



**Request for Critical Shortage Waiver  
For Purposes of Employing a Retired Educator  
(Teacher, Administrator and Professional Support Personnel)  
Regulation 603 CMR 7.14 (13) (b)**

**School District:** \_\_\_\_\_

*The above school district seeks to employ a retired educator due to a critical shortage of licensed personnel.*

**Proposed Effective Date of Employment:** \_\_\_\_\_

**Please indicate the Field(s) and Grade Level(s)  
for this request:**

\_\_\_\_\_

**This request is (please check one):**

Initial Waiver

Renewal

**Retiree Information**

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City or Town, State, Zip** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Last 4 digits of Social Security #:** \_\_\_\_\_

**License Number:** \_\_\_\_\_

**Effective Date of Retirement:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**RetirementPlus:** Yes \_\_\_\_\_/No \_\_\_\_\_

*Please note: RetirementPlus retirees must complete a two year waiting period from date of retirement before the earnings limitation is waived.*

*In the first two years immediately following the effective date of retirement, the educator's earnings, including pension or retirement allowance, cannot exceed the salary that is being paid for the position from which he/she was retired or in which his/hers employment was terminated.*

### **District Information**

**Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Telephone:** (    ) \_\_\_\_\_ - \_\_\_\_\_ **FAX#:** (    ) \_\_\_\_\_ - \_\_\_\_\_

**Email Address:** \_\_\_\_\_

### **Required Evidence of Critical Shortage**

The district must demonstrate that a good faith effort was made to hire licensed personnel who have not retired. For this purpose, please attach all required documentation of actions to recruit a licensed and qualified person for this position. Such documentation must include:

- 1) Promotional materials such as newspaper(s) posting(s) (both local and statewide), internet postings, mailings to placement offices, etc. All copies of postings should be included with this request. Please note that internal postings only are not considered sufficient.
- 2) Names of all candidates who have applied for this position and explanation(s) as to why the applicant(s) did not qualify for or declined the position.

*Failure to provide the above requirements will result in a processing delay or denial of the application. The period of critical shortage cannot exceed one year. If the district seeks to renew the request, new evidence and application must be provided with each request.*

## **Superintendent Information**

I certify by my signature below that I have made a good-faith effort to hire personnel who have not retired and have been unable to find qualified applicants for this position. Based on the evidence attached, I request that my district be deemed to have a critical shortage of licensed personnel in this field.

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**Superintendent Signature**

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**Date**

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Please return this request, along with all supporting documentation to:

**Tricia Federico**  
**Department of Elementary and Secondary Education**  
**75 Pleasant Street**  
**Malden, MA 02148-4906 or fax to (781) 338-3370**

~For assistance, please contact Tricia Federico at [tfederico@doe.mass.edu](mailto:tfederico@doe.mass.edu) or (781) 338-3235

~For questions regarding pension and salary, please contact the Massachusetts Teachers Retirement System, (MTRS), at (617) 679-MTRS (6877) or visit their website at: <http://mass.gov/MTRS>