



# NOTICE OF RETURN TO WORK: TEMPORARY OR NON-ANNUAL RE-EMPLOYMENT

Chicago Teachers' Pension Fund

203 North LaSalle Street, Suite 2600 | Chicago, IL 60601-1231 | 312.641.4464 | Fax 312.641.7185 | www.ctpf.org

**FORM 770**  
(REV. 8/2019)

A CTPF retiree who returns to work for a Chicago Board of Education (BOE) or a Chicago charter school employer must not exceed re-employment limits or pension benefits and health insurance subsidies will be cancelled. Retirees who intend to seek re-employment with a BOE/Chicago charter school employer must file this form with CTPF before returning to work, and complete any additional forms required by the Employer.

CTPF's Rules Governing Re-Employment can be found at [www.ctpf.org](http://www.ctpf.org).

## SECTION 1: MEMBER INFORMATION

<b>Member Name:</b> First	M.I.	Last	<b>Last 4 digits of SSN or Member ID:</b>	<b>Date of Birth:</b> (MM/DD/YYYY)	
<b>Mailing Address:</b> Street		Apt. or Unit No.	City	State	Zip
<b>Telephone Number:</b> (with area code)			<b>Email Address:</b>		
Did you work as a principal/administrator for at least five years prior to retirement? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Did you retire under the Illinois Reciprocal Act? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please list your final system: _____ _____					

## SECTION 2: EMPLOYMENT INFORMATION

<b>Date of Return to Work:</b>
<b>School or Attendance Center:</b>
<b>Principal/Supervisor:</b>

## SECTION 3: ACKNOWLEDGEMENT

I certify that my return to work is temporary and non-annual and complies with the statutory limits outlined in the CTPF publication Rules Governing Re-Employment. I also understand that if I exceed the statutory limits, my pension benefits and health insurance subsidies will be cancelled retroactive to the date the statutory limits were exceeded. I will be obligated to repay all pension benefits and health insurance subsidies received from the date the limit was exceeded. I understand it is my sole responsibility to track the number of days and hours I work as well as the compensation I receive, as well as to understand which compensation limit applies to me.

<b>Member Name</b> (Please Print)	<b>Member's Signature</b>	<b>Date</b>
-----------------------------------	---------------------------	-------------