



**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

## State of Connecticut Employment – Non-Teaching Service

Sec. 10-183e of the CT Teachers' Retirement Act allows a member additional credited service for employment in a permanent full-time position for the State of CT. There is a separate form to document any teaching employment for the State of Connecticut.

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

Name	SS#
Address	Telephone
City State Zip	Email
Signature	Date of Signature

**Section B: (To be completed by Employer)**

State Agency, University, College, Department or Institution	Telephone
Name of person completing Section B	Title of person completing Section B
Address	Email
City State Zip	Fax
Signature of person completing Section B	Date of Signature

- Title of the position held by the employee: \_\_\_\_\_
- Was this position: Full time  or Part time
- Was this position: Temporary  or Permanent
- Please provide the dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_.
- Were there any periods of absence exceeding a full month? Yes  No
- If yes, please provide the dates of absences: \_\_\_\_\_  
\_\_\_\_\_
- Was this position covered by the CT State Employees Retirement System? Yes  No

**Please forward this form (Page 1 and Page 2) to the Office of the CT State Comptrollers for completion of Section C.**

**DO NOT SEPARATE THESE PAGES**

## State of Connecticut Employment – Non-Teaching Service (Page 2)

The member listed in Section A: \_\_\_\_\_ has requested additional credit for service with the State of CT Teachers' Retirement System. In order to determine if the member is eligible to receive additional credit, we need the following information. If you have any questions regarding this form, please contact our office.

### Section C: (To be completed by the Retirement System covering the employment in Section B)

State Employees Retirement System  
Office of the State Comptroller  
55 Elm Street  
Hartford CT 06106

Name of person completing Section C		Title
Telephone	Fax	Email
Signature		Date of Signature

1. Which retirement system did the individual belong to during the period of time being purchased?  SERS  ARP
2. Is the individual currently an active member of the retirement plan in #1 above? YES  NO
3. Is the plan  contributory or  non-contributory for the member?
4. If the plan is contributory, has the member withdrawn all funds? YES  NO
5. Is the member eligible for a retirement benefit from the system now or in the future? YES  NO
6. Provide dates of service: \_\_\_\_\_

After completion, please forward this form (Page 1 and Page 2) to:

CT Teachers' Retirement System  
765 Asylum Avenue  
Hartford CT 06105-2822