Washington State Department of Retirement Systems **Retiree Returning to Work Report**

System	Employer Name	Prepared By	Date	Phone	Page

Retiree Information		Employment Information									
		Begin Date			End Date			Position Status			
SSN:	Name:							Eligible:		Ineligible:	
SSN:	Name:							Eligible:		Ineligible:	
SSN:	Name:							Eligible:		Ineligible:	
SSN:	Name:							Eligible:		Ineligible:	
SSN:	Name:							Eligible:		Ineligible:	
SSN:	Name:							Eligible:		Ineligible:	
SSN:	Name:							Eligible:		Ineligible:	
SSN:	Name:							Eligible:		Ineligible:	
SSN:	Name:							Eligible:		Ineligible:	
SSN:	Name:							Eligible:		Ineligible:	
SSN:	Name:							Eligible:		Ineligible:	
SSN:	Name:							Eligible:		Ineligible:	
SSN:	Name:							Eligible:		Ineligible:	
SSN:	Name:							Eligible:		Ineligible:	
SSN:	Name:							Eligible:		Ineligible:	
SSN:	Name:							Eligible:		Ineligible:	
SSN:	Name:							Eligible:		Ineligible:	
SSN:	Name:							Eligible:		Ineligible:	
SSN:	Name:							Eligible:		Ineligible:	

Mail Completed form to:

Employer Support Services
Department of Retirement Systems
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