



**CT TEACHERS' RETIREMENT BOARD**  
**765 ASYLUM AVENUE HARTFORD, CT 06105-2822**  
 Toll-Free 1-800-504-1102 (860) 241-8412 Fax (860) 525-6018 www.ct.gov/trb

**SUBSTITUTE TEACHING SERVICE IN CONNECTICUT PUBLIC SCHOOLS**

Section 10-183e (10) of the Teachers' Retirement Act allows members of the Teachers' Retirement System to purchase forty or more days of service as a substitute teacher in a single school system within the state of Connecticut in any school year, eighteen days of such service shall equal one month of credited service.

Section 10-183b. Definitions. "Teacher" means any teacher, permanent substitute teacher, principal, assistant principal, supervisor, assistant superintendent or superintendent. A "permanent substitute teacher" is one who services as such for at least ten school months during any school year; is employed on the 1<sup>st</sup> working day of each month and is employed at least 1/2 of each month.

Example regular per diem substitute: 90 days full time of substitute service: 90 divided by 18 = 5 months credit or 90 half days = 45 days full time divided by 18 = 2 months credit

**Section A: (To be completed by the TRB Member) Make sure you are using a current form from the website.**

**MEMBER: ATTACH A COPY OF YOUR VALID CONNECTICUT TEACHING CERTIFICATE COVERING THE DATES OF SUBSTITUTE SERVICE. IF NOT ATTACHED THE FORM MAY BE RETURNED.**

Member Name	Social Security # or TRB Member #  TRB #
Home Mailing Address	Member E-Mail
Member Signature	Date Completed

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

Name of CT Local School District: \_\_\_\_\_

Provide the following information regarding substitute teaching for the member above:

- |  |     |    |
|--|-----|----|
| 1. The teaching assignment required certification?                               | Yes | No |
| 2. The teacher was certified?  | Yes | No |
| 3. The teacher was employed on the first working day of each month, Sept – June? | Yes | No |
| 4. The teacher was employed half time or greater each month?                     | Yes | No |

\*\* If an explanation is necessary, use the back of the form

FIRST DAY WORKED MO / DAY / YR	LAST DAY WORKED MO / DAY / YR	TOTAL # DAYS REQUIRED FOR SCHOOL YEAR 180?185?OTHER	TOTAL # FULL TIME DAYS WORKED	TOTAL # HALF-DAYS WORKED	TOTAL # DAYS OTHER THAN HALF %	DAILY RATE OF PAY

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

Name of person completing Section B: (Please Print) \_\_\_\_\_

Title of the person completing Section B: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

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