



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

ADULT HIGH SCHOOL CREDIT DIPLOMA EDUCATION ASSIGNMENTS

This form is to be used to document teaching assignments in a program for adults* for which high school credit is granted leading to a diploma; provided the teacher is appropriately certified for such assignment.

*Adult 17 years or older who is not enrolled in a public elementary or secondary school program. CGS 10-184

Section A: To be completed by the member.

| | |
|------------------|-----------------------------------|
| Member name | Social Security # or TRB member # |
| Mailing address | Member E-Mail |
| Member Signature | Date completed |

Member - attach a copy of your valid CT teaching certificate covering the dates of service listed below and with Endorsement Code 106 High School Credit Diploma Program.

Section B: (To be completed by the local school district where the service was rendered.)

Please note that only earnings and potential credit for teaching in the High School Credit Diploma Program are covered under the Connecticut Teachers' Retirement System (CTRS).

Name of School District: _____

Please provide the following:

| | YES | NO |
|--------------------------------------------------------------------------------------------|-----|----|
| Was this assignment in a High School Credit Diploma Program? | | |
| Was this assignment in addition to a regular contracted position worked by the member? | | |
| Are all the years the member worked in the H.S. Credit Diploma Program listed below? | | |
| Was the teacher paid at least the minimum salary paid for a regular full time day teacher? | | |

(If paid on an hourly basis, use the minimum annual salary divided by total number of days school is in session, divided by daily hours worked, divided by full time teacher's equal minimum hourly rate of pay.)

Information must be listed on a school year basis.

| First day worked by teacher MM/DD/YYYY EX: 09/17/2004 | Last day worked by teacher MM/DD/YYYY EX: 05/26/2005 | Hourly rate of pay or annual salary | Number of hours worked during the school year | # of hours worked per day by a full time teacher 6.5 hr; 7hr; 7.5hr | # of days school was in session 180; 181; 182; 185; 187 | Minimum salary paid to a regular, full-time teacher. |
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| Name of Authorized Representative Completing the Form | Title |
|-------------------------------------------------------|-------|

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|-------|-----|--------|
| Phone | Fax | E-Mail |
|-------|-----|--------|

I certify that all of the above information was obtained based on school records maintained by the employer.

| | |
|---------------------------------------|----------------|
| Authorized Representative's Signature | Date completed |
|---------------------------------------|----------------|