



# Request for Waiver

Of Certification Requirements  
For Purposes of Employing a Retired Teacher  
*Regulation 603 CMR 7.03 (2)(b)*

<i>School District</i>	<i>Proposed Effective Date of Employment</i>
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*The above school district seeks to employ a retired teacher due to a critical shortage of certified teachers.*

Please indicate the Field(s) and Grade Level(s) for this teacher:	This request is (please check one):  <input type="checkbox"/> Initial Waiver <input type="checkbox"/> Renewal
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Teacher Information
Last Name: _____ First Name: _____
Social Security #: _____ - _____ - _____      Date of Birth: ____ / ____ / ____
Address (street, city or town, state, zip): _____
Effective Date of Retirement: ____ / ____ / ____
<i>NOTE: In the first two years immediately following the effective date of retirement, the teacher's earnings, including pension or retirement allowance, cannot exceed the salary that is being paid for the position from which he was retired or in which his employment was terminated.</i>

District Information
School(s): _____
Contact Person: _____ Title: _____
Mailing Address (street, state, zip): _____
e-mail address: _____
Telephone: (    ) _____ - _____      FAX#: (    ) _____ - _____

## Evidence of Critical Shortage

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

- 1) Promotional materials, such as internal postings, newspaper advertisements, internet postings, mailings to placement offices, etc.
- 2) List of certified candidates who declined this position AND documentation as to why any certified applicants were not qualified to perform the duties of this position.

NOTE: The period of critical shortage cannot exceed one year. If the district seeks to renew the request, new evidence must be provided with each request.

## Superintendent's Request

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 certified teachers in this field.

Superintendent Signature

Date

*NOTE: The Commissioner will notify the Teachers' Retirement Board of each determination of a critical shortage.*

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

The Office of Educator Quality  
Massachusetts Department of Education  
350 Main Street  
Malden, MA 02148  
FAX: 781-338-3370

For assistance, please contact Tricia Federico at 781-338-3235  
or Tfederico@doe.mass.edu