

Texas Annual Conference of The United Methodist Church

Center for Clergy Excellence

Retiree at Work Salary Form

(please print neatly except for signatures)

Salary-Paying Unit (SPU) _____

SPU Address _____

SPU City, State, Zip _____

Retiree Name _____

Hours per Week _____

Annual Compensation _____

Salary-Paying Unit Representative

Name _____

Position _____

Signature _____

Date _____

Retiree

Name _____

Address _____

City, State, Zip _____

Signature _____

Date _____

Retirees at work following retirement need to complete this form within two weeks of employment and submit it annually thereafter to the TAC Benefits Office, 5215 Main St., Houston, TX 77002. (713) 521-9383 (800) 606-0350 Fax (713) 521-7516