



# MICHIGAN OFFICE OF RETIREMENT SERVICES

P.O. Box 30171 · Lansing, MI 48909-7671

Michigan.gov/ORS

Toll Free: 800-381-5111

Fax: 517-284-4416

## Retiree Certification for Public Act 314 of 2020

*For Department of Corrections (DOC)*

Complete this form if you employ or terminate a retiree from the state of Michigan, receiving a pension, that was subsequently rehired indirectly through a contract with another party to provide telecommunications services to DOC, for the primary purpose of collecting or analyzing intelligence generated within the Department under the provisions of 2020 PA 314. For more information, go to [www.michigan.gov/orshr](http://www.michigan.gov/orshr), find the *Rehiring State Retirees* under the *State Employees HR* section.

### Section 1: Employment Information

RETIREE NAME (LAST, FIRST, M.I.)	SSN/EMPLOYEE ID	DAYTIME TELEPHONE
STREET ADDRESS		CITY, STATE, ZIP CODE

### Section 2: Hire and Termination Information

**HIRE** *Only complete when retiree is hired.*

NAME OF THIRD PARTY EMPLOYER	START DATE OF THIRD PARTY HIRE (MM/DD/YYYY)
THIRD PARTY HIRE POSITION OR TITLE	

**TERMINATION** *Only complete when retiree is terminated.*

TERMINATION DATE (MM/DD/YYYY)	HOURS WORKED THIS FISCAL YEAR
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### Section 3: Certification

- The retiree had been retired from DOC for at least 30 days.
- The retiree was hired indirectly by the State through a contractual engagement with another party providing telecommunications services to DOC for the primary purpose of collecting or analyzing intelligence generated within the Department.
- The retiree had been retired for at least 30 days.
- The Department determined that the retiree possessed specialized expertise to be hired by a party providing telecommunications services to collect or analyze intelligence generated within the Department.
- The Department reported the employment of a retiree hired under this exception within 30 days after employment and within either 30 days after termination or within 30 days after the end of each fiscal year, whichever occurred first.
- The Department determined either of the following: that the retiree does not perform work that is the same as a civil service employee and that the retiree performs work that is the same as that of a nonexclusively represented employee.

By signing below, I understand this retiree must meet the above requirements to continue receipt of their state of Michigan retirement pension. DOC will provide a report to the Office of Retirement Services (ORS) that is required by PA 314. If anything changes in this employee's employment status, I will notify ORS promptly.

SOM DEPARTMENT NAME	SOM DEPARTMENT CONTACT NAME	TELEPHONE NUMBER
SOM CONTACT SIGNATURE		DATE

**Fax your completed form and any attachments to: 517-284-4416**



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## Instructions

### Use this form to:

- Notify ORS of a retiree being hired by DOC
- Notify ORS of a retiree terminating from DOC

### Section 1: Employment Information.

The HR completes this section by entering all the retiree's information.

### Section 2: Hire and Termination Information.

The HR completes either the hire or termination section.

### Section 3: Certification.

The HR completes and signs this section, certifying the employee meets the certification.

### Send your electronic report to:

ORS\_State\_HR@michigan.gov

