TEACHERS' RETIREMENT BOARD
165 Capitol Avenue
Hartford, CT 06106-1673

Toll free: 1 (800) 504-1102
Website: www.ct.gov/trb

Hourly Paid Certified Teachers

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 FIRST NAME	MEMBER LAST NAME	M.I.	SOCIAL SECURITY #
ADDRESS			
CITY	STATE / ZIP		EMAIL
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
Official Job Title for which service was rendered as	Subject Assignment(s) for service rendered

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?

_____

Name of Person Completing Section B	Title of Person	Phone Number

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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	Hourly rate of Pay	**For TRB use Only (Earnings)**	**For TRB use Only (FTE)**
September						
October						
November						
December						
January						
February						
March						
April						
May						
June						
TOTALS						

1. Was this position hired/paid directly by the school district?

YES ☐ NO ☐ If no, please explain: _____

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

Name of Person Completing Section C	Title of Person	Phone Number
Email		Fax
Superintendent or Authorized Personnel Signature		Date

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

Member Name (from page 1): _____