



Critical Teacher Shortage Reemployment Certification/Acknowledgement

Form CS – Created 07/01/2024

Please print or type in black ink. A completed Form CS, Critical Teacher Shortage Reemployment Certification/Acknowledgement, should be submitted each fiscal year (July 1 – June 30) of reemployment of a PERS service retiree. See Miss. Code Ann. § 25-11-126 (1972, as amended), for rules governing reemployment. Completed form should be mailed or faxed to PERS. See bottom of form for contact information.

1 Retiree Information – This section should be completed by the retiree.

First Name: _____ MI: _____ Last Name: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Social Security No.: _____ E-Mail: _____
Phone: _____ Cellular Home Work Phone: _____ Cellular Home Work
Position/Agency from which Retired: _____ Retirement Date mm/dd/ccyy: _____

2 Annual Retiree Certification and Acknowledgement – This section should be completed by the retiree.

I hereby acknowledge that I have read, understand, and agree to comply with the reemployment provisions under the Mississippi Critical Teacher Shortage Act as outlined in Miss. Code Ann. § 25-11-126 (1972, as amended), which stipulates that I must be retired from a Mississippi public school at least 90 days from the start of the following school year or I forfeit my retirement benefit. I certify that I retired as a Mississippi public school teacher with at least 30 years of creditable service (or 25 years of creditable service with a July 1, 2024, or earlier retirement date). Furthermore, I certify that I have never worked as a reemployed retiree under the provisions of Miss. Code Ann. § 25-11-127 (1972, as amended), and I acknowledge that I will not be permitted to work under those provisions in the future. I also acknowledge that I am limited to a total of five years of reemployment, which may be performed consecutively or intermittently, and that time worked for any portion of a school year will count as one of the five years of post-retirement teaching eligibility.

With the above understanding, I acknowledge that I will earn a salary of no more than \$ _____ during the _____ fiscal year of reemployment (July 1 – July 30) listed in Section 3 and certified in Section 4. I further acknowledge that this amount shall be no greater than half of 125 percent of the amount provided under the salary schedule comparable to my teaching years of service as outlined in Mississippi law.

Retiree's Signature: _____ Date mm/dd/ccyy: _____

3 Employer Representative Information – This section should be completed by an authorized employer representative.

Retiree's Position /Job Title: _____ Fiscal Year of Reemployment (July 1 - June 30): _____
Employer Name: _____ Employer No.: _____ - _____
Employer Representative's Name: _____ Employer Representative's Title: _____
Employer Representative's Phone: _____ Fax: _____ E-Mail: _____

4 Superintendent Certification – This section should be completed by the school district superintendent.

I hereby certify that the individual named in Section 1 is a service retiree receiving benefits from the Public Employees' Retirement System of Mississippi (PERS) and is eligible for reemployment under the Mississippi Critical Teacher Shortage Act in accordance with the provisions as authorized in Miss Code Ann. § 25-11-126 (1972 as amended). I understand that wages earned and paid to the individual named in Section 1 during the fiscal year of reemployment listed in Section 3 will be reported in accordance with reporting requirements prescribed by PERS and **that the applicable employer contributions on the wages called the "pension liability participation assessment" must be submitted to PERS monthly.** I further understand that any person who makes a false statement or shall falsify or permit to be falsified any record of a retirement plan administered by PERS in an attempt to defraud the plan may be subject to criminal prosecution, and with that understanding, I certify that the information above is true and correct in providing the facts upon which the reemployment is being made.

School District Superintendent's Name: _____

School District Superintendent's Signature: _____ Date mm/dd/ccyy: _____