



**CT TEACHERS' RETIREMENT BOARD**  
**765 ASYLUM AVENUE HARTFORD, CT 06105-2822**  
 Toll-Free 1-800-504-1102 (860) 241-8400 Fax (860) 525-6018 www.ct.gov/trb

**FEDERAL TEACHER CORPS SERVICE**

**Directions:**

1. Complete Member Section A.
2. Forward to Local School District where service was rendered for completion of Section B.
3. Return completed form to CTRB.

**A: Member Section**

Member Name \_\_\_\_\_ SSN \_\_\_\_\_

Current Address \_\_\_\_\_

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

**B: Employer Section (To be completed by Local School District LSD where service was rendered)**

Local School District Name \_\_\_\_\_

Address \_\_\_\_\_

Employee Start Date \_\_\_\_\_ Termination Date \_\_\_\_\_

*Section 10-183e(13) of the Teachers' Retirement Act permits members of the Connecticut Teachers' Retirement System to purchase additional service for up to two (2) years of service in the Federal Teacher Corps.*

| Date Began<br>Mo/Day/Year | Date Ended<br>Mo/Day/Year | FTE       |           | Absences<br>In School Days | Length of School<br>Year in Months |
|---------------------------|---------------------------|-----------|-----------|----------------------------|------------------------------------|
|                           |                           | Full-time | Part-time |                            |                                    |
|                           |                           |           |           |                            |                                    |
|                           |                           |           |           |                            |                                    |
|                           |                           |           |           |                            |                                    |

I hereby certify that the information provided on this form was obtained from official records and/or substantiating documents.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name and Title of person completing this form \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_