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

CONNECTICUT PUBLIC SCHOOL
LESS THAN HALF-TIME CONTRACTUAL EMPLOYMENT

This form is **not** to be used for Tutor Service. Use the Hourly Paid Certified Teacher Form to document Tutoring.

Section 10-183e(10) of the Teachers' Retirement Act allows members of the Teachers' Retirement System to purchase forty or more days of contractual service rendered at less than half-time, in a single school system within the state of Connecticut in any school year. In accordance with Public Act 02-117, effective July 1, 2002, the full-time equivalent of eighteen days of such service shall equal one month of credited service.

Examples for certified contracted teachers working less than half-time in a permanent position
- 40% Full Time Equivalency (FTE) for school year: .40 x 180 = 72 days divided by 18 = 4 months of purchasable credit.
- 450 hours worked divided by full time hours = FTE X 180 days = 64 days divided by 18 = 3 months of purchasable credit.

If a teacher was employed an average of half-time or greater, in lieu of this form, we require a letter from the school district which includes the dates of employment, contract salary as if they had worked full time, annual salary rate: contract salary / 10 X number of months (to be eligible for purchase the member must have been employed on the first working day of the month) Example: 12/15/2005 – 6/30/2006 would be 6 months, percentage of full time employment (50%, 60% 80% etc.) and the reason why contributions were not submitted.

Section A: (To be completed by the TRB Member)

Member Name: _____ SSN or TRB Member #: _____

Home Mailing Address _____
Street address Town and zip code

Member Signature: _____ Date Completed: _____

Member E-mail: _____

Please attach a copy of your teaching certificate covering the periods of less than half-time employment you are requesting as additional credit.

Section B: (To be completed by the Connecticut Local School District where the service was rendered)

Name of Local School District: _____Telephone_____

Address: _____
Mailing address Town and zip code

SCHOOL YEAR	NUMBER OF HRS REQUIRED FOR FULL-TIME PER SCHOOL YR	DATES WORKED	ENTER FTE OR TOTAL HRS WORKED
Example 1989 – 1990	1260	9/1/89 – 6/30/90	504 hrs

I certify that the above information was extracted from official payroll records and/or substantiating documents.

Name and Title of person completing Section B: (Please Print) _____

Phone: _____ Fax: _____ E-mail: _____

Signature _____ Date _____