_

Total amount of salary during final month \$ \_\_\_\_\_

Final TRS deposit of \$ \_\_\_\_\_ was/will be included in the \_\_\_\_\_ TRS Report

Annual salary paid for school year in which death occurred \$ \_\_\_\_\_

Annual compensation rate (total amount member would have received had they worked the full school year) in which death occurred, or in which last service was rendered  
\$ \_\_\_\_\_ for school year beginning \_\_\_\_\_ Ending \_\_\_\_\_

# TRS 8 – Notice of Final Deposit of Deceased Member

Total Salary paid 1 school year prior to last service year. Use your semester dates.

Annual salary paid for school year in which death occurred \_\_\_\_\_

Annual compensation rate (total amount member would have received had they worked the full school year) in which death occurred, or in which last service was rendered

\$ \_\_\_\_\_ for school year beginning \_\_\_\_\_ Ending \_\_\_\_\_

Annual salary paid for school year before year in which last service was rendered

\$ \_\_\_\_\_ for school year beginning \_\_\_\_\_ Ending \_\_\_\_\_

If member was an hourly employee, give the hourly rate and the number of hours the employee would have worked during school year in which the death occurred. \$ \_\_\_\_\_ per hour/\_\_\_\_\_ number of hours

### CERTIFICATION

I certify the above as true and correct and that the reported "Annual salary paid for school year in which death occurred" does not include any (1) payment for unused sick leave or vacation; (2) expense payment; (3) allowance; (4) fringe benefit; (5) drivers education courses outside the regular contract; or (6) other non-creditable compensation referenced in TRS Board of Trustees' Rule 25.21 (d).

\_\_\_\_\_  
Signature and Title of Reporting Official

\_\_\_\_\_  
Date

### INSTRUCTIONS FOR REPORTING OFFICIAL

To report the death of a member of the Retirement System, complete and return this form immediately to TRS. Please inform the next of kin that the first document needed by the Retirement System is a copy of the death certificate. A surviving spouse, dependent children (under age 25), and incapacitated children may be eligible for health insurance if the member contributed to the program at the last place of employment and had 10 or more years of membership service. Ask them to contact TRS for details.

# TRS 8 – Notice of Final Deposit of Deceased Member

Annual salary paid for school year in which death occurred \_\_\_\_\_

Annual compensation rate (total amount member would have received had they worked the full school year) in which death occurred, or in which last service was rendered

\$ \_\_\_\_\_ for school year beginning \_\_\_\_\_ Ending \_\_\_\_\_

Annual salary paid for school year before year in which last service was rendered

\$ \_\_\_\_\_ for school year beginning \_\_\_\_\_ Ending \_\_\_\_\_

If member was an hourly employee, give the hourly rate and the number of hours the employee would have worked during school year in which the death occurred. \$ \_\_\_\_\_ per hour/ \_\_\_\_\_ number of hours

### CERTIFICATION

I certify the above as true and correct and that the reported "Annual salary paid for school year in which death occurred" does not include any (1) payment for unused sick leave or vacation; (2) expense payment; (3) allowance; (4) fringe benefit; (5) drivers education courses outside the regular contract; or (6) other non-creditable compensation referenced in TRS Board of Trustees' Rule 25.21 (d).

\_\_\_\_\_  
Signature and Title of Reporting Official

\_\_\_\_\_  
Date

### INSTRUCTIONS FOR REPORTING OFFICIAL

To report the death of a member of the Retirement System, complete and return this form immediately to TRS. Please inform the next of kin that the first document needed by the Retirement System is a copy of the death certificate. A surviving spouse, dependent children (under age 25), and incapacitated children may be eligible for health insurance if the member contributed to the program at the last place of employment and had 10 or more years of membership service. Ask them to contact TRS for details.

**Must be signed by  
someone with signature  
authority**

# TRS 221 – Verification of Service and Salary – Page 1



1000 Red River Street  
Austin, TX 78701-2698  
(800) 223-8778  
www.trs.texas.gov

## Verification of Service and Salary

TRS221 (09-18)



Name  TRS Participant ID or Social Security Number   
Address

**TRS MEMBER:** This form is to be completed and signed by the current TRS reporting official or other appropriate official of the Texas public educational institution where the service being verified was rendered. After the form has been completed and signed by the reporting official, **you must sign where indicated on page 3**, before sending the form to the Teacher Retirement System of Texas (TRS). See additional instructions on pages 2 and 3.

**REPORTING OFFICIAL:** Do not include more than one school year on this form. If more than one school year is being verified, use a separate form for each year. Initial here  if more than one form is being completed. Please complete all requested information; do not leave information blank. If records are unavailable or the information is unknown, indicate in the space provided. **Verification must be based on records created at or near the time of service. An affidavit based on memory is not sufficient.** After completing this page, read and sign the "Certification of Reporting Official" on page 2. Note, your signature must be notarized. **Return this form to the member after completion. Do not return this form to TRS.**

### SECTION A: See instructions on page 2 before completing this section

1. School year during which service was rendered
2. Number of days worked or on paid leave
3. Gross salary paid for this period
4. Position or job title
5. Member's name at the time service was rendered
6. Was this service rendered as an employee or as an independent contractor?

### SECTION B: See instructions on page 2 before completing this section.

1. Was employment for one-half or more of the standard workload? Yes  No
2. Was the salary rate comparable to the rate of compensation paid to other persons employed in similar positions at the time? Yes  No
3. If the answer to question #2 in this section is "No", was the person's customary employment for at least 20 hours per week, each week, for a period of at least four and one-half months in one school year? Yes  No
4. Employment dates for the first semester:  
Semester dates for the first semester: Beginning  Ending
5. Employment dates for the second semester:  
Semester dates for the second semester: Beginning  Ending

### SECTION C: In addition to Sections A and B, this section must be completed if the service being verified was rendered for a TRS-covered employer that is an institution of higher education. Leave this section blank if the service being verified was rendered for a TRS-covered employer other than an institution of higher education.

1. Was the employment verified above contingent upon the person's enrollment as a student in your institution?  
Yes  No
2. Did the person named above participate in the Optional Retirement Program during the year listed?  
Yes  No



1000 Red River Street  
Austin, TX 78701-2698  
(800) 223-8778  
www.trs.texas.gov

## Verification of Service and Salary

TRS221 (09-16)



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Name	<input type="text"/>	TRS Participant ID or Social Security Number	<input type="text"/>
Address	<input type="text"/>		

Employee Information





1000 Red River Street  
Austin, TX 78701-2698  
(800) 223-8778  
www.trs.texas.gov

## Verification of Service and Salary

TRS221 (09-16)



Name  TRS Participant ID or Social Security Number   
Address

One form per year.  
If sending multiple  
forms initial here

**TRS MEMBER:** This form is to be completed and signed by the current TRS reporting official or other appropriate official of the Texas public educational institution where the service being verified was rendered. After the form has been completed and signed by the reporting official, **you must sign where indicated on page 3**, before sending the form to the Teacher Retirement System of Texas (TRS). See additional instructions on pages 2 and 3.

**REPORTING OFFICIAL:** Do not include more than one school year on this form. If more than one school year is being verified, use a separate form for each year. Initial here  if more than one form is being completed. Please complete all requested information; do not leave information blank. If records are unavailable or the information is unknown, indicate in the space provided. **Verification must be based on records created at or near the time of service. An affidavit based on memory is not sufficient.** After completing this page, read and sign the "Certification of Reporting Official" on page 2. Note, your signature must be notarized. **Return this form to the member after completion. Do not return this form to TRS.**

- 1. Year being verified
- 2. Total days worked and/or on paid leave
- 3. TRS eligible Salary Paid
- 4. Job Title
- 5. Member name @ time of service
- 6. Indicate employee or Independent Contractor status



## Verification of Service and Salary

TRS221 (09-16)



Name \_\_\_\_\_ TRS Participant ID or Social Security Number \_\_\_\_\_  
Address \_\_\_\_\_

**TRS MEMBER:** This form is to be completed and signed by the current TRS reporting official or other appropriate official of the Texas public educational institution where the service being verified was rendered. After the form has been completed and signed by the reporting official, **you must sign where indicated on page 3**, before sending the form to the Teacher Retirement System of Texas (TRS). See additional instructions on pages 2 and 3.

**REPORTING OFFICIAL:** Do not include more than one school year on this form. If more than one school year is being verified, use a separate form for each year. Initial here \_\_\_\_\_ if more than one form is being completed. Please complete all requested information; do not leave information blank. If records are unavailable or the information is unknown, indicate in the space provided. **Verification must be based on records created at or near the time of service. An affidavit based on memory is not sufficient.** After completing this page, read and sign the "Certification of Reporting Official" on page 2. Note, your signature must be notarized. **Return this form to the member after completion. Do not return this form to TRS.**

### SECTION A: See instructions on page 2 before completing this section

- 1. School year during which service was rendered \_\_\_\_\_
- 2. Number of days worked or on paid leave \_\_\_\_\_
- 3. Gross salary paid for this period \_\_\_\_\_
- 4. Position or job title \_\_\_\_\_
- 5. Member's name at the time service was rendered \_\_\_\_\_
- 6. Was this service rendered as an employee or as an independent contractor? \_\_\_\_\_



**TRS**  
TEACHER RETIREMENT SYSTEM OF TEXAS

1000 Red River Street  
Austin, TX 78701-2698  
(800) 223-8778  
www.trs.texas.gov

### Verification of Service and Salary

TRS221 (06-16)



---

Name  TRS Participant ID or Social Security Number

Address

**TRS MEMBER:** This form is to be completed and signed by the current TRS reporting official or other appropriate official of the Texas public educational institution where the service being verified was rendered. After the form has been completed and signed by the reporting official, **you must sign where indicated on page 3**, before sending the form to the Teacher Retirement System of Texas (TRS). See additional instructions on pages 2 and 3.

**REPORTING OFFICIAL:** Do not include more than one school year on this form. If more than one school year is being verified, use a separate form for each year. Initial here  if more than one form is being completed. Please complete all requested information; do not leave information blank. If records are unavailable or the information is unknown, indicate in the space provided. **Verification must be based on records created at or near the time of service. An affidavit based on memory is not sufficient.** After completing this page, read and sign the "Certification of Reporting Official" on page 2. Note, your signature must be notarized. **Return this form to the member after completion. Do not return this form to TRS.**

**SECTION A: See instructions on page 2 before completing this section**

- School year during which service was rendered
- Number of days worked or on paid leave
- Gross salary paid for this period
- Position or job title
- Member's name at the time service was rendered
- Was this service rendered as an employee or as an independent contractor?

**SECTION B: See instructions on page 2 before completing this section.**

- Was employment for one-half or more of the standard workload? Yes  No
- Was the salary rate comparable to the rate of compensation paid to other persons employed in similar positions at the time? Yes  No
- If the answer to question #2 in this section is "No", was the person's customary employment for at least 20 hours per week, each week, for a period of at least four and one-half months in one school year? Yes  No
- Employment dates for the first semester: Beginning  Ending   
Semester dates for the first semester: Beginning  Ending
- Employment dates for the second semester: Beginning  Ending   
Semester dates for the second semester: Beginning  Ending

1. Indicate if employment was for ½ time or more
2. Was the salary comparable?
3. If #2 is no, answer this question. If #2 is YES, leave blank
4. Enter actual employment dates for this person in the first semester. Enter the dates of your first semester (not TRS fiscal year)
5. Enter actual employment dates for this person in the second semester. Enter the dates of your second semester (not TRS fiscal year)



1. Student Employment?  
2. ORP Participant?



- 2. Was the salary rate comparable to the rate of compensation paid to other persons employed in similar positions at the time? Yes  No
- 3. If the answer to question #2 in this section is "No", was the person's customary employment for at least 20 hours per week, each week, for a period of at least four and one-half months in one school year? Yes  No
- 4. Employment dates for the first semester:  
Semester dates for the first semester: Beginning  Ending
- 5. Employment dates for the second semester:  
Semester dates for the second semester: Beginning  Ending

**SECTION C: In addition to Sections A and B, this section must be completed if the service being verified was rendered for a TRS-covered employer that is an institution of higher education. Leave this section blank if the service being verified was rendered for a TRS-covered employer other than an institution of higher education.**

- 1. Was the employment verified above contingent upon the person's enrollment as a student in your institution? Yes  No
- 2. Did the person named above participate in the Optional Retirement Program during the year listed? Yes  No

# TRS 221 – Verification of Service and Salary – Page 2



TEACHER RETIREMENT SYSTEM OF TEXAS  
1000 Red River Street  
Austin, TX 78701-2698  
(800) 223-8778  
www.trs.texas.gov

## Verification of Service and Salary

TRS221 (09-16)

### INSTRUCTIONS FOR REPORTING OFFICIAL

This form must be completed and signed by the current TRS reporting official of the Texas public educational institution where the service was rendered or by the public educational institution's payroll manager, payroll supervisor, financial officer, or superintendent. TRS **may not** accept the form if it is not signed by an appropriate official. All information in Sections A and B on the front side of this form must be completed. In addition, Section C must be completed if the service being verified was rendered in an institution of higher education. In all cases, the "Certification of School Official" below must be completed. **This form is not to be used to verify substitute service, worker's compensation payments, or out-of-state service.**

Sections 825.403 and 825.505 of the Texas Government Code grant TRS the right to audit records used for documentation of service and salary. By completing this form and signing the "Certification of Reporting Official," you agree to produce the records used to verify the service and salary listed upon TRS's request.

**Verification must be based on records created at or near the time of service. An affidavit based on memory is not sufficient.**

**CERTIFICATION OF REPORTING OFFICIAL:** I certify that records created at or near the time of service in my office show that the person named on this form performed the service listed on this form and show that all other information provided in Sections A and B is true and correct. I further certify that I am currently employed by the TRS-covered public educational institution named below. The public educational institution agrees to produce records used to verify the service and salary reported to TRS upon request as required in Sections 825.403 and 825.505 of the Texas Government Code.

Signature of TRS Reporting Official	Title of Reporting Official	Date
Printed Name of TRS Reporting Official	Name of Texas Public Educational Institution	Phone Number

### NOTARIZATION OF REPORTING OFFICIAL SIGNATURE

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_  
Before me, a notary public, on \_\_\_\_\_ (date) personally appeared \_\_\_\_\_ (reporting official) known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein are true and correct.

GIVEN under my hand and official seal this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (SEAL)  
Month Year

Signature of Notary Public \_\_\_\_\_

**RETURN THIS COMPLETED FORM TO THE MEMBER. DO NOT RETURN THIS FORM TO TRS.**

Verification requires records created at or near the time of service. May not fill out this certification based on memory

Signature of Reporting Official must be notarized

Must be signed by the Reporting Official

Return the form to the employee. Do not mail to TRS.

# TRS 22S – Verification of Substitute Service and Salary

Multiple years can be verified on a single form.

Enter the school year, number of days that the employee performed substitute work, the position that they substituted in, and their gross salary for that school year.



1000 Red River Street  
 Austin, TX 78701-2698  
 (800) 223-8778  
 www.trstexas.gov

## Verification of Substitute Service and Salary

TRS22S (09-10)



Name  TRS Participant ID or Social Security Number

Address

Employee's Information

**TRS MEMBER:** This form is to be completed and signed by the current TRS reporting official or other appropriate official of the Texas public educational institution where the service being verified was rendered. After the form has been completed and signed by the reporting official, **you must sign where indicated on the reverse side of this form**, before sending the form to the Teacher Retirement System of Texas (TRS). See additional instructions on the reverse side of this form.

**REPORTING OFFICIAL:** Verify only employment rendered as a substitute on this form. Verify all substitute service rendered in each school year, whether it is more or less than 90 days. **Return this form to the member after completion. Do not return this form to TRS.** See additional instructions on the reverse side of this form.

School year	Number of <b>days</b> of substitute service in the school year	Substituted in what position (i.e., teacher, bus driver, clerk)	Gross salary paid for this school year

# TRS 22S – Verification of Substitute Service and Salary

Must be signed by the Reporting Official


**CERTIFICATION OF REPORTING OFFICIAL:** I certify that records created at or near the time of service in my office show that the person named on this form performed the service listed on this form and show that all information provided on this form is true and correct. I further certify that I am currently employed by the TRS-covered public educational institution named below. The public educational institution agrees to produce records used to verify the service and salary reported on this form to TRS upon request as required under Sections 825.403 and 825.505 of the Texas Government Code.

Signature of Reporting Official	Title of Reporting Official	Date
Printed Name of Reporting Official	Name of Texas Public Educational Institution	Phone Number

Signature of Reporting Official must be notarized

## NOTARIZATION OF REPORTING OFFICIAL SIGNATURE

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Before me, a notary public, on \_\_\_\_\_ (date) personally appeared \_\_\_\_\_ (reporting official) known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein are true and correct.

GIVEN under my hand and official seal this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (SEAL)  
Month Year

Signature of Notary Public

Return the form to the employee. Do not mail to TRS.

View Employee Information  
Half-time Definition  
Substitute  
Independent Contractor



# Three Categories of Retirees

Retired BEFORE September 1, 2005	Retired between September 1, 2005- January 1, 2011	Retired AFTER January 1, 2011
Retiree may work without limit and receive annuity	Retiree may work without limit and receive annuity	Retiree limited to working one-half time or less or substitute UNLESS there has been a 12-consecutive month break in service
No surcharges due	Surcharges due if retiree works more than amount allowed	Surcharges due if retiree works more than amount allowed



[Three Categories](#)

# View Employee Information Screen for a Retiree

As of date: date the search was completed in the RE portal

## Employee Information

The information provided is based on the most recent data available, but may be affected by outstanding data. This data is subject to audit, adjustments and correction.

**Note:** Member retired after September 1, 2005. If the employment of the retiree exceeds one-half time in the report month, TRS-Care and Pension Surcharges are due on all pay received in that month. See Pension Surcharge and TRS-Care Surcharge guidelines for more information.

As Of Date	08/24/2020	TRS Retiree	Retired after September 1, 2005
SSN or TRS-Assigned Temp ID	[REDACTED]	Retirement Date	05/31/2007
First Name	[REDACTED]	Monthly TRS-Care Surcharge Amount	\$535.00
Middle Name	[REDACTED]	Pension Surcharge (% of salary paid in the calendar month)	15.20%
Last Name	[REDACTED]		
Suffix	NONE		

[View ER Employment Info](#)

[View ER Transaction Info](#)

# View Employee Information – Retiree continued

**Surcharges:** Pension and/or TRS-Care Surcharges will only be displayed if applicable to the retiree searched.

## Employee Information

The information provided is based on the most recent data available, but may be affected by outstanding data. This data is subject to audit, adjustments and correction.

**Note:** Member retired after September 1, 2005. If the employment of the retiree exceeds one-half time in the report month, TRS-Care and Pension Surcharges are due on all pay received in that month. See Pension Surcharge and TRS-Care Surcharge guidelines for more information.

As Of Date	08/24/2020	TRS Retiree	Retired after September 1, 2005
SSN or TRS-Assigned Temp ID	██████████	Retirement Date	05/31/2007
First Name	██████████	Monthly TRS-Care Surcharge Amount	\$535.00
Middle Name	██████████	Pension Surcharge (% of salary paid in the calendar month)	15.20%
Last Name	██████████		
Suffix	NONE		

[View ER Employment Info](#)

[View ER Transaction Info](#)

# View Employee Information – Retiree continued

## Employee Information

The information provided is based on the most recent data available, but may be affected by outstanding data. This data is subject to audit, adjustments and correction.

**Note:** Member retired after September 1, 2005. If the employment of the retiree exceeds one-half time in the report month, TRS-Care and Pension Surcharges are due on all pay received in that month. See Pension Surcharge and TRS-Care Surcharge guidelines for more information.

As Of Date	08/24/2020	TRS Retiree	Retired after September 1, 2005
SSN or TRS-Assigned Temp ID	[REDACTED]	Retirement Date	05/31/2007
First Name	[REDACTED]	Monthly TRS-Care Surcharge Amount	\$535.00
Middle Name	[REDACTED]	Pension Surcharge (% of salary paid in the calendar month)	15.20%
Last Name	[REDACTED]		
Suffix	NONE		

[View ER Employment Info](#)

[View ER Transaction Info](#)

**View ER Employment Info:** displays employment information posted by your RE via an ER Record. Includes: Position Code, Employment Start and End dates, Employment Type and Paid through 3<sup>rd</sup> Party flag. Will not display contract/position records posted by other employers.

# View ER Employment Info

## Positions

Position Status	TRS RE Number	Position Start Date	Position End Date	Position Code	Employment Type	Paid Through 3rd Party?
EAR		07/01/2020	07/31/2020	05	H	No
EAR		06/01/2020	06/30/2020	05	H	No
EAR		05/01/2020	05/31/2020	05	H	No
EAR		04/01/2020	04/30/2020	05	H	No
EAR		03/01/2020	03/31/2020	05	H	No
EAR		02/01/2020	02/29/2020	05	H	No
EAR		01/01/2020	01/31/2020	05	H	No
EAR		12/01/2019	12/31/2019	05	H	No
EAR		11/01/2019	11/30/2019	05	H	No
EAR		10/01/2019	10/31/2019	05	H	No
EAR		09/01/2019	09/30/2019	05	H	No
EAR		08/01/2019	08/31/2019	05	H	No
EAR		09/01/2018	06/03/2019	05	H	No
EAR		08/01/2018	08/31/2018	05	H	No

# View Employee Information – Retiree continued

## Employee Information

The information provided is based on the most recent data available, but may be affected by outstanding data. This data is subject to audit, adjustments and correction.

**Note:** Member retired after September 1, 2005. If the employment of the retiree exceeds one-half time in the report month, TRS-Care and Pension Surcharges are due on all pay received in that month. See Pension Surcharge and TRS-Care Surcharge guidelines for more information.

As Of Date	08/24/2020	TRS Retiree	Retired after September 1, 2005
SSN or TRS-Assigned Temp ID	[REDACTED]	Retirement Date	05/31/2007
First Name	[REDACTED]	Monthly TRS-Care Surcharge Amount	\$535.00
Middle Name	[REDACTED]	Pension Surcharge (% of salary paid in the calendar month)	15.20%
Last Name	[REDACTED]		
Suffix	NONE		

[View ER Employment Info](#)

[View ER Transaction Info](#)

**View ER Transactions Info:** displays transactions posted by your RE via an ER Record. Includes: Time worked, Compensation and Surcharges. Will not display contract/position records posted by other employers. Data is available from the time the RE Portal went live (September 2017) forward.

# View ER Transaction Info

## RP Payroll Info

Years	TRS RE Number	Report Month
<a href="#">+ 2020</a>		
<a href="#">+ 2019</a>		
<a href="#">+ 2018</a>		

## ER Transaction Info

Years	TRS RE Number	Report Month	Record Type Code	(Original) Position Code	(Original) Employment Type	Hours Worked	Days Worked	Zero Days Reason Code	Total Gross Compensation	Pension Surcharge Contribution
<a href="#">- 2020</a>										
2020		July	ER20			072	09		6838.04	
2020		June	ER20			000	00	A	6888.04	
2020		May	ER20			136	17		6838.04	
2020		April	ER20			168	21		6838.04	
2020		March	ER20			136	17		6838.04	
2020		February	ER20			160	20		6838.04	
2020		January	ER20			152	19		6838.04	
2019		December	ER20			021	04		1804.00	

One-half time for Employment After Retirement AND Surcharges is defined as:

- Working the equivalent of 4 clock hours for each workday in the calendar month under the one-half time exception.
- The total number of hours allowed for that month may be worked in any arrangement or schedule.
- Workday is defined as Monday -Friday, regardless of whether reporting entity is open or closed\*\*
- When a retiree combines substitute and one half time employment in the same calendar month, the retiree may work only one-half the number of workdays in that calendar month.

**\*\*This is for Employment After Retirement and Surcharge purposes ONLY, not Active members\*\***

# Employment After Retirement Limits Chart

Month	Total Number of Workdays in Calendar Month	Number of Hours a Retiree Working One-Half Time or Less May Work Without Triggering Surcharges	Number of Workdays Retiree Combining Substitute and Other TRS-Covered Employment May Work Without Triggering Surcharges
September 2020	22 days	88 hours	11 days
October 2020	22 days	88 hours	11 days
November 2020	21 days	84 hours	10 days
December 2020	23 days	92 hours	11 days
January 2021	21 days	84 hours	10 days
February 2021	20 days	80 hours	10 days
March 2021	23 days	92 hours	11 days
April 2021	22 days	88 hours	11 days
May 2021	21 days	84 hours	10 days
June 2021	22 days	88 hours	11 days
July 2021	22 days	88 hours	11 days
August 2021	22 days	88 hours	11 days

Retirees are considered employees during the first 12 consecutive-calendar-months following retirement if they are performing duties or providing services for an educational institution that an employee of the institution would otherwise perform and working as an independent contractor, volunteer or waiving compensation.



[RULE §31.11](#)



[Sec. 824.601](#)

Retirees may substitute for another employee for an unlimited number of days

Retirees substituting in a vacant/open/newly created/unfilled position:

- 20 days per vacancy
  - Cannot be vacancy created by retiree's retirement
  - Cannot be hired to fill position as the employee
- TRS Audit monitors retirees reported as a substitute for more than 20 days in a vacancy.



For TRS retirees:

- Must be reported *each* month the retiree works and/or receives pay
- **MUST** report the actual days and hours worked in the calendar month.
- Reporting scheduled days and hours is not permitted



