



**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 – Teaching Service**

**This form is to be used to document teaching employment in the Connecticut School System. There are separate forms for documenting non-teaching employment for the State of CT, part-time lecturing or substitute teaching.**

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

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

Position Title: \_\_\_\_\_ Please Check One:  Student Position  Faculty Position

1. Was this employee a member of the Professional Staff per Sec. 10a-20 of the CT General Statutes? Yes  No
2. Did this position require certification by the CT Department of Education? Yes  No
3. Did the individual hold a valid CT teaching certificate? Yes  No  Date issued: \_\_\_\_\_
4. Was this employee covered by SERS or the ALTERNATE RETIREMENT PROGRAM? Yes  No
5. Start date: \_\_\_\_\_ Termination date: \_\_\_\_\_

**Do not include Graduate Teaching Assistant, Graduate Assistant, Intern or Student Teaching Employment.**

School Year	Bi-weekly Pay	Effective Date	Full Time Hours	Hours Worked	Temporary Position	Permanent Position

**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 – 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 or Alternate Retirement Program (TIAA-CREF / ING)  
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