

<b>ASSURANCE FORM</b>  for Meeting the Requirements to Employ Retired Individuals Pursuant to S.C. Code Ann. § 9-1-1795 (Supp. 2021)  <b><u>(Applies only to individuals that retired after 01/01/2013          or did not reach the age of 62 at retirement)</u></b>	<b>RETURN THE COMPLETED FORM TO</b> Nancy W. Williams, CFO State Department of Education 1429 Senate Street, Room 308-B Columbia, South Carolina 29201 Or Email: <a href="mailto:nwilliams@ed.sc.gov">nwilliams@ed.sc.gov</a>
<b>SCHOOL YEAR: <u>2021 - 2022</u></b>	
<b>DISTRICT AND TEACHER INFORMATION</b>	
District: _____  Teacher's name: _____  School assignment: _____  Retirement date: _____  (If applicable - Individual's first day in the TERI Program is the date of retirement.)	Certificate # _____  Validity date: _____  Area(s) of certification: _____
<b>POSITION INFORMATION</b>	<b>CRITICAL NEEDS QUALIFICATIONS</b>
Position to fill (please specify by <i>subject taught</i> or <i>position title</i> ): _____  Is this position in the teacher's area of certification? <input type="checkbox"/> yes <input type="checkbox"/> no  Has the local board policy for hiring certified staff been adhered to? <input type="checkbox"/> yes <input type="checkbox"/> no  Were non-retired member applicants considered for this position? <input type="checkbox"/> yes <input type="checkbox"/> no  Is this the best qualified applicant for this position? <input type="checkbox"/> yes <input type="checkbox"/> no	Is the position a critical academic need area? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify the area: _____  <b>OR</b> Is the school/district located in a critical geographic need area? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify the area: _____
<b>AUTHORIZATION</b>	
As an authorized representative of the above-named district, I certify that the information provided above is true and accurate. Note: Proviso 1.78 of the current fiscal year states that school districts may notify retired educators of employment in writing on or before May 1.	
District Superintendent or District Designee: (please type or print name):	Signature of District Superintendent or District Designee.
Title/position:	Date signed:
<div style="text-align: center; border-top: 1px solid black; margin-top: 20px;"> <b>STATE DEPARTMENT OF EDUCATION USE ONLY</b> </div> <p>From the information provided above, the hiring of this individual meets the requirements of S.C. Code Ann. § 9-1-1795 (Supp. 2012).</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; border-top: 1px solid black; padding-top: 5px;">             Nancy Williams, CFO           </div> <div style="width: 45%; border-top: 1px solid black; padding-top: 5px;">             Date           </div> </div>	

**After this form has been approved, the State Department of Education will submit copies to the South Carolina Public Employee Benefit Authority, the school district, and the State Board of Education.**  
 Revised – 03/09/21