



## CMCSS INVOLVEMENT AFTER RETIREMENT (HUM-F133)

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

Munis ID #: \_\_\_\_\_

Job Title: \_\_\_\_\_

Work Location: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Retirement Date: \_\_\_\_\_

- ☐ I would like to be contacted about volunteer opportunities.
- ☐ I would like to be contacted about part-work.
- ☐ I would like to be contacted about substitute work.

Personal email to contact you: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature