

CERTIFICATION OF ELIGIBILITY FOR CRITICAL SHORTAGE SPECIALIZED STUDENT SUPPORT POSITIONS



VIRGINIA RETIREMENT SYSTEM
 P.O. Box 2500 ♦ Richmond, VA 23218-2500
 Toll-free 1-888-827-3847
 Fax 804-786-9718
 www.varetire.org

1. Employer Code
2. Employer (School Division) Name

Retirees of the Virginia Retirement System (VRS) may be employed full-time in specialized student support positions as defined by the *Code of Virginia*. Retirees and employers complete this form to certify the employment in a specialized student support position. This form is completed at the time of employment each year the retiree continues to be employed in this position.

3. Name (First, Middle Initial, Last)	4. Social Security Number
5. VRS Retirement Date	6. Employer at Time of Retirement
7. Virginia License Number and Expiration Date No: _____ Exp: _____	

8. Post-Retirement Employment Information
 Enter information about all positions you have held with VRS-participating employers since your VRS retirement date:

Employer	Dates Employed		Employment Status	Critical Shortage Position?
	From	To		
			<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Current Critical Shortage Position Information

School: _____ Hire Date: _____

Assignment: _____ Annual Contract Salary: \$ _____

10. Retiree Certification

I certify that the information on this form is accurate. I understand that falsification of this information could result in the loss of VRS retirement benefits during my time of employment with the named school board. I have read the following statements and meet the following requirements:

- I did not: 1) retire with a reduced VRS benefit under an early retirement incentive program (ERIP), 2) retire under the Transitional Benefits Program or the Workforce Transition Act (WTA) with an enhanced monthly VRS benefit, or 3) retire on VRS disability retirement.
- I have had a complete break in service, including part-time employment, from all VRS employers for at least six consecutive months.
- Prior to my VRS retirement date, I had no pre-arranged employment commitment, either verbal or written, with this school division.
- I am licensed in my area of assignment.
- I have been assigned to work in a critical shortage specialized student support position as defined by the *Code of Virginia* and the Department of Education. I understand this position is contingent on it being identified as a critical shortage position and that it may not qualify as a critical shortage position as defined by the *Code of Virginia* and the Department of Education beyond the current school year.
- I understand that I will not receive VRS service credit for this time period, nor will it change my future benefits.

 Retiree Signature _____ Date

11. Employer Certification

I certify this individual will work in a critical shortage specialized student support position as defined by the *Code of Virginia* and the Department of Education or three or fewer qualified applicants applied for this position. This position may not qualify as a critical shortage position as defined by the *Code of Virginia* and the Department of Education beyond the current school year. I also certify that employer contributions will be made to VRS for this position. I further certify that the individual is licensed for this position and that I did not make a pre-employment commitment, either verbal or written, to this individual prior to his or her VRS retirement date

 School Division Superintendent or Designee Signature _____ Date

 School Division Superintendent or Designee Printed Name



COMPLETING THE CERTIFICATION OF ELIGIBILITY FOR CRITICAL SHORTAGE SPECIALIZED STUDENT SUPPORT POSITIONS

Virginia Retirement System (VRS) retirees who are licensed health and behavioral professionals may work full-time in a critical shortage specialized student support position and continue to receive VRS retirement benefits if certain eligibility requirements are met. After you complete this form, submit it to your employer for certification. Your employer must send the form to VRS at the time you are initially hired and each year thereafter if you continue in the position.

To be eligible:

- You must be receiving a monthly VRS retirement benefit.
- You must work in a designated critical shortage specialized student support position as defined by the *Code of Virginia*.
- You must have had a break in service for at least six consecutive months during which you did not work in any full-time, part-time or volunteer position, including coaching and working as a substitute, with any VRS-participating employer, or working for a contractor with any VRS-participating employer.
- You must not have: 1) retired with a reduced VRS benefit under an early retirement incentive program (ERIP); 2) retired under the Transitional Benefits Program or the Workforce Transition Act (WTA) with an enhanced monthly VRS benefit; or 3) retired on VRS disability retirement.
- You must be licensed for your assigned position.
- Prior to your VRS retirement date, you must not have had a pre-arranged commitment, either verbal or written, for post-retirement employment as a critical shortage specialized student support position.

Retiree Responsibilities

When completing the form:

- In Box 6, enter the name of the school division for which you worked at the time of your VRS retirement.
- In Box 7, enter your Virginia license number and its expiration date.
- In Box 8, enter information about all positions you have held with VRS-participating employers since your retirement. (Additional employment history may be provided on a separate page if needed.)
- In Box 9, enter information about the critical shortage specialized student support position you are filling. Include the school name(s) where you will be working within the school division (identified in Boxes 1 and 2), the date you were hired for the position, your specific job title and your annual contract salary.
- After completing the form, carefully read the certification statements in Box 10, sign and date the form.
- After you have signed and dated the form, submit the form to your employer for certification.

Employer Responsibilities

- Complete Boxes 1 and 2.
- Verify the information entered by the retiree and that the retiree has signed and dated the form.
- Read the employer certification statement in Box 11, sign and date the form.
- After completing the certification, mail the form to VRS. You may also fax the form (see number at top of form).