



**CT TEACHERS' RETIREMENT BOARD**  
 165 CAPITOL AVENUE HARTFORD CT 06106-1673  
 Toll-Free 1-800-504-1102 (959) 867-6333 Fax (860) 525-6018 www.ct.gov/trb

**FEDERAL TEACHER CORPS SERVICE**

**Directions:**

1. Complete Member Section A.
2. Forward to Local School District where service was rendered for completion of Section B.
3. Return completed form to CTRB.

**A: Member Section**

Member Name \_\_\_\_\_ SSN \_\_\_\_\_

Current Address \_\_\_\_\_

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

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

Local School District Name \_\_\_\_\_

Address \_\_\_\_\_

Employee Start Date \_\_\_\_\_ Termination Date \_\_\_\_\_

*Section 10-183e(13) of the Teachers' Retirement Act permits members of the Connecticut Teachers' Retirement System to purchase additional service for up to two (2) years of service in the Federal Teacher Corps.*

Date Began Mo/Day/Year	Date Ended Mo/Day/Year	FTE		Absences In School Days	Length of School Year in Months
		Full-time	Part-time		

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

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

Name and Title of person completing this form \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_