

Employment Verification for a Retiree Returning to Work PT/Temporary

USG Optional
Retirement Plan

◆ Employee Information

Retiree Last Name _____ First Name _____ Middle Name _____

Home Phone Number _____ Day Time Phone Number _____

◆ For Part-Time Employment

Start of Assignment _____ Assignment Position/Title _____

End of Assignment _____

Hourly

Salaried

Hourly Rate of Pay _____

Full-time **Annual** Salary _____

Full-time **Monthly** Salary _____

Part-time **Annual** Salary _____

Part-time **Monthly** Salary _____

◆ To Be Completed by Hiring Manager or HR Business Partner/Representative

I certify the employment of this ORP retiree is in compliance with the USG policy.

Please print name clearly

Title

Signature

Date

Employer

Telephone Number