



SURS Annuitant Status

Tracking Form

Please submit this form to the Payroll Office prior to initiating an employment contract.

Name _____

Social Security Number _____

Potential Contract Dates _____

Submitted by _____ Date _____

For completion by the Payroll Office:

SURS Annuitant: Yes or No Affected Status Yes or No

Earnings Limitation _____

Completed by _____ Date _____

The purpose of this form is to identify and report SURS annuitants returning to work as mandated by Public Act 97-0968.