



# CT TEACHERS' RETIREMENT BOARD

165 CAPITOL AVENUE HARTFORD, CT 06106-1673  
Toll Free 1 (800) 504-1102 Local (959) 867-6333 Fax (860) 241-9295  
"An Affirmative Action/Equal Opportunity Employer"  
[www.ct.gov/trb](http://www.ct.gov/trb)

## Hourly Paid Certified Teachers

Programs include but are not limited to Tutor, CETA, Head Start, ESL

**IMPORTANT** – There are separate forms available on the website for [Less than Half-time service](#), [Substitute Service](#) and specifically [Assignments in Adult Education](#).

### Section A (To be completed by member)

|               |                                 |
|---------------|---------------------------------|
| Member's Name | Social Security Number or TRB # |
| Address       | Email Address                   |
| Signature     | Date                            |

### ATTACH A COPY OF YOUR VALID CT TEACHING CERTIFICATE COVERING THE SERVICE LISTED ON PAGE 2

### Section B (To be completed by the Connecticut School District where service was performed)

|                            |         |
|----------------------------|---------|
| Name of CT School District | Address |
|----------------------------|---------|

Under the CT TRS, membership requires:

- The member be employed at least ½ time; and,
- Works in a position that requires a valid CT teaching certificate or permit by the CT State Dept of Education; and,
- The member holds the appropriate certification for the position.

Sec. 10-145d-401 of the State Department of Education. Personnel required to hold certificates or permits reads:

(b) Appropriate certification is required for any person in the employ of a board of education who:

1. Is not directly supervised in the delivery of instructional services by a certified professional employee in a position requiring certification; or,
2. Is responsible for planning of the instructional program for a student; or,
3. Evaluates student progress; or,
4. Does not receive specific directions from their supervising teacher or administrator that constitute a lesson plan for each lesson.

Tutors who possess a certificate but do not perform functions as described above are not eligible to purchase credit.

1. Was the member directly supervised in the delivery of instructional services by a certified professional employee?  
YES  NO
2. Was the member fully responsible for the planning of the instructional program for a student?  
YES  NO
3. Was the member responsible for the evaluation of overall student progress?  
YES  NO
4. Was the member given specific direction in the form of a lesson plan from a supervising teacher or administrator?  
YES  NO
5. Why was the member not considered eligible for membership in CTRB at the time of service?  
\_\_\_\_\_

## Hourly Paid Certified Teachers

Member Name (from Page 1): \_\_\_\_\_

**Section C** (To be completed by the Connecticut School District where the service was performed)

Please provide the information below obtained from official payroll records and/or substantiating documents from the CT Public School District where the service was rendered. Service must be at least half time for all 10 months of the school year in order to qualify for membership credit. If total service is an average of less than ½ time, or for a partial year, CTRB will determine the full-time equivalency and allow appropriate credit.

PLEASE NOTE: All requested information is necessary to determine accurate additional credit for the member; failure to provide required information, may result in the delay or denial of the service for the member. If school records are not available, please indicate so and return the forms to our office. Credit will be determined based on actual information provided.

School Year \_\_\_\_\_ - \_\_\_\_\_ # of days school in session \_\_\_\_\_ (180, 182, 187 other)

**PLEASE USE A SEPARATE FORM FOR EACH SCHOOL YEAR**

| Months / Days                | Number of Days School in session | Number of hours worked by full time teachers per day (6.5 hrs, 7 hrs or 8) | Number of hours worked by member (must be at least ½ time) | Hourly rate of Pay | For TRB use Only (Earnings) | For TRB use Only (FTE) |
|------------------------------|----------------------------------|--|--|--------------------|-----------------------------|------------------------|
| SEPTEMBER (30 calendar days) |                                  |  |  |                    |                             |                        |
| October (31 calendar days)   |                                  |  |  |                    |                             |                        |
| November (30 calendar days)  |                                  |  |  |                    |                             |                        |
| December (31 calendar days)  |                                  |  |  |                    |                             |                        |
| January (31 calendar days)   |                                  |  |  |                    |                             |                        |
| February (28 calendar days)  |                                  |  |  |                    |                             |                        |
| March (31 calendar days)     |                                  |  |  |                    |                             |                        |
| April (30 calendar days)     |                                  |  |  |                    |                             |                        |
| May (31 calendar days)       |                                  |  |  |                    |                             |                        |
| June (30 calendar days)      |                                  |  |  |                    |                             |                        |
| <b>TOTALS</b>                |                                  |  |  |                    |                             |                        |

By signing this document, I hereby certify that the information provided has been extracted from official payroll records.

|  |                                 |              |
|--|---------------------------------|--------------|
| Name of Person Completing Form                   | Title of Person Completing Form | Phone Number |
| Email of Person Completing Form                  |                                 | Fax          |
| Superintendent or Authorized Personnel Signature |                                 | Date         |

**After completion, please forward this original form (Pages 1 & 2) to the CT Teacher's Retirement Board address on Page 1.**