



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

New York City Department of Education Teaching Service

DIRECTIONS:

1. Complete Member Section A.
2. Forward to the New York City Department of Education, Division of Financial Operations, Office of Employment Records Research, 65 Court Street - Level C, Brooklyn, NY 11201 for the completion of Section B.
3. When Section B is completed and returned to you; forward to the Teachers Retirement System of the City of New York, 55 Water Street, NY, NY 10041 for completion of Section C.

SECTION A (TO BE COMPLETED BY THE MEMBER)

PLEASE PRINT CLEARLY OR TYPE

Member Name _____ SSN _____ Email: _____

Home Mailing Address _____

NYC Board of Education Teaching Service - Start Date: _____ Termination Date: _____

Member Signature _____ Date: _____

SECTION B (TO BE COMPLETED BY THE NEW YORK CITY DEPARTMENT OF EDUCATION)

The person named above is a member of the Connecticut Teachers' Retirement System who wishes to purchase credit for teaching service with the New York City Department of Education. Please complete Section B.

Please furnish employment information on a school year basis. Use one line for each school year. Do NOT include Leave of Absence, Summer School or Evening Teaching Service.

Teaching Status (Enter type: Regular Teacher or Regular Substitute or Per Diem)	Dates of Employment		School Year What month does school begin, what month does school end (I.e: Sept – June or Aug – May)	Full Time	Part Time	If Part Time Enter FTE %	If regular substitute: was paid on a Per Annum Basis Yes or No
	From Month/Day/Year	To Month/Day/Year					

1. Enter the total years and months of service credited to this member in your system. _____

2. Was the member required to hold a valid NY teaching certificate in order to work in this (these) positions? YES NO

3. Member's current status in your system (check one) INACTIVE ACTIVE WITHDRAWN

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

Name of attesting official: _____ Title: _____

Signature: _____ Date: _____ Email: _____

Telephone number: _____ FAX #: _____

Please forward this form to the Teachers Retirement System of the City of NY for completion of Section C or return this completed form to the member listed in Section A if you are unable to forward.

DO NOT SEPARATE PAGES ONE AND TWO

"An Affirmative Action/Equal Opportunity Employer"

NEW YORK CITY DEPARTMENT OF EDUCATION TEACHING SERVICE

(CONTINUED)

Attention Former Retirement System: Complete the required information below so CTRB can determine the cost for the interested member. Please sign the form and mail it to: CTRB, 165 CAPITOL Avenue, Hartford, CT 06106-1673

Member Name _____ SSN _____

Teachers Retirement System of the City of New York
55 Water Street
New York NY 10041

SECTION C (TO BE COMPLETED BY THE CITY OF NEW YORK TEACHERS RETIREMENT SYSTEM)

Connecticut law does not permit the purchase of outside state service by members currently receiving or entitled to receive in the future a retirement benefit based on this service. If the member returns to your state and files for benefits based on the listed service, we ask that you notify this agency. Thank you for your assistance.

1. Was this person a member of your Retirement System? YES NO Number of yearS of service credited _____
2. Please enter dates of pensionable service credit in your system (month/year): From: _____ To: _____.
3. Would any service listed in **Section B** as regular substitute have been creditable in the NYC TRS? YES NO
4. Is the regular substitute service eligible for purchase in your system? YES NO
5. Please list separately any dates of leaves of absence. _____
6. Do your pensionable service credit dates agree with the employer dates of service on the front page? YES NO
7. Is the member currently receiving or entitled to receive a benefit from your retirement system? YES NO
8. Did the member forfeit the right to all benefits under your retirement system? YES NO

Date of refund (month/year) _____ Amount of service credit cancelled by refund. _____

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

PLEASE PRINT OR TYPE

Name of attesting official: _____ Title: _____

Signature: _____ Date: _____ Telephone number: _____

Fax #: _____ Email: _____

Retirement System Name: _____

Address: _____

PLEASE RETURN BOTH COMPLETED PAGES 1 AND 2 TO:

CT TEACHERS' RETIREMENT SYSTEM
165 CAPITOL AVENUE
HARTFORD CT 06106-1673