

**UAB Statement of Understanding
Regarding Additional Income for Returning Retiree**

Please read and initial each statement below, and sign in the designated space.

_____ I understand that as a Retiree from the Alabama State Teachers Retirement Systems and because my retirement occurred during 2017, my maximum earnings allowable will be based on a prorated percentage of the annual maximum of \$30,000.00.

_____ I understand the prorated amount allowable will be determined based on the number of months remaining in the 2017 calendar year upon my rehire. It is my responsibility to monitor the amount of my earnings for 2017 and annual amount for each calendar year after that, to stay below the maximum allowable earnings determined by Teachers Retirement Systems to avoid potential loss of my retirement benefits.

Retirement in 2017		
Month Rehired	Number of Months remaining in 2017	Maximum allowed for remainder of 2017
Feb-17	11	\$27,500.00
Mar-17	10	\$25,000.00
Apr-17	9	\$22,500.00
May-17	8	\$20,000.00
Jun-17	7	\$17,500.00
Jul-17	6	\$15,000.00
Aug-17	5	\$12,500.00
Sep-17	4	\$10,000.00
Oct-17	3	\$7,500.00
Nov-17	2	\$5,000.00
Dec-17	1	\$2,500.00

_____ I understand that to maintain my Retiree status, I may only accept employment in a part-time irregular non-benefited position.

By my signature below, I declare that I fully understand and agree with the statements written here.

Returning Retiree signature

Date

Witness signature

Date