

RO

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND
40 Fountain Street, 1st Floor
Providence, RI 02903 - 1854
Office (401) 457-3900, Fax (401) 222-2430
Email: ersri@ersri.org Web Site: www.ersri.org

MONTHLY NOTIFICATION OF POST-RETIREMENT EMPLOYMENT

Instructions: Please print or type in black ink. Please return completed form to ERSRI. Your promptness is appreciated.

Rhode Island General Law allows members who retired under the provisions of Title 16, 36, or 45 to be employed or re-employed by any municipality within the state, with certain restrictions. Only one type of employment is allowed.

ERSRI or MERS retirees may work for a participating municipality for no more than 75 working days or 150 half-days in a calendar year. For MERS retirees working for a school department, days shall be counted according to a school year of September 1 through August 31st.

ERSRI or MERS retirees may substitute teach for a period of not more than 90 days or 180 half-days in any one school year. A school year shall be counted from September 1 through August 31st. Or, ERSRI teacher retirees may be hired to fill a vacant teaching position, including coaching or tutoring, for not more than 90 days if the school department certifies in writing that they have made a good faith effort to fill the position with a non-retired person.

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Pension payments shall be suspended whenever applicable restrictions are exceeded. No additional contributions shall be taken and no additional service credits shall be granted for post-retirement service. Notice of employment shall be sent monthly to the retirement board by the employer and the retired member; this completed form shall suffice as notice.

REPORTING AGENCY / DEPARTMENT / SCHOOL / CITY OR TOWN

REPORTING AGENCY <i>Little Compton Schools</i>	TELEPHONE NUMBER <i>635-2351</i>
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RETIREE DATA

FIRST NAME <i>Kathryn</i>	MI <i>M.</i>	LAST NAME <i>Crowley</i>	SOCIAL SECURITY NUMBER [REDACTED]
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RETIREE IS: (CHECK ONE)

SUBSTITUTE TEACHER (CERTIFIED POSITION) MUNICIPAL EMPLOYEE

TEACHER EMPLOYED IN A VACANT POSITION INSTRUCTOR AT STATE SCHOOL OR COLLEGE OR REGISTERED NURSE

*PROVIDE COPY OF GOOD FAITH HIRING LETTER FROM DEPT

MONTHLY REPORTING OF EMPLOYMENT

MONTH REPORTED <i>JANUARY 2011</i>	CHECK REPORTING METHOD (SEE ABOVE) AND COMPLETE 1 COLUMN <input checked="" type="checkbox"/> DAYS <input type="checkbox"/> DOLLARS
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NUMBER OF DAYS WORKED (PER MONTH) (INDICATE ACTUAL DATES WORKED) <i>Jan. 3, 4, 11, 12, 18, 19, 26, 27, 31</i>	AGGREGATE GROSS WAGES REPORTED THIS MONTH \$
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NUMBER OF HOURS OR LESS WORKED THIS MONTH (INDICATE ACTUAL HOURS WORKED)	AGGREGATE GROSS WAGES REPORTED THIS MONTH \$
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AGGREGATE GROSS WAGES (GROSS PAY) *(9)*

OFFICIAL'S AND RETIREE'S STATEMENT AND SIGNATURE

I hereby certify the above information to be correct, based on best information available.

OFFICIAL'S SIGNATURE: <i>Cheryl A. Sylvia</i>	PRINT NAME: <i>Cheryl A. Sylvia</i>
RETIREE'S SIGNATURE: <i>Kathryn M. Crowley</i>	DATE OF SIGNATURE (mm/dd/yyyy): <i>11/31/11</i>

RD

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REPORTING AGENCY / DEPARTMENT / SCHOOL / CITY OR TOWN

REPORTING AGENCY: Little Compton School Dept. TELEPHONE NUMBER: 946-4515

RETIREE DATA

FIRST NAME: KATHRYN MI: MARY LAST NAME: CROWLEY SOCIAL SECURITY NUMBER: [REDACTED]

RETIREE IS: (CHECK ONE)
 SUBSTITUTE TEACHER (CERTIFIED POSITION) MUNICIPAL EMPLOYEE
 TEACHER EMPLOYED IN A VACANT POSITION INSTRUCTOR AT STATE SCHOOL OR COLLEGE OR REGISTERED NURSE
PROVIDE COPY OF GOOD FAITH HIRING LETTER FROM DEPT

MONTHLY REPORTING OF EMPLOYMENT

MONTH YEAR REPORTED: February 2011 CHECK REPORTING METHOD (SEE ABOVE) AND COMPLETE 1 COLUMN
 DAYS DOLLARS

JUST FULL DAYS WORKED THIS MONTH. INCLUDE BOTH PARTIAL DAYS WORKED.	<u>2/1, 2/2, 2/9, 2/10, 2/14, 2/15, 2/27</u>	GROSS DOLLARS REPORTED THIS MONTH	\$
JUST 1/2 DAYS, 3/4 DAYS OR LESS WORKED THIS MONTH (SEE PARTIAL DAYS WORKED).		TOTAL GROSS DOLLARS REPORTED THIS YEAR	\$
TOTAL NUMBER OF DAYS WORKED THIS MONTH	<u>7</u>		

OFFICIAL'S AND RETIREE'S STATEMENT AND SIGNATURE

We hereby certify the above information to be true and correct based upon our official records.

OFFICIAL'S SIGNATURE: [Signature] PRINT NAME: Cheryl A. Sylvia
RETIREE'S SIGNATURE: [Signature] DATE OF SIGNATURE (mm/dd/yyyy): 2/27/11

correct SS#



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MONTHLY NOTIFICATION OF POST-RETIREMENT EMPLOYMENT

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REPORTING AGENCY / DEPARTMENT / SCHOOL / CITY OR TOWN

REPORTING AGENCY: Little Compton Public Schools TELEPHONE NUMBER: (401) 635-2351

RETIREE DATA

FIRST NAME: Kathryn MI: M. LAST NAME: CROWLEY SOCIAL SECURITY NUMBER: [REDACTED]

RETIREE IS: (CHECK ONE)
 SUBSTITUTE TEACHER (CERTIFIED POSITION) MUNICIPAL EMPLOYEE
 TEACHER EMPLOYED IN A VACANT POSITION INSTRUCTOR AT STATE SCHOOL OR COLLEGE OR REGISTERED NURSE
PROVIDE COPY OF GOOD FAITH HIRING LETTER FROM DEPT

MONTHLY REPORTING OF EMPLOYMENT

MONTH/YEAR REPORTED: [] CHECK REPORTING METHOD (SEE ABOVE) AND COMPLETE 1 COLUMN
 DAYS DOLLARS

LIST ALL DATES (MONTHS, DATES) YOU WERE EMPLOYED IN THIS MONTH:
3/7, 3/9, 3/16, 3/17, 3/21, 3/24, 3/28, 3/29, 3/30

TOTAL GROSS DOLLARS REPORTED THIS MONTH: \$

TOTAL GROSS DOLLARS REPORTED THIS YEAR: \$

TOTAL NUMBER OF DAYS WORKED THIS MONTH: 9

OFFICIAL'S AND RETIREE'S STATEMENT AND SIGNATURE

We hereby certify the above information to be true and correct based upon our official records.

OFFICIAL'S SIGNATURE: [Signature] PRINT NAME: Cheryl Sylvia

RETIREE'S SIGNATURE: [Signature] DATE OF SIGNATURE (mm/dd/yyyy): 3/31/11

RD

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MONTHLY NOTIFICATION OF POST-RETIREMENT EMPLOYMENT

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REPORTING AGENCY / DEPARTMENT / SCHOOL / CITY OR TOWN

REPORTING AGENCY: Little Compton Schools TELEPHONE NUMBER: 675-2351

RETIREE DATA

FIRST NAME: Kathryn MI: M. LAST NAME: Crowley SOCIAL SECURITY NUMBER: XXXXXXXXXX

RETIREE IS: (CHECK ONE)
 SUBSTITUTE TEACHER (CERTIFIED POSITION) MUNICIPAL EMPLOYEE
 TEACHER EMPLOYED IN A VACANT POSITION INSTRUCTOR AT STATE SCHOOL OR COLLEGE OR REGISTERED NURSE
*PROVIDE COPY OF GOOD FAITH HIRING LETTER FROM DEPT

MONTHLY REPORTING OF EMPLOYMENT

MONTH/YEAR REPORTED: MAY 2011 CHECK REPORTING METHOD (SEE ABOVE) AND COMPLETE 1 COLUMN
 DAYS DOLLARS

LIST FULL DAYS WORKED THIS MONTH. INDICATE ACTUAL DATES WORKED. GROSS DOLLARS REPORTED THIS MONTH

May 5, 6, 10, 12, 17, 18, 26, 27 \$

LIST 1/2 DAYS, 3 HOURS OR LESS WORKED THIS MONTH. INDICATE ACTUAL DATES WORKED. TOTAL GROSS DOLLARS REPORTED THIS YEAR

\$

TOTAL NUMBER OF DAYS WORKED THIS MONTH: (8)

OFFICIAL'S AND RETIREE'S STATEMENT AND SIGNATURE

We hereby certify the above information to be true and correct based upon our official records.

OFFICIAL'S SIGNATURE: Cheryl A. Sylvia PRINT NAME: Cheryl A. Sylvia
 RETIREE'S SIGNATURE: Kathryn Crowley DATE OF SIGNATURE (mm/dd/yyyy): 07/31/11



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REPORTING AGENCY / DEPARTMENT / SCHOOL / CITY OR TOWN

REPORTING AGENCY

Little Compton Public Schools

TELEPHONE NUMBER

675-2351

RETIREE DATA

FIRST NAME

Kathryn

MI

M

LAST NAME

Crowley

SOCIAL SECURITY NUMBER

RETIREE IS:
(CHECK ONE)

SUBSTITUTE TEACHER (CERTIFIED POSITION)

MUNICIPAL EMPLOYEE

TEACHER EMPLOYED IN A VACANT POSITION
*PROVIDE COPY OF GOOD FAITH HIRING LETTER FROM DEPT

INSTRUCTOR AT STATE SCHOOL OR COLLEGE OR REGISTERED NURSE

MONTHLY REPORTING OF EMPLOYMENT

MONTHLY REPORTING PERIOD

June 2011

CHECK REPORTING METHOD (SEE ABOVE) AND COMPLETE 1 COLUMN

DAYS

DOLLARS

LIST DAYS WORKED THIS MONTH (INDICATE ACTUAL DATES WORKED)

*6/1, 6/2, 6/7, 6/8, 6/9, 6/14, 6/15, 6/16,
6/22, 6/23, 6/24, 6/29*

GROSS DOLLARS REPORTED THIS MONTH

\$

LIST DAYS OR HOURS OR LESS WORKED THIS MONTH (INDICATE ACTUAL DATES WORKED)

TOTAL GROSS DOLLARS REPORTED THIS YEAR

\$

TOTAL NUMBER OF DAYS (OR HOURS) REPORTED

12

OFFICIAL'S AND RETIREE'S STATEMENT AND SIGNATURE

Official's Signature: *Cheryl A. Sylvia*

OFFICIAL'S SIGNATURE

PRINT NAME: *Cheryl A. Sylvia*

RETIREE'S SIGNATURE: *Kathryn M. Crowley*

DATE OF SIGNATURE (mm/dd/yyyy)

6/30/11



RD

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REPORTING AGENCY / DEPARTMENT / SCHOOL / CITY OR TOWN

REPORTING AGENCY Little Compton Public Schools TELEPHONE NUMBER 625-2351

RETIREE DATA

FIRST NAME Kathryn MI M. LAST NAME Crowley SOCIAL SECURITY NUMBER [REDACTED]

RETIREE IS: (CHECK ONE)
 SUBSTITUTE TEACHER (CERTIFIED POSITION) MUNICIPAL EMPLOYEE
 TEACHER EMPLOYED IN A VACANT POSITION INSTRUCTOR AT STATE SCHOOL OR COLLEGE OR REGISTERED NURSE
PROVIDE COPY OF GOOD FAITH HIRING LETTER FROM DEPT

MONTHLY REPORTING OF EMPLOYMENT

MONTHLY REPORTED: July 2011 CHECK REPORTING METHOD (SEE ABOVE) AND COMPLETE 1 COLUMN
 DAYS DOLLARS

INDICATE DATES WORKED THIS MONTH (INDICATE ACTUAL DATES WORKED) July 6, 19, 20, 27 GROSS DOLLARS REPORTED THIS MONTH \$

INDICATE HOURS OR LESS WORKED THIS MONTH (INDICATE ACTUAL DATES WORKED) TOTAL GROSS DOLLARS REPORTED THIS MONTH \$

TOTAL NUMBER OF DAYS WORKED THIS MONTH 4

OFFICIAL'S AND RETIREE'S STATEMENT AND SIGNATURE

We hereby certify the above information to be true and correct based upon our official records.

OFFICIAL'S SIGNATURE: [Signature] PRINT NAME: Cheryl Sykora
 RETIREE'S SIGNATURE: Kathryn McCrowley DATE OF SIGNATURE (mm/dd/yyyy): 7/29/11



Wilbur & McMahon Schools

28 Commons - P.O. Box 178
Little Compton, Rhode Island 02837-0178
Telephone: (401) 635-2351 (401) 635-9593
FAX: (401) 635-2191
www.littlecomptonschools.org
TTI/VOICE RELAY / 800-RI55555

Joao Arruda
Principal

Kathryn M. Crowley
Superintendent

June 30, 2011

ERSRI
50 Service Avenue (2nd fl.)
Warwick, RI 02886-1021

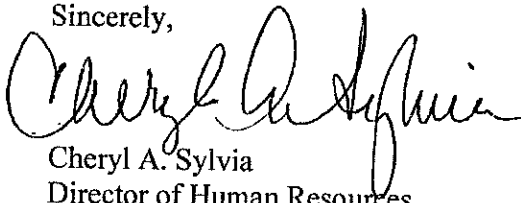
To Whom it May Concern:

Please accept this letter as evidence of our Good Faith Effort required under Law: RIGL: 16-16-24 when hiring a retired employee. Kathryn M. Crowley was hired as a Part-time Superintendent for the school year 2011-12.

After a job search using SchoolSpring, screening qualified candidates and interviewing qualified candidates with a School Committee appointed search committee a suitable candidate for our district was not found. It was determined that Kathryn M. Crowley held the qualifications that our district needed on a Part-time basis for school year 2011-12.

If you have further questions, please feel free to contact me at (401)635-2351 ext. 1500.

Sincerely,



Cheryl A. Sylvia
Director of Human Resources

cc: Union President

If special accommodations are needed, please call 635-9593 at least seventy-two (72) hours in advance. The Little Compton School Department does not discriminate on the basis of age, sex, race, religion, national origin, color or disability in accordance with applicable laws and regulations.

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REPORTING AGENCY / DEPARTMENT / SCHOOL / CITY OR TOWN

REPORTING AGENCY <i>Little Compton Public Schools</i>	TELEPHONE NUMBER
----------------------------------------------------------	------------------

RETIREE DATA

FIRST NAME <i>Kathryn</i>	MI <i>M.</i>	LAST NAME <i>Crowley</i>	SOCIAL SECURITY NUMBER [REDACTED]
RETIREE IS: (CHECK ONE) <input checked="" type="checkbox"/> SUBSTITUTE TEACHER (CERTIFIED POSITION) <input type="checkbox"/> MUNICIPAL EMPLOYEE <input type="checkbox"/> TEACHER EMPLOYED IN A VACANT POSITION <input type="checkbox"/> INSTRUCTOR AT STATE SCHOOL OR COLLEGE OR REGISTERED NURSE <small>*PROVIDE COPY OF GOOD FAITH HIRING LETTER FROM DEPT</small>			

MONTHLY REPORTING OF EMPLOYMENT

MONTH END REPORTED <i>October 2011</i>	CHECK REPORTING METHOD (SEE ABOVE) AND COMPLETE 1 COLUMN <input checked="" type="checkbox"/> DAYS <input type="checkbox"/> DOLLARS
REPORTED DAYS WORKED (MONTH END DATE ACTING AS EMPLOYEE) <i>10/11, 10/12, 10/14, 10/19, 10/26, 10/27, 10/28</i>	REPORTED GROSS MONTHLY PAY \$
REPORTED DAYS WORKED (MONTH END DATE ACTING AS EMPLOYEE)	TOTAL GROSS DOLLARS REPORTED THIS YEAR \$
TOTAL NUMBER OF MONTHS WORKED <i>(9)</i>	

OFFICIAL'S AND RETIREE'S STATEMENT AND SIGNATURE

I hereby certify the above information is correct and true according to official records.	
OFFICIAL'S SIGNATURE: <i>Cheryl Sylvia</i>	PRINT NAME: <i>Cheryl Sylvia</i>
RETIREE'S SIGNATURE: <i>Kathryn M. Crowley</i>	DATE OF SIGNATURE (mm/dd/yyyy): <i>10/31/11</i>



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**MONTHLY NOTIFICATION OF
 POST-RETIREMENT EMPLOYMENT**

RD

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REPORTING AGENCY / DEPARTMENT / SCHOOL / CITY OR TOWN

REPORTING AGENCY: Little Compton School Dept. TELEPHONE NUMBER: 401-635-2351

RETIREE DATA

FIRST NAME: Kathryn MI: M LAST NAME: Crowley SOCIAL SECURITY NUMBER: [REDACTED]

RETIREE IS: (CHECK ONE)
 SUBSTITUTE TEACHER (CERTIFIED POSITION) MUNICIPAL EMPLOYEE
 TEACHER EMPLOYED IN A VACANT POSITION ON *PROVIDE COPY OF GOOD FAITH HIRING LETTER FROM DEPT INSTRUCTOR AT STATE SCHOOL OR COLLEGE OR REGISTERED NURSE

MONTHLY REPORTING OF EMPLOYMENT

MONTH/YEAR REPORTED:	<u>November</u>	CHECK REPORTING METHOD (SEE ABOVE) AND COMPLETE 1 COLUMN	<input checked="" type="checkbox"/> DAYS <input type="checkbox"/> DOLLARS
LIST FULL DAYS WORKED THIS MONTH. INDICATE ACTUAL DATES WORKED.	<u>11/2, 11/7, 11/7, 11/15, 11/22, 11/23</u>	GROSS DOLLARS REPORTED THIS MONTH	\$
LIST 1/2 DAYS (3 HOURS OR LESS) WORKED THIS MONTH. INDICATE ACTUAL DATES WORKED.		TOTAL GROSS DOLLARS REPORTED THIS YEAR	\$
TOTAL NUMBER OF DAYS WORKED THIS MONTH:	<u>6</u>		

OFFICIAL'S AND RETIREE'S STATEMENT AND SIGNATURE

We hereby certify the above information to be true and correct based upon our official records.

OFFICIAL'S SIGNATURE: Cheryl A. Sylvain PRINT NAME: Cheryl A. Sylvain
 RETIREE'S SIGNATURE: Kathryn M. Crowley DATE OF SIGNATURE (mm/dd/yyyy): 11/30/11

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND
 40 Fountain Street, 1st Floor
 Providence, RI 02903 - 1854
 Office (401) 457-3900, Fax (401) 222-2430
 Email: ersri@ersri.org Web Site: www.ersri.org

ERSRI

MONTHLY NOTIFICATION OF
 POST-RETIREMENT EMPLOYMENT

RD

2011 JAN -6 AM 10:59

Instructions: Please print or type in black ink. Please return completed form to ERSRI. Your promptness is appreciated.

Rhode Island General Law allows members who retired under the provisions of Title 16, 36, or 45 to be employed or re-employed by any municipality within the state, with certain restrictions. Only one type of employment is allowed.

ERSRI or MERS retirees may work for a participating municipality for no more than 75 working days or 150 half-days in a calendar year. For MERS retirees working for a school department, days shall be counted according to a school year of September 1 through August 31st.

ERSRI or MERS retirees may substitute teach for a period of not more than 90 days or 180 half-days in any one school year. A school year shall be counted from September 1 through August 31st. Or, ERSRI teacher retirees may be hired to fill a vacant teaching position, including coaching or tutoring, for not more than 90 days if the school department certifies in writing that they have made a good faith effort to fill the position with a non-retired person.

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REPORTING AGENCY / DEPARTMENT / SCHOOL / CITY OR TOWN

REPORTING AGENCY

TELEPHONE NUMBER

RETIREE DATA

FIRST NAME

MI

LAST NAME

SOCIAL SECURITY NUMBER

KATHRYN

M.

CROWLEY

RETIREE IS:
 (CHECK ONE)

SUBSTITUTE TEACHER (CERTIFIED POSITION)

MUNICIPAL EMPLOYEE

TEACHER EMPLOYED IN A VACANT POSITION

INSTRUCTOR AT STATE SCHOOL OR COLLEGE OR REGISTERED NURSE

*PROVIDE COPY OF GOOD FAITH HIRING LETTER FROM DEPT

MONTHLY REPORTING OF EMPLOYMENT

MONTH/YEAR
 REPORTED

December 2011

CHECK REPORTING METHOD (SEE ABOVE) AND COMPLETE 1 COLUMN

DAYS

DOLLARS

LIST FULL DAYS WORKED THIS MONTH. INDICATE ACTUAL DATES WORKED.

12/12, 12/13, 12/16, 12/21,

GROSS DOLLARS
 REPORTED THIS MONTH

\$

LIST 1/2 DAYS (3 HOURS OR LESS) WORKED THIS MONTH. INDICATE ACTUAL DATES WORKED.

TOTAL GROSS DOLLARS
 REPORTED THIS YEAR

\$

TOTAL NUMBER OF DAYS WORKED THIS MONTH:

4

OFFICIAL'S AND RETIREE'S STATEMENT AND SIGNATURE

We hereby certify the above information to be true and correct based upon our official records.

OFFICIAL'S SIGNATURE:

Cheryl Anderson

PRINT NAME:

Cheryl Anderson

RETIREE'S SIGNATURE

Kathryn M. Crowley

DATE OF SIGNATURE (mm/dd/yyyy)

12/21/11



EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND
 40 Fountain Street, 1st Floor
 Providence, RI 02903 - 1854
 Office (401) 457-3900, Fax (401) 222-2430
 Email: ersri@ersri.org Web Site: www.ersri.org

ERSRI

MONTHLY NOTIFICATION OF
 POST-RETIREMENT EMPLOYMENT

R9

2012 FEB - 6 PM 3:05

Instructions: Please print or type in black ink. Please return completed form to ERSRI. Your promptness is appreciated.

Rhode Island General Law allows members who retired under the provisions of Title 16, 36, or 45 to be employed or re-employed by any municipality within the state, with certain restrictions. Only one type of employment is allowed.

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REPORTING AGENCY / DEPARTMENT / SCHOOL / CITY OR TOWN

REPORTING AGENCY: Little Compton School Dept. TELEPHONE NUMBER: (401) 635-2351

RETIREE DATA

FIRST NAME: KATHY M. CROWLEY MI: M LAST NAME: CROWLEY SOCIAL SECURITY NUMBER: [REDACTED]

RETIREE IS: (CHECK ONE)
 SUBSTITUTE TEACHER (CERTIFIED POSITION) MUNICIPAL EMPLOYEE
 TEACHER EMPLOYED IN A VACANT POSITION INSTRUCTOR AT STATE SCHOOL OR COLLEGE OR REGISTERED NURSE
*PROVIDE COPY OF GOOD FAITH HIRING LETTER FROM DEPT

MONTHLY REPORTING OF EMPLOYMENT

MONTH/YEAR REPORTED: January 2012 CHECK REPORTING METHOD (SEE ABOVE) AND COMPLETE 1 COLUMN
 DAYS DOLLARS

LIST FULL DAYS WORKED THIS MONTH: INDICATE ACTUAL DATES WORKED. Jan. 3, 5, 10, 11, 18, 20, 24, 31 GROSS DOLLARS REPORTED THIS MONTH: \$

LIST 1/2 DAYS (3 HOURS OR LESS) WORKED THIS MONTH: INDICATE ACTUAL DATES WORKED. TOTAL GROSS DOLLARS REPORTED THIS YEAR: \$

TOTAL NUMBER OF DAYS WORKED THIS MONTH: 8

OFFICIAL'S AND RETIREE'S STATEMENT AND SIGNATURE

We hereby certify the above information to be true and correct based upon our official records.

OFFICIAL'S SIGNATURE: [Signature] PRINT NAME: Cheryl A Sylvia
 RETIREE'S SIGNATURE: [Signature] DATE OF SIGNATURE (mm/dd/ccyy): 2/1/12



ERSRI

2012 FEB - 6 PM 3:05
 ERSRI
 Rec. 03/17/10

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND
40 Fountain Street, 1st Floor
Providence, RI 02903-1854
Office (401) 457-3900, Fax (401) 222-2430
Email: ersri@ersri.org Web Site: www.ersri.org

ERSRI

MONTHLY NOTIFICATION OF POST-RETIREMENT EMPLOYMENT

2012 APR - 4 AM 2:19

RD

Instructions: Please print or type in black ink. Please return completed forms to ERSRI. Your promptness is appreciated.

Any employment or re-employment may begin no earlier than 30 days after retirement.

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REPORTING AGENCY / DEPARTMENT / SCHOOL / CITY OR TOWN

REPORTING AGENCY: Little Prompton School TELEPHONE NUMBER: 401-635-2351

RETIREE DATA

First Name: Kathryn MI: M. Last Name: Crowley Social Security Number: [REDACTED]

RETIREE IS: (CHECK ONE)
 SUBSTITUTE TEACHER (CERTIFIED POSITION) MUNICIPAL EMPLOYEE REGISTERED NURSE
 TEACHER EMPLOYED IN A VACANT POSITION - COPY OF GOOD FAITH HIRING LETTER FROM DEPARTMENT IS REQUIRED INSTRUCTOR AT A STATE SCHOOL OR COLLEGE

MONTHLY REPORTING OF EMPLOYMENT DAYS OR SOLEARS: February

CHECK APPROPRIATE REPORTING METHOD AND COMPLETE SECTION BELOW

DAYS OR DOLLARS

LIST FULL DAYS WORKED THIS MONTH (DO NOT REPORT PARTIAL DAYS)
2/1, 2/8, 2/14, 2/15, 2/28, 2/29 GROSS DOLLARS REPORTED THIS MONTH: \$

LIST HALF DAYS WORKED THIS MONTH (DO NOT REPORT PARTIAL DAYS)
GROSS DOLLARS REPORTED THIS MONTH: \$

TOTAL NUMBER OF DAYS WORKED THIS MONTH: 6

OFFICIAL'S AND RETIREE'S STATEMENT AND SIGNATURE

We hereby certify the above information is true and correct.
OFFICIAL'S SIGNATURE: Cheryl A. Sylvia PRINT NAME: Cheryl A. Sylvia
RETIREE'S SIGNATURE: Kathryn Crowley DATE OF SIGNATURE (mm/dd/yyyy): 2/28/12

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND **ERSRI**
 40 Fountain Street, 1st Floor
 Providence, RI 02903-1854
 Office (401) 457-3900, Fax (401) 222-2430
 Email: ersri@ersri.org Web Site: www.ersri.org

MONTHLY NOTIFICATION OF POST-RETIREMENT EMPLOYMENT

RD

2012 APR -4 AM 2:18

Instructions: Please print or type in black ink. Please return completed forms to ERSRI. Your promptness is appreciated.

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REPORTING AGENCY / DEPARTMENT / SCHOOL / CITY OR TOWN

REPORTING AGENCY Little Compton School TELEPHONE NUMBER 401-635-2351

RETIREE DATA

First Name Kathryn MI M Last Name Crowley Social Security Number [REDACTED]

RETIREE IS: (CHECK ONE)
 SUBSTITUTE TEACHER (CERTIFIED POSITION) MUNICIPAL EMPLOYEE REGISTERED NURSE
 TEACHER EMPLOYED IN A VACANT POSITION - COPY OF GOOD FAITH HIRING LETTER FROM DEPARTMENT IS REQUIRED INSTRUCTOR AT A STATE SCHOOL OR COLLEGE

MONTHLY REPORTING OF EMPLOYMENT (DAYS OR DOLLARS) MONTH/YEAR REPORTED March

CHECK APPROPRIATE REPORTING METHOD AND COMPLETE SECTION BELOW
 DAYS OR DOLLARS

LIST FULL DAYS WORKED THIS MONTH (INDICATE ACTUAL DATE WORKED) 3/6, 3/7, 3/19, 3/13, 3/14, 3/14, 3/20, 3/21, 3/27, 3/27 GROSS DEBARS REPORTED THIS MONTH \$

LIST HALF DAYS WORKED THIS MONTH (INDICATE ACTUAL DATE WORKED) (10) GROSS DEBARS REPORTED THIS YEAR \$

TOTAL NUMBER OF DAYS WORKED THIS MONTH (10)

OFFICIAL'S AND RETIREE'S STATEMENT AND SIGNATURE

We hereby certify the above information to be true and correct based upon our official records.

OFFICIAL'S SIGNATURE Cheryl A. Sylvia PRINT NAME Cheryl A. Sylvia
 RETIREE'S SIGNATURE Kathryn M. Crowley DATE OF SIGNATURE (mm/dd/yyyy) 3/20/12

Box 462-7691

Attn: Roxanne

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND
40 Fountain Street, 1st Floor
Providence, RI 02903-1854
Office (401) 457-3900, Fax (401) 222-2430
Email: ersri@ersri.org Web Site: www.ersri.org

MONTHLY NOTIFICATION OF POST-RETIREMENT EMPLOYMENT

RO

Instructions: Please print or type in black ink. Please return completed forms to ERSRI. Your promptness is appreciated.

Any employment or re-employment may begin no earlier than 30 days after retirement.

Rhode Island General Law allows members who retired under the provisions of Title 15, 36, or 45 to be employed or re-employed by any municipality within the state, with certain restrictions. Only one type of employment is allowed.

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REPORTING AGENCY / DEPARTMENT / SCHOOL / CITY OR TOWN

REPORTING AGENCY <u>Little Compton</u>	TELEPHONE NUMBER
-------------------------------------------	------------------

RETIREE DATA

First Name <u>KATHRYN</u>	MI <u>M.</u>	Last Name <u>CROWLEY</u>	Social Security Number [REDACTED]
RETIREE IS: (CHECK ONE)			
<input checked="" type="checkbox"/> SUBSTITUTE TEACHER (CERTIFIED POSITION)	<input type="checkbox"/> MUNICIPAL EMPLOYEE	<input type="checkbox"/> REGISTERED NURSE	
<input type="checkbox"/> TEACHER EMPLOYED IN A VACANT POSITION - COPY OF GOOD FAITH HIRING LETTER FROM DEPARTMENT IS REQUIRED	<input type="checkbox"/> INSTRUCTOR AT A STATE SCHOOL OR COLLEGE		

MONTHLY REPORTING METHOD: 4/12

CHECK APPROPRIATE REPORTING METHOD AND COMPLETE SECTION BELOW

DAYS OR DOLLARS

DATE (MONTH/DAY/YEAR)	AMOUNT
<u>4/13, 4/14, 4/23, 4/25</u>	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

OFFICIAL'S AND RETIREE'S STATEMENT AND SIGNATURE

OFFICIAL'S SIGNATURE: <u>Cheryl Sylvia</u>	PRINT NAME: <u>Cheryl Sylvia</u>
RETIREE'S SIGNATURE: <u>Kathryn M. Crowley</u>	DATE OF SIGNATURE (mm/dd/yyyy): <u>4/30/12</u>

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND
 40 Fountain Street, 1st Floor
 Providence, RI 02903 - 1854
 Office (401) 457-3900, Fax (401) 222-2430
 Email: ersri@ersri.org Web Site: www.ersri.org

ERSRI

MONTHLY NOTIFICATION OF
 POST-RETIREMENT EMPLOYMENT

2012 JUN - 7 PM 1:07

Instructions: Please print or type in black ink. Please return completed form to ERSRI. Your promptness is appreciated.

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REPORTING AGENCY / DEPARTMENT / SCHOOL / CITY OR TOWN

REPORTING AGENCY

Little Compton School Dept.

TELEPHONE NUMBER

635-2351

RETIREE DATA

FIRST NAME

KATHRYN

MI

M.

LAST NAME

CROWLEY

SOCIAL SECURITY NUMBER

[REDACTED]

RETIREE IS:
 (CHECK ONE)

SUBSTITUTE TEACHER (CERTIFIED POSITION)

MUNICIPAL EMPLOYEE

TEACHER EMPLOYED IN A VACANT POSITION

INSTRUCTOR AT STATE SCHOOL OR COLLEGE OR REGISTERED NURSE

*PROVIDE COPY OF GOOD FAITH HIRING LETTER FROM DEPT

MONTHLY REPORTING OF EMPLOYMENT

MONTH/YEAR
 REPORTED

[REDACTED]

CHECK REPORTING METHOD (SEE ABOVE) AND COMPLETE 1 COLUMN

DAYS

DOLLARS

LIST ALL DAYS WORKED THIS MONTH AND DATE ACTUAL DATES WORKED

May 2, 8, 9, 18, 23, 30

GROSS DOLLARS
 REPORTED THIS MONTH

\$

LIST 2 DAYS (3 HOURS OR LESS) WORKED THIS MONTH AND DATE ACTUAL DATES WORKED

TOTAL GROSS DOLLARS
 REPORTED THIS YEAR

\$

TOTAL NUMBER OF DAYS WORKED THIS MONTH

7

OFFICIAL'S AND RETIREE'S STATEMENT AND SIGNATURE

Warning: Do not give above information to banks and credit agencies or other individuals.

OFFICIAL'S SIGNATURE

Cheryl Sylvia

PRINT NAME

Cheryl Sylvia

RETIREE'S SIGNATURE

Kathryn M. Crowley

DATE OF SIGNATURE (mm/dd/yyyy)

5/13/12

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND
 40 Fountain Street, 1st Floor
 Providence, RI 02903 - 1854
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 Email: ersri@ersri.org Web Site: www.ersri.org

**MONTHLY NOTIFICATION OF
 POST-RETIREMENT EMPLOYMENT**

RD

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REPORTING AGENCY / DEPARTMENT / SCHOOL / CITY OR TOWN

REPORTING AGENCY: Little Compton Schools TELEPHONE NUMBER: 635-2351

RETIREE DATA

FIRST NAME: KATHryn MI: M. LAST NAME: CROWLEY SOCIAL SECURITY NUMBER: [REDACTED]

RETIREE IS: (CHECK ONE)
 SUBSTITUTE TEACHER (CERTIFIED POSITION) MUNICIPAL EMPLOYEE
 TEACHER EMPLOYED IN A VACANT POSITION INSTRUCTOR AT STATE SCHOOL OR COLLEGE OR REGISTERED NURSE
*PROVIDE COPY OF GOOD FAITH HIRING LETTER FROM DEPT

REPORTING PERIOD AND METHOD

REPORTING PERIOD: June 2012 CHECK REPORTING METHOD (SEE ABOVE) AND COMPLETE 1 COLUMN:
 DAYS DOLLARS

REPORTING PERIOD: 6/5, 6/6, 6/12, 6/15 REPORTED THIS MONTH: \$

REPORTING PERIOD: [BLANK] REPORTED THIS MONTH: \$

REPORTING PERIOD: 4 REPORTED THIS MONTH: \$

OFFICIAL'S AND RETIREE'S STATEMENT AND SIGNATURE

OFFICIAL'S SIGNATURE: [Signature] PRINT NAME: Cheryl Sylva
 RETIREE'S SIGNATURE: Kathryn M. Crowley DATE OF SIGNATURE (mm/dd/ccyy): 6/30/12

2 JUN 22 AM 11:56
 ERSRI

Wilbur & McMahon Schools

28 Commons - P.O. Box 178
Little Compton, Rhode Island 02837-0178
Telephone: (401) 635-2351 (401) 635-9593
FAX: (401) 635-2191
www.littlecomptonschools.org
TTI/VOICE RELAY / 800-RI55555

Joao Arruda
Principal

Kathryn M. Crowley
Superintendent

June 30, 2012

ERSRI
50 Service Avenue (2nd fl.)
Warwick, RI 02886

To Whom it May Concern:

Please accept this letter as evidence of our Good Faith Effort required under Law: RIGL: 16-16-24 when hiring a retired employee. Kathryn M. Crowley was hired as a Part-time Superintendent for the school year 2012-2013.

After a job search using SchoolSpring, screening qualified candidates and interviewing qualified candidates with a School Committee appointed search committee a suitable candidate for our district was not found. It was determined that Kathryn M. Crowley held the qualifications that our district needed on a Part-time basis for school year 2012-13.

If you have further questions, please feel free to contact me at (401)635-2351 ext. 1500.

Sincerely,



Cheryl A. Sylvia
Director of Human Resources

cc: Union President

If special accommodations are needed, please call 635-9593 at least seventy-two (72) hours in advance. The Little Compton School Department does not discriminate on the basis of age, sex, race, religion, national origin, color or disability in accordance with applicable laws and regulations.

20

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND
40 Fountain Street, 1st Floor
Providence, RI 02903 - 1854
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MONTHLY NOTIFICATION OF POST-RETIREMENT EMPLOYMENT

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REPORTING AGENCY / DEPARTMENT / SCHOOL / CITY OR TOWN

REPORTING AGENCY

Little Compton

TELEPHONE NUMBER

635-2351

RETIREE DATA

FIRST NAME

Kathryn Crowley

MI

M

LAST NAME

Crowley

SOCIAL SECURITY NUMBER

RETIREE IS:
(CHECK ONE)

SUBSTITUTE TEACHER (CERTIFIED POSITION)

MUNICIPAL EMPLOYEE

TEACHER EMPLOYED IN A VACANT POSITION
*PROVIDE COPY OF GOOD FAITH HIRING LETTER FROM DEPT

INSTRUCTOR AT STATE SCHOOL OR COLLEGE OR REGISTERED NURSE

MONTHLY REPORTING OF EMPLOYMENT

MONTHLY YEAR REPORTED

August

CHECK REPORTING METHOD (SEE ABOVE) AND COMPLETE 1 COLUMN

DAYS

DOLLARS

DATE WHEN WORKED THIS MONTH (INDICATE START AND END DATES)

8/27, 8/29

GROSS DOLLARS REPORTED THIS MONTH

\$

LIST DAYS (OR HOURS OR LESS) WORKED THIS MONTH (INDICATE START AND END DATES)

TOTAL GROSS DOLLARS REPORTED THIS MONTH

\$

TOTAL NUMBER OF DAYS WORKED THIS MONTH

(2)

OFFICIAL'S AND RETIREE'S STATEMENT AND SIGNATURE

We hereby certify the above information to be true and correct based upon our official records.

OFFICIAL'S SIGNATURE

[Signature]

PRINT NAME:

Sheryl A. Sylvia

RETIREE'S SIGNATURE

[Signature]

DATE OF SIGNATURE (mm/dd/yyyy)

8/31/12

9/4/12
1st day
school



20

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND

40 Fountain Street, 1st Floor
Providence, RI 02903-1854
Office (401) 457-3900, Fax (401) 222-2430
Email: ersri@ersri.org Web Site: www.ersri.org

MONTHLY NOTIFICATION OF POST-RETIREMENT EMPLOYMENT

Instructions: Please print or type in black ink. Please return completed forms to ERSRI. Your promptness is appreciated.

Any employment or re-employment may begin no earlier than 30 days after retirement.

Rhode Island General Law allows members who retired under the provisions of Title 16, 36, or 45 to be employed or re-employed by any municipality within the state, with certain restrictions. Only one type of employment is allowed.

ERSRI or MERS retirees may work for a participating municipality for no more than 75 working days or 150 half-days in a calendar year. For MERS retirees working for a school department, days shall be counted according to a school year of September 1st through August 31st.

ERSRI or MERS retirees may substitute teach for a period of not more than 90 days or 180 half-days in any one school year. A school year shall be counted from September 1st through August 31st. Or, ERSRI teacher retirees may be hired to fill a vacant teaching position, including coaching or tutoring, for not more than 90 days if the school department certifies in writing that they have made a good faith effort to fill the position with a non-retired person.

ERSRI or MERS retirees may be employed by any state college, university or state school for the purpose of providing classroom instruction, academic advising of students and/or coaching; retired registered nurses may be employed on a per diem basis to provide nursing care/service at a state facility. In no event shall gross wages exceed fifteen thousand (\$15,000) in any one calendar year for teaching employment, or twelve thousand (\$12,000) for nursing.

Pension payments shall be suspended whenever applicable restrictions are exceeded. No additional contributions shall be taken and no additional service credits shall be granted for post-retirement service. Notice of employment shall be sent monthly to the retirement board by the employer and the retired member; this completed form shall suffice as notice.

REPORTING AGENCY / DEPARTMENT / SCHOOL / CITY OR TOWN

REPORTING AGENCY
Little Compton Schools

TELEPHONE NUMBER
401-635-2351

RETIREE DATA

First Name: Kathryn MI: M Last Name: Crowley Social Security Number: [Redacted]

RETIREE IS: (CHECK ONE)
 SUBSTITUTE TEACHER (CERTIFIED POSITION) MUNICIPAL EMPLOYEE REGISTERED NURSE
 TEACHER EMPLOYED IN A VACANT POSITION - COPY OF GOOD FAITH HIRING LETTER FROM DEPARTMENT IS REQUIRED INSTRUCTOR AT A STATE SCHOOL OR COLLEGE

MONTHLY REPORTING PERIOD: October, 2012
CHECK APPROPRIATE REPORTING METHOD AND COMPLETE SECTION BELOW
 DAYS OR DOLLARS

LIST ALL DAYS WORKED IN MONTH	AMOUNT REPORTED
10/2, 10/4, 10/9, 10/11, 10/16, 10/18	
10/23, 10/25	\$
TOTAL NUMBER OF DAYS WORKED IN MONTH: 8	\$

OFFICIAL'S AND RETIREE'S STATEMENT AND SIGNATURE

Official's Signature: [Signature] PRINT NAME: Cheryl A. Sylvia
Retiree's Signature: [Signature] DATE OF SIGNATURE (mm/dd/yyyy): 10/31/12

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND
 40 Fountain Street, 1st Floor
 Providence, RI 02903-1854
 Office (401) 457-3900, Fax (401) 222-2430
 Email: ersri@ersri.org Web Site: www.ersri.org

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REPORTING AGENCY / DEPARTMENT / SCHOOL / CITY OR TOWN

REPORTING AGENCY

Little Compton

TELEPHONE NUMBER

701-255-2351 ext 417

RETIREE DATA

First Name: Kathryn MI: M. Last Name: Cowley Social Security Number: [REDACTED]

RETIREE IS: (CHECK ONE)
 SUBSTITUTE TEACHER (CERTIFIED POSITION) MUNICIPAL EMPLOYEE REGISTERED NURSE
 TEACHER EMPLOYED IN A VACANT POSITION - COPY OF GOOD FAITH HIRING LETTER FROM DEPARTMENT IS REQUIRED INSTRUCTOR AT A STATE SCHOOL OR COLLEGE

DATE OF REPORTING: November 2012

CHECK APPROPRIATE REPORTING METHOD AND COMPLETE SECTION BELOW

DAYS OR DOLLARS

DATE	AMOUNT REPORTED
<u>11/6, 11/7, 11/13, 11/14, 11/30</u>	\$
	\$
	\$
	\$
	\$
	\$
TOTAL AMOUNT REPORTED (DAYS REPORTED: <u>5</u>)	\$

OFFICIAL'S AND RETIREE'S STATEMENT AND SIGNATURE

OFFICIAL'S SIGNATURE: [Signature] PRINT NAME: Theresa A. Sylvia
 RETIREE'S SIGNATURE: [Signature] DATE OF SIGNATURE (mm/dd/yyyy): 11/30/12

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND
 50 Service Avenue, 2nd Floor
 Warwick, RI 02886
 Office: (401) 462-7600 Fax: (401) 462-7691
 Email: ersri@ersri.org Web Site: www.ersri.org

ERSRI

MONTHLY NOTIFICATION OF POST-RETIREMENT EMPLOYMENT

RD

2013 JAN -8 PM 12:00

Instructions: Please print or type in black ink. Please return completed forms to ERSRI. Your promptness is appreciated.
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REPORTING AGENCY / DEPARTMENT / SCHOOL / CITY OR TOWN
 REPORTING AGENCY: Little Panamton Schools

TELEPHONE NUMBER: 401-635-2351 ext 416

RETIREE DATA
 First Name: Kathryn MI: M Last Name: Crowley Social Security Number: [redacted]

RETIREE IS (CHECK ONE):
 SUBSTITUTE TEACHER (CERTIFIED POSITION)
 MUNICIPAL EMPLOYEE
 REGISTERED NURSE
 TEACHER EMPLOYED IN A VACANT POSITION - COPY OF GOOD FAITH HIRING LETTER FROM DEPARTMENT IS REQUIRED
 INSTRUCTOR AT A STATE SCHOOL OR COLLEGE

MONTHLY REPORTING OF EMPLOYMENT (DAYS OR DOLLARS) MONTH/YEAR REPORTED: December 2012
 CHECK APPROPRIATE REPORTING METHOD AND COMPLETE SECTION BELOW
 DAYS OR DOLLARS

LIST FULL DAYS WORKED THIS MONTH (INDICATE ACTUAL DATES WORKED):
 12/4, 12/5, 12/11, 12/12, 12/18, 12/19
 GROSS DOLLARS REPORTED THIS MONTH: \$

LIST HALF-DAYS WORKED THIS MONTH (3 HOURS OR LESS) (INDICATE ACTUAL DATES WORKED):
 TOTAL GROSS DOLLARS REPORTED THIS YEAR: \$

TOTAL NUMBER OF DAYS WORKED THIS MONTH: 6

OFFICIAL'S AND RETIREE'S STATEMENT AND SIGNATURE
 We hereby certify the above information to be true and correct based upon our official records.
 OFFICIAL'S SIGNATURE: Cheryl A. Sylwia
 RETIREE'S SIGNATURE: Kathryn M. Crowley
 PRINT NAME: Cheryl A. Sylwia
 DATE OF SIGNATURE: 1/7/13

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND
 30 Service Avenue, 2nd Floor
 Warwick, RI 02886
 Office (401) 462-7600 Fax (401) 462-7691
 Email: ersri@ersri.org Web Site: www.ersri.org

ERSRI

**MONTHLY NOTIFICATION OF
 POST-RETIREMENT EMPLOYMENT**

RO

2013 JAN - 8 PM 12:10

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REPORTING AGENCY / DEPARTMENT / SCHOOL / CITY OR TOWN

REPORTING AGENCY: Little Panamton Schools TELEPHONE NUMBER: 401-635-2351 ext 416

RETIREE DATA

First Name: Kathryn MI: M Last Name: Crowley Social Security Number: [REDACTED]

RETIREE IS (CHECK ONE):
 SUBSTITUTE TEACHER (CERTIFIED POSITION) MUNICIPAL EMPLOYEE REGISTERED NURSE
 TEACHER EMPLOYED IN A VACANT POSITION - COPY OF GOOD FAITH HIRING LETTER FROM DEPARTMENT IS REQUIRED INSTRUCTOR AT A STATE SCHOOL OR COLLEGE

MONTHLY REPORTING OF EMPLOYMENT (DAYS OR DOLLARS)

MONTH/YEAR REPORTED: December 12

CHECK APPROPRIATE REPORTING METHOD AND COMPLETE SECTION BELOW
 DAYS OR DOLLARS

LIST FULL DAYS WORKED THIS MONTH. INDICATE ACTUAL DATES WORKED.	GROSS DOLLARS REPORTED THIS MONTH
	\$
LIST HALF-DAYS WORKED THIS MONTH (3 HOURS OR LESS). INDICATE ACTUAL DATES WORKED.	TOTAL GROSS DOLLARS REPORTED THIS YEAR
	\$
TOTAL NUMBER OF DAYS WORKED THIS MONTH: _____	

OFFICIAL'S AND RETIREE'S STATEMENT AND SIGNATURE

We hereby certify the above information to be true and correct based upon our official records.

OFFICIAL SIGNATURE: [Signature] PRINT NAME: Cheryl A. Sylvia
 RETIREE SIGNATURE: [Signature] DATE OF SIGNATURE (mm/dd/yyyy): 1/1/13

20

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND
100 Service Avenue, 2nd Floor
Providence, RI 02886
Phone (401) 452-7600 Fax (401) 462-7691
Email: ersri@ersri.org Web Site: www.ersri.org

MONTHLY NOTIFICATION OF POST-RETIREMENT EMPLOYMENT

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REPORTING AGENCY / DEPARTMENT / SCHOOL / CITY OR TOWN

REPORTING AGENCY: Little Compton Schools TELEPHONE NUMBER: 401-924-3828

RETIREE DATA

First Name: Kathryn MI: M. Last Name: Crowley Social Security Number: [REDACTED]
RETIREE'S (CHECK ONE):
 SUBSTITUTE TEACHER (CERTIFIED POSITION) MUNICIPAL EMPLOYEE REGISTERED NURSE
 TEACHER EMPLOYED IN A VACANT POSITION - COPY OF GOOD FAITH HIRING LETTER FROM DEPARTMENT IS REQUIRED INSTRUCTOR AT A STATE SCHOOL OR COLLEGE

MONTHLY REPORTING OF LEVY OF TIME (DAYS OR DOLLARS) REPORTED YEAR: August

CHECK APPROPRIATE REPORTING METHOD AND COMPLETE SECTION BELOW
 DAYS OR DOLLARS

LIST FULL DAYS WORKED THIS MONTH (INDICATE ACTUAL DATES WORKED):
8/14/13, 8/28/13, 8/29/13 GROSS DOLLARS REPORTED THIS MONTH: \$

LIST HALF-DAYS WORKED THIS MONTH (3 HOURS OR LESS; INDICATE ACTUAL DATES WORKED):
TOTAL GROSS DOLLARS REPORTED THIS YEAR: \$

TOTAL NUMBER OF DAYS WORKED THIS MONTH: 3

OFFICIAL'S AND RETIREE'S STATEMENT AND SIGNATURE

We hereby certify the above information to be true and correct based upon our official records.
OFFICIAL'S SIGNATURE: [Signature] PRINT NAME: Sheryl Sylvia
RETIREE'S SIGNATURE: [Signature] DATE OF SIGNATURE (mm/dd/yyyy): 9/04/2013

Wilbur & McMahon Schools

28 Commons - P.O. Box 178
Little Compton, Rhode Island 02837-0178
Telephone: (401) 635-2351 (401) 635-9593
FAX: (401) 635-2191
www.littlecomptonschools.org
TII/VOICE RELAY / 800-RI55555

Joao Arruda
Principal

Kathryn M. Crowley
Superintendent

June 30, 2013

ERSRI
50 Service Avenue (2nd fl.)
Warwick, RI 02886-1021

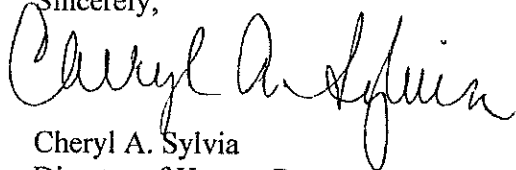
To Whom it May Concern:

Please accept this letter as evidence of our Good Faith Effort required under Law: RIGL: 16-16-24 when hiring a retired employee. Kathryn M. Crowley was hired as a Part-time Superintendent for the school year 2013-14.

After a job search using SchoolSpring, screening qualified candidates and interviewing qualified candidates with a School Committee appointed search committee a suitable candidate for our district was not found. It was determined that Kathryn M. Crowley held the qualifications that our district needed on a Part-time basis for school year 2013-14.

If you have further questions, please feel free to contact me at (401)635-2351 ext. 1500.

Sincerely,



Cheryl A. Sylvia
Director of Human Resources

cc: Union President

If special accommodations are needed, please call 635-9593 at least seventy-two (72) hours in advance. The Little Compton School Department does not discriminate on the basis of age, sex, race, religion, national origin, color or disability in accordance with applicable laws and regulations.



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Email: ersri@ersri.org Web Site: www.ersri.org

MONTHLY NOTIFICATION OF POST-RETIREMENT EMPLOYMENT

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REPORTING AGENCY / DEPARTMENT / SCHOOL / CITY OR TOWN

REPORTING AGENCY: Little Compton School TELEPHONE NUMBER: _____

RETIREE DATA

First Name: Kathryn MI: M Last Name: Crowley Social Security Number: ██████████

RETIRED AS (CHECK ONE):
 SUBSTITUTE TEACHER (CERTIFIED POSITION) MUNICIPAL EMPLOYEE REGISTERED NURSE
 TEACHER EMPLOYED IN A VACANT POSITION - COPY OF GOOD FAITH HIRING LETTER FROM DEPARTMENT IS REQUIRED INSTRUCTOR AT A STATE SCHOOL OR COLLEGE

MONTHLY REPORTING OF EMPLOYMENT (DAYS OR DOLLARS) MONTH YEAR REPORTED: September
CHECK APPROPRIATE REPORTING METHOD AND COMPLETE SECTION BELOW
 DAYS OR DOLLARS

LIST FULL DAYS WORKED THIS MONTH (INDICATE ALL DAYS WORKED) GROSS DOLLARS REPORTED THIS MONTH
Sept 3, 5, 10, 11, 12, 17, 18, 19 \$ _____

LIST HALF-DAYS WORKED THIS MONTH (SHOWS OF LESS INDICATE SPECIAL DUTY WORKERS) TOTAL GROSS DOLLARS REPORTED THIS YEAR
\$ _____

TOTAL NUMBER OF DAYS WORKED THIS MONTH: (8)

OFFICIAL'S AND RETIREE'S STATEMENT AND SIGNATURE

We hereby certify the above information to be true and correct based upon our official records.

OFFICIAL SIGNATURE: Cheryl Sykes PRINT NAME: Cheryl Sykes

RETIREE SIGNATURE: Kathryn M. Crowley DATE OF SIGNATURE: 9/27/13

20

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND
 100 Service Avenue, 2nd Floor
 Pawtucket, RI 02886
 Phone: (401) 462-7600 Fax: (401) 462-7691
 Email: members@ersri.org Web Site: www.ersri.org

MONTHLY NOTIFICATION OF POST-RETIREMENT EMPLOYMENT

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REPORTING AGENCY / DEPARTMENT / SCHOOL / CITY OR TOWN

REPORTING AGENCY: Little Compton School TELEPHONE NUMBER: 401-924

RETIREE DATA

First Name: Kathryn MI: M Last Name: Crowley Social Security Number: [REDACTED]

RETIREMENT (CHECK ONE):
 SUBSTITUTE TEACHER (CERTIFIED POSITION) MUNICIPAL EMPLOYEE REGISTERED NURSE
 TEACHER EMPLOYED IN A VACANT POSITION - COPY OF GOOD FAITH HIRING LETTER FROM DEPARTMENT IS REQUIRED INSTRUCTOR AT A STATE SCHOOL OR COLLEGE

MONTHLY REPORTING OF EMPLOYMENT (DAYS OR DOLLARS) MONTH/YEAR REPORTED: October 2013

CHECK APPROPRIATE REPORTING METHOD AND COMPLETE SECTION BELOW
 DAYS OR DOLLARS

LIST FULL DAYS WORKED THIS MONTH (INDICATE ACTUAL DATES WORKED):
10/24, 10/29, 10/30, 10/31
10/22

GROSS DOLLARS REPORTED THIS MONTH: \$

LIST HALF-DAYS WORKED THIS MONTH (3 HOURS OR LESS; INDICATE ACTUAL DATES WORKED)

TOTAL GROSS DOLLARS REPORTED THIS YEAR: \$

TOTAL NUMBER OF DAYS WORKED THIS MONTH: 5

OFFICIAL'S AND RETIREE'S STATEMENT AND SIGNATURE

We hereby certify the above information to be true and correct based upon our official records.

OFFICIAL'S SIGNATURE: [Signature] PRINT NAME: Kathryn M. Crowley
 RETIREE'S SIGNATURE: [Signature] DATE OF SIGNATURE: 11/1/13

NAME: Kathryn M. Crowley

RA

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND
100 Service Avenue, 2nd Floor
Providence, RI 02886
Phone: (401) 462-7600 Fax (401) 462-7691
Email: ersri@ersri.org Web Site: www.ersri.org

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REPORTING AGENCY / DEPARTMENT / SCHOOL / CITY OR TOWN

REPORTING AGENCY: Little Compton Schools TELEPHONE NUMBER: 401-924-3828

RETIREE DATA

First Name: Esther Last Name: Chowley Social Security Number: [REDACTED]

RETIREE STATUS (CHECK ONE):
 SUBSTITUTE TEACHER (CERTIFIED POSITION) MUNICIPAL EMPLOYEE REGISTERED NURSE
 TEACHER EMPLOYED IN A VACANT POSITION - COPY OF GOOD FAITH HIRING LETTER FROM DEPARTMENT IS REQUIRED INSTRUCTOR AT A STATE SCHOOL OR COLLEGE

MONTHLY REPORTING OF EMPLOYMENT: DAYS OR DOLLARS
MONTHLY YEAR REPORTED: November 2013
CHECK APPROPRIATE REPORTING METHOD AND COMPLETE SECTION BELOW
 DAYS OR DOLLARS

LIST FULL DAYS WORKED THIS MONTH (INDICATE ACTUAL DATES WORKED):
11/5, 11/7, 11/12, 11/13, 11/14, 11/18
11/19, 11/20

LIST HALF-DAYS WORKED THIS MONTH (3 HOURS OR LESS); INDICATE ACTUAL DATES WORKED:
GROSS DOLLARS REPORTED THIS MONTH: \$

TOTAL GROSS DOLLARS REPORTED THIS YEAR: \$

OFFICIAL'S AND RETIREE'S STATEMENT AND SIGNATURE

We hereby certify the above information to be true and correct based upon our official records.
OFFICIAL SIGNATURE: [Signature] PRINT NAME: Christina A. Sylvan
RETIREE SIGNATURE: [Signature] DATE OF SIGNATURE (MM/DD/YY): 11/21/13

D [Redacted]

RO

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND
100 Service Avenue, 2nd Floor
Providence, RI 02886
Phone: (401) 462-7600 Fax: (401) 462-7691
Email: ersri@ersri.org Web Site: www.ersri.org

MONTHLY NOTIFICATION OF POST-RETIREMENT EMPLOYMENT

Instructions: Please print or type in black ink. Please return completed forms to ERSRI. Your promptness is appreciated.
Any employment or re-employment may begin no earlier than 30 days after retirement.

Rhode Island General Law allows members who retired under the provisions of Title 16, 36, or 45 to be employed or re-employed by any municipality within the state, with certain restrictions. Only one type of employment is allowed.

ERSRI or MERS retirees may work for a participating municipality for no more than 75 working days or 150 half-days in any calendar year. For MERS retirees working for a school department, days shall be counted according to a school year beginning September 1st through August 31st.

ERSRI or MERS retirees may substitute teach for a period of not more than 90 days or 180 half-days in any one school year. A school year is generally Sept. 1 through Aug. 31, but may vary by department. Or, ERSRI teacher retirees may be hired to fill a vacant teaching position, including coaching or tutoring, for not more than 90 days if the school department certifies in writing that they have made a good faith effort to fill the position with a non-retired person.

ERSRI or MERS retirees may be employed by any state college, university or state school for the purpose of providing classroom instruction, academic advising of students and/or coaching; retired registered nurses may be employed on a per diem basis to provide nursing care/service at a state facility. In no event shall gross wages exceed fifteen thousand (\$15,000) in any one calendar year for teaching employment, or twelve thousand (\$12,000) for nursing.

Payment payments shall be suspended whenever applicable restrictions are exceeded. No additional contributions shall be taken and no additional service credits shall be granted for post-retirement service. Notice of employment shall be sent in writing to the retirement board by the employer and the retired member; this completed form shall suffice as notice.

REPORTING AGENCY / DEPARTMENT / SCHOOL / CITY OR TOWN

REPORTING AGENCY: Little Compton TELEPHONE NUMBER: _____

RETIREE DATA

First Name: Kathryn M Last Name: Cowley Social Security Number: [Redacted]

RETIRED AS (CHECK ONE):
 SUBSTITUTE TEACHER (CERTIFIED POSITION) MUNICIPAL EMPLOYEE REGISTERED NURSE
 TEACHER EMPLOYED IN A VACANT POSITION - COPY OF GOOD FAITH HIRING LETTER FROM DEPARTMENT IS REQUIRED INSTRUCTOR AT A STATE SCHOOL OR COLLEGE

MONTHLY REPORTING OF EMPLOYMENT (FULL DAYS OR HALF-DAYS) FOR MONTH YEAR: July 2014

CHECK APPROPRIATE REPORTING METHOD AND COMPLETE SECTION BELOW
 DAYS OR DOLLARS

LIST FULL DAYS WORKED THIS MONTH (INDICATE ACQUISITIVE WORK) 7/9/14
GROSS DOLLARS REPORTED THIS MONTH: \$

LIST HALF-DAYS WORKED THIS MONTH (3 HOURS OR LESS) (INDICATE ACQUISITIVE WORK)
GROSS DOLLARS REPORTED THIS YEAR: \$

TOTAL NUMBER OF DAYS WORKED THIS MONTH: 1

EMPLOYER'S AND RETIREE'S STATEMENT AND SIGNATURE

We hereby certify the above information to be true and correct. See upon our official records.

EMPLOYER'S SIGNATURE: [Signature] PRINT NAME: Cheryl Surber
DATE OF SIGNATURE: 8/13/14

Wilbur & McMahon Schools

28 Commons - P.O. Box 178
Little Compton, Rhode Island 02837-0178
Telephone: (401) 635-2351 (401) 635-9593
FAX: (401) 635-2191
www.littlecomptonschools.org
TTI/VOICE RELAY / 800-RI55555

Joao Arruda
Principal

Kathryn M. Crowley
Superintendent

June 30, 2014

ERSRI
50 Service Avenue (2nd fl.)
Warwick, RI 02886-1021

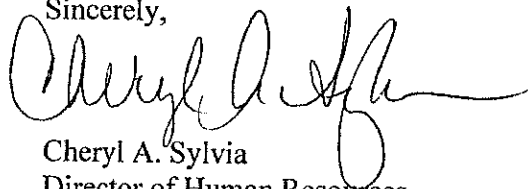
To Whom it May Concern:

Please accept this letter as evidence of our Good Faith Effort required under Law: RIGL: 16-16-24 when hiring a retired employee. Kathryn M. Crowley was hired as a Part-time Superintendent for the school year 2014-15.

After a job search using SchoolSpring, screening qualified candidates and interviewing qualified candidates with a School Committee appointed search committee a suitable candidate for our district was not found. It was determined that Kathryn M. Crowley held the qualifications that our district needed on a Part-time basis for school year 2014-15.

If you have further questions, please feel free to contact me at (401)635-2351 ext. 1500.

Sincerely,



Cheryl A. Sylvia
Director of Human Resources

cc: Union President

If special accommodations are needed, please call 635-9593 at least seventy-two (72) hours in advance. The Little Compton School Department does not discriminate on the basis of age, sex, race, religion, national origin, color or disability in accordance with applicable laws and regulations.

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND
 60 Service Avenue, 2nd Floor
 Pawtucket, RI 02886
 Phone: (401) 462-7600 Fax: (401) 462-7691
 Email: ersri@ersri.org Web Site: www.ersri.org

ERSRI

MONTHLY NOTIFICATION OF
 POST-RETIREMENT EMPLOYMENT

2014 OCT -2 PM 3:32

20

Instructions: Please print or type in black ink. Please return completed forms to ERSRI. Your promptness is appreciated.

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ERSRI or MERS retirees may substitute a school for a period of not more than 90 days or 180 half-days in any one school year. A "school year" is generally Sept. 1 through Aug. 31, but may vary by department. Or, ERSRI teacher retirees may be hired to fill a vacant teaching position, including coaching or tutoring, for not more than 90 days if the school department certifies in writing that they have made a good faith effort to fill the position with a non-retired person.

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Pension payments shall be suspended whenever applicable restrictions are exceeded. No additional contributions shall be taken and no additional service credits shall be granted for post-retirement service. Notice of employment shall be sent monthly to the retirement board by the employer and the retired member; this completed form shall suffice as notice.

2015 APR 30 AM 11:14
 ERSRI

REPORTING AGENCY / DEPARTMENT / SCHOOL / CITY OR TOWN

REPORTING AGENCY: Littleton Elementary Schools TELEPHONE NUMBER: 401-924-3828

RETIREE DATA

FIRST NAME: Keithryn LAST NAME: McCrowley

RETIRED AS: SUBSTITUTE TEACHER (CERTIFIED POSITION) MUNICIPAL EMPLOYEE REGISTERED NURSE
 TEACHER EMPLOYED IN A VACANT POSITION - COPY OF GOOD FAITH WRITING LETTER FROM DEPARTMENT IS REQUIRED INSTRUCTOR AT A STATE SCHOOL OR COLLEGE

MONTHLY REPORTING OF EMPLOYMENT: DAYS (OR DOLLARS) REPORTED: Sept. 2014

CHECK APPROPRIATE REPORTING METHOD AND COMPLETE SECTION BELOW
 DAYS OR DOLLARS

9/2/14
 1 school day
 of 10

LIST FULL DAYS WORKED THIS MONTH (INDICATE HOURS):
9/2, 9/4, 9/8, 9/10

LIST HALF-DAYS WORKED THIS MONTH (HOURS ONLY):
9/15, 9/17, 9/23, 9/30

TOTAL NUMBER OF DAYS WORKED THIS MONTH: (8)

OFFICIAL'S AND RETIREE'S STATEMENT AND SIGNATURE

We hereby certify the above information to be true and correct based upon our official records.

OFFICIAL'S SIGNATURE: Cheryl A. Sulara RETIREE'S SIGNATURE: Keithryn McCrowley
 DATE OF SIGNATURE: 10/2/14



Employees Retirement System of Rhode Island

ERSRI

2014 NOV 26 AM 8:54

2015 APR 30 ERSRI AM 11:14

MONTHLY NOTIFICATION of POST-RETIREMENT EMPLOYMENT

ERSRI Board:

Paul J. Tavares
General Treasurer
Chairman

William B. Pinelli
Vice Chairman

Foszi A. Angelone

Daniel L. Beaidstey

Michael R. Boyce

Leslie E. Clark

Rep. Gordon D. Fox

John P. Maguire

John A. Marglison

Stephen McAllister

Sandra Murphy-Crowe

Michael O'Keefe

Linda C. Riendeau

M. Isael E. Reis

Sen. John M. Roney

Rhode Island General Law allows members who retired under the provisions of Titles 16, 36, or 45 to be employed or re-employed by any municipality within the state, with certain restrictions.

ERSRI or MERS retirees may work for a municipality for a period of not more than 75 working days or 150 half-days in a calendar year.

ERSRI retired teachers may substitute for an absent classroom teacher for a period of not more than 90 days or 180 half-days in any one school year. A school year shall be counted from September 1 through August 31st.

ERSRI or MERS retirees may be employed or re-employed, on a part-time basis, by any state college, university or state school for the purpose of providing classroom instruction, academic advising of students and/or coaching. In no event shall part-time mean gross pay of more than twelve thousand dollars (\$12,000) in any one calendar year.

Pension payments shall be suspended whenever applicable restrictions are exceeded. No additional contributions shall be taken and no additional service credits shall be granted for post-retirement service. Notice of employment shall be sent monthly to the retirement board by the employer and by the retired member; this completed form shall suffice as such notice.

Little Compton Schools | *401-800-635-2351*

Kathryn M. Crowley | *November 2014* **A**

RETIREE IS: SUBSTITUTE FOR ABSENT CLASSROOM TEACHER MUNICIPAL EMPLOYEE
 (CHECK ONE) ADMINISTRATIVE/GUIDANCE/OTHER FOR SCHOOL DEPT. INSTRUCTOR AT STATE SCHOOL OR COLLEGE

November CHECK REPORTING METHOD (SEE ABOVE) AND COMPLETE 1 COLUMN
 DAYS DOLLARS

<i>11/16/14</i>	<i>11/13/14, 11/18, 11/20, 11/21</i>	\$
<i>11/17/14</i>		\$

We hereby certify the above information to be true and correct and based upon official records:

Official's Signature: *Cheryl Schwin* Print Name: *Cheryl Schwin*
 Retiree's Signature: *Kathryn M. Crowley* Date: *11/16/14*

ERSRI

MONTHLY NOTIFICATION OF POST-RETIREMENT EMPLOYMENT

2015 APR 30 AM 11:14

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND
Service Avenue, 2nd Floor
Providence, RI 02885
Phone: (401) 462-7600 Fax: (401) 462-7691
Email: ersri@ersri.org Web Site: www.ersri.org

Instructions: Please print or type in black ink. Please return completed forms to ERSRI. Your promptness is appreciated.

Any employment or re-employment may begin no earlier than 30 days after retirement.

Rhode Island General Law allows members who retired under the provisions of Title 26, 35, or 45 to be employed or re-employed by any municipality within the state, with certain restrictions. Only one type of employment is allowed.

ERSRI MERS retirees may work for a participating municipality for no more than 75 working days or 150 half-days in a calendar year. For MERS retirees working for a school department, days shall be counted according to a school year of September 1st through August 31st.

ERSRI MERS retirees may substitute teach for a period of not more than 90 days or 180 half-days in any one school year. A "school year" is generally Sept. 1 through Aug. 31, but may vary by department. Or, ERSRI teacher retirees may be hired to fill a vacant teaching position, including coaching or tutoring, for not more than 90 days in the school department certifies in writing that they have made a good faith effort to fill the position with a non-retired person.

ERSRI MERS retirees may be employed by any state college, university or state school for the purpose of providing classroom instruction, academic advising of students and/or coaching; retired registered nurses may be employed on a per diem basis to provide nursing care/service at a state facility. In no event shall gross wages exceed fifteen thousand (\$15,000) in any one calendar year for teaching employment, or twelve thousand (\$12,000) for nursing.

Person payments shall be suspended whenever applicable restrictions are exceeded. No additional contributions shall be taken and no additional service credits shall be granted for post-retirement service. Notice of employment shall be sent monthly to the Retirement Board by the employer and the retired member; this completed form shall suffice as notice.

REPORTING AGENCY / DEPARTMENT / SCHOOL / CITY OR TOWN

2110 Wampanoag Schools TELEPHONE NUMBER 401-435-2351

RETIREE DATA

First Name: Bethany Last Name: Crowley Social Security Number: [Redacted]

RETIREMENT TYPE:
[] SUBSTITUTE TEACHER (CERTIFIED POSITION) [] MUNICIPAL EMPLOYEE [] REGISTERED NURSE
[] TEACHER EMPLOYED IN A VACANT POSITION - COPY OF GOOD FAITH HIRING LETTER FROM DEPARTMENT IS REQUIRED [] INSTRUCTOR AT A STATE SCHOOL OR COLLEGE

MONTHLY REPORTING OF EMPLOYMENT (DAYS OR DOLLARS) MONTH/YEAR REPORTED: Dec 2014

CHECK APPROPRIATE REPORTING METHOD AND COMPLETE SECTION BELOW
[] DAYS OR [] DOLLARS

ENTIRE FULL DAYS WORKED THIS MONTH (INDICATE ACTUAL DATE WORKED): Dec 2, 4, 10, 15, 16 GROSS DOLLARS REPORTED THIS MONTH: \$

LIST PARTIAL DAYS WORKED THIS MONTH IN HOURS OR LESS (INDICATE ACTUAL DATES WORKED): TOTAL GROSS DOLLARS REPORTED THIS YEAR: \$

TOTAL NUMBER OF DAYS WORKED THIS MONTH: 5

EMPLOYER'S AND RETIREE'S STATEMENT AND SIGNATURE

We hereby certify the above information to be true and correct based upon our official records.
Employer Signature: [Signature] Date of Signature: [Date]
Retiree Signature: [Signature]

ERSRI

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND
 100 Service Avenue, 2nd Floor
 Pawtucket, RI 02886
 Phone: (401) 462-7600 Fax: (401) 462-7691
 Email: ersri@ersri.org Web Site: www.ersri.org

MONTHLY NOTIFICATION OF
 POST-RETIREMENT EMPLOYMENT

2015 APR 30 AM 11:14
 ERSRI

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Payments shall be suspended whenever applicable restrictions are exceeded. No additional contributions shall be taken and no additional service credits shall be granted for post-retirement service. Notice of employment shall be sent monthly to the retirement board by the employer and the retired member; this completed form shall suffice as notice.

REPORTING AGENCY / DEPARTMENT / SCHOOL / CITY OR TOWN

REPORTING AGENCY: Little Compton Schools TELEPHONE NUMBER: 401-635-2351

RETIREE DATA

First Name: Kathryn Last Name: M. Crowley Social Security Number: [REDACTED]

RETIRED IN (CHECK ONE):
 SUBSTITUTE TEACHER (CERTIFIED POSITION) MUNICIPAL EMPLOYEE REGISTERED NURSE
 TEACHER EMPLOYED IN A VACANT POSITION - COPY OF GOOD FAITH HIRING LETTER FROM DEPARTMENT IS REQUIRED INSTRUCTOR AT A STATE SCHOOL OR COLLEGE

MONTHLY REPORTING OF EMPLOYMENT (DAYS OR DOLLARS) MONTH/YEAR REPORTED: January 2015

CHECK APPROPRIATE REPORTING METHOD AND COMPLETE SECTION BELOW
 DAYS OR DOLLARS

LIST FULL DAYS WORKED THIS MONTH. INDICATE ACTUAL DATES WORKED: Jan 6, 8, 13, 14, 15, 22, 29 GROSS DOLLARS REPORTED THIS MONTH: \$

LIST HALF DAYS WORKED THIS MONTH (3 HOURS OR LESS). INDICATE ACTUAL DATES WORKED: TOTAL GROSS DOLLARS REPORTED THIS YEAR: \$

TOTAL NUMBER OF DAYS WORKED THIS MONTH: 7

OFFICIAL'S AND RETIREE'S STATEMENT AND SIGNATURE

We hereby certify the above information to be true and correct based upon our official records.

OTHER SIGNATURE: [Signature] PRINT NAME: Michael Sullivan
 RETIREE SIGNATURE: [Signature] DATE OF SIGNATURE (MM/YY/CCYY): 1/30/15



Employees Retirement System of Rhode Island

ERSRI

2015 MAR -3 AM 10: 58

2015 APR 30

ERSRI AM 11: 15

MONTHLY NOTIFICATION of POST-RETIREMENT EMPLOYMENT

ERSRI Board:

Rhode Island General Law allows members who retired under the provisions of Titles 16, 36, or 45 to be employed or re-employed by any municipality within the state, with certain restrictions.

Paul J. Tavares
General Treasurer
Chairman

ERSRI or MERS retirees may work for a municipality for a period of not more than 75 working days or 150 half-days in a calendar year.

William B. Finelli
Vice Chairman

ERSRI retired teachers may substitute for an absent classroom teacher for a period of not more than 90 days or 180 half-days in any one school year. A school year shall be counted from September 1 through August 31st.

Ponzi A. Angelone
Daniel L. Beardsley

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Michael R. Boyce
Leslie B. Clark

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Rep. Gordon D. Fox

REPORTING AGENCY/DEPARTMENT/SCHOOL/CITY/TOWN: Little Compton Schools 1401-635-2951

John P. Maguire

RETIREE NAME(S): Kathryn M. Crowley February 2015

John A. Marginson

Stephen McAllister

RETIREE IS: SUBSTITUTE FOR ABSENT CLASSROOM TEACHER MUNICIPAL EMPLOYEE
 ADMINISTRATIVE/GUIDANCE/OTHER FOR SCHOOL DEPT. INSTRUCTOR AT STATE SCHOOL OR COLLEGE

Sandra Murphy Crowe

Michael O'Kuefe

Linda C. Riendeau

Michael E. Reis

Sen. John M. Roney

MONTHLY REPORTING EMPLOYMENT
MONTH/YEAR REPORTED: February CHECK REPORTING METHOD (SEE ABOVE) AND COMPLETE 1 COLUMN
 DAYS DOLLARS
LIST FULL DAYS WORKED THIS MONTH, INDICATE ACTUAL DATES WORKED:
2/3, 2/4, 2/9, 2/12
2/16, 2/26
LIST 1/2 DAYS (3 HOURS OR LESS) WORKED THIS MONTH, INDICATE ACTUAL DATES:
TOTAL NUMBER OF DAYS WORKED THIS MONTH: 6

OFFICIAL'S AND RETIREE'S STATEMENT AND SIGNATURE

We hereby certify the above information to be true and correct and based upon official records.

Official's Signature: [Signature] Print Name: Caryl Sylvia
Retiree's Signature: [Signature] Date: 2/27/2015

For Retirement-800-36

ERSRI

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND
 100 Service Avenue, 2nd Floor
 Pawtucket, RI 02886
 Phone: (401) 462-7600 Fax: (401) 462-7691
 Email: ersri@ersri.org Web Site: www.ersri.org

2015 MAR MONTHLY NOTIFICATION OF
 POST-RETIREMENT EMPLOYMENT

2015 APR 30 AM 11:15
 ERSRI

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REPORTING AGENCY / DEPARTMENT / SCHOOL / CITY OR TOWN

REPORTING AGENCY: Littleton Schools TELEPHONE NUMBER: 401-635-2351

RETIREE DATA

First Name: Kathryn MI: M. Last Name: Crowley

RETIRED AS: SUBSTITUTE TEACHER (CERTIFIED POSITION) MUNICIPAL EMPLOYEE INSTRUCTOR AT A STATE SCHOOL OR COLLEGE
 TEACHER EMPLOYED IN A VACANT POSITION - COPY OF GOOD FAITH HIRING LETTER FROM DEPARTMENT IS REQUIRED

MONTHLY REPORTING OF EMPLOYMENT (DAYS OR DOLLARS) MONTH/YEAR REPORTED: March, 2015

CHECK APPROPRIATE REPORTING METHOD AND COMPLETE SECTION BELOW
 DAYS OR DOLLARS

LIST FULL DAYS WORKED THIS MONTH. INDICATE ACTUAL DATES WORKED.	GROSS DOLLARS REPORTED THIS MONTH
3/3, 3/5, 3/10, 3/12	\$
3/17, 3/19, 3/24, 3/31	
LIST HALF-DAYS WORKED THIS MONTH (3 HOURS OR LESS). INDICATE ACTUAL DATES WORKED.	TOTAL GROSS DOLLARS REPORTED THIS YEAR
(8)	\$
TOTAL NUMBER OF DAYS WORKED THIS MONTH:	

OFFICIAL'S AND RETIREE'S STATEMENT AND SIGNATURE

We hereby certify the above information to be true and correct based upon our official records.

OFFICIAL'S SIGNATURE: [Signature] PRINT NAME: Cheryl Schwan
 RETIREE'S SIGNATURE: [Signature] DATE OF SIGNATURE: 3/31/15

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND
 50 Service Avenue, 2nd Floor
 Warwick, RI 02886-1021
 Office (401) 462-7600 Fax (401) 462-7691
 Email: ersri@ersri.org Web Site: www.ersri.org

MONTHLY NOTIFICATION OF POST-RETIREMENT EMPLOYMENT

2015 APR 30 AM 11:15
 ERSRI

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REPORTING AGENCY / DEPARTMENT / SCHOOL / CITY OR TOWN

REPORTING AGENCY <i>Littleton Junction Schools</i>	TELEPHONE NUMBER <i>401-625-8351</i>
-------------------------------------------------------	-----------------------------------------

RETIREE DATA

First Name <i>Kathryn</i>	MI <i>M</i>	Last Name <i>Crowley</i>	Social Security Number <i>[REDACTED]</i>
------------------------------	----------------	-----------------------------	---------------------------------------------

RETIREE IS: (CHECK ONE)

<input checked="" type="checkbox"/> SUBSTITUTE TEACHER (CERTIFIED POSITION)	<input type="checkbox"/> MUNICIPAL EMPLOYEE	<input type="checkbox"/> REGISTERED NURSE
<input checked="" type="checkbox"/> TEACHER EMPLOYED IN A VACANT POSITION - COPY OF GOOD FAITH HIRING LETTER FROM DEPARTMENT IS REQUIRED	<input type="checkbox"/> INSTRUCTOR AT A STATE SCHOOL OR COLLEGE	

MONTHLY REPORTING OF EMPLOYMENT (DAYS OR DOLLARS)	MONTH/YEAR REPORTED: <i>April 2015</i>
---------------------------------------------------	----------------------------------------

CHECK APPROPRIATE REPORTING METHOD AND COMPLETE SECTION BELOW

DAYS OR DOLLARS

LIST FULL DAYS WORKED THIS MONTH. INDICATE ACTUAL DATES WORKED. <i>4/11, 4/12, 4/17, 4/18, 4/19, 4/14, 4/15, 4/16, 4/27, 4/28, 4/29, 4/30</i>	GROSS DOLLARS REPORTED THIS MONTH <i>\$</i>
LIST HALF-DAYS WORKED THIS MONTH (3 HOURS OR LESS). INDICATE ACTUAL DATES WORKED.	TOTAL GROSS DOLLARS REPORTED THIS YEAR <i>\$</i>
TOTAL NUMBER OF DAYS WORKED THIS MONTH: <i>12</i>	

OFFICIAL'S AND RETIREE'S STATEMENT AND SIGNATURE

We hereby certify the above information to be true and correct based upon our official records.

OFFICIAL'S SIGNATURE: <i>[Signature]</i>	PRINT NAME: <i>Michael D. Sullivan</i>
RETIREE'S SIGNATURE: <i>[Signature]</i>	DATE OF SIGNATURE (mm/dd/yyyy) <i>[Blank]</i>