



STATE OF CONNECTICUT
TEACHERS' RETIREMENT BOARD
765 ASYLUM AVENUE HARTFORD, CT 06105-2822
Toll-Free 1-800-504-1102 (860) 241-8400 X8413 Fax (860) 525-6018 www.ct.gov/trb

APPLICATION TO PURCHASE SOCIAL WORK ASSISTANT CREDIT FOR PUBLIC SCHOOL SERVICE
Rendered from January 1, 1969 to December 31, 1986

ATTENTION MEMBER:

1. Complete Section A.
2. Forward to the former employing school system for completion of Section B.
3. Return the original completed form to CTRB, 765 Asylum Avenue, Hartford, CT 06105-2822.

PLEASE PRINT OR TYPE

SECTION A (TO BE COMPLETED BY THE MEMBER)

Member Name _____ SSN _____

Home Mailing Address _____

Employing School System _____

School Years employed as a Social Worker Assistant: _____

Member Signature _____ Date _____

SECTION B (TO BE COMPLETED BY EMPLOYING SCHOOL SYSTEM)

Please furnish employment information on a school year basis. Use one line for each school year. Do NOT include Leave of Absence, Substitute Teaching, Summer School or Evening Teaching Service inasmuch as these service types are not considered for purchase.

Name of Employing School System	Dates of Employment School Year		Length of School Year (ie: August to May or September to June etc.)	Full Time	Part Time	If Part Time Enter FTE %
	From (Month/Day/Year)	To (Month/Day/Year)				

1. Enter the member's position/assignment for the above employment (teacher, principal, etc.) _____
2. Did the member become a certified school social worker? YES NO Year of Certification: _____
3. Did the member remain in public school service as a social worker after certification? YES NO

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

Name of attesting official _____ Title _____

Address _____

Signature _____ Date _____ Telephone number _____