



TEACHERS' RETIREMENT BOARD
165 Capitol Avenue
Hartford CT 06106-1673
1 (800) 504 - 1102

Part-Time Lecturer Service

It is recommended that you visit the [Publications](#) page on the website. Under Bulletins and Publications scroll to the [Part-Time Lecturer Service](#) bulletin.

Section A (To be completed by the Member)

MEMBER FIRST NAME	MEMBER LAST NAME	M.I.	SOCIAL SECURITY #
ADDRESS			
CITY	STATE	ZIP	EMAIL
MEMBER SIGNATURE:			DATE:

At the time of this employment were you also employed in a local school district or another public college or university in CT?

Yes No Provide the name of the employer. _____

Section B (To be completed by State of Connecticut Employer)

Name of Connecticut State College or University _____

Address _____

Name and Title of person completing this form _____

Telephone # _____ Fax # _____ Email _____

Signature _____ Date _____

Please furnish employment information on a school year (September through June) and semester basis. (Fall or Spring)

DO NOT INCLUDE SUMMER, INTERSESSIONS OR NON-CREDIT HOURS.

School Year	Semester Worked		Salary		Total Credit Hours	
	Fall	Spring	Fall	Spring	Fall	Spring
EXAMPLE: 9/1994 – 6/1995	X	X	\$1,250.00	\$3,750.00	3	9

FORWARD THIS FORM (PAGES 1 AND 2) TO THE OFFICE OF THE CT STATE COMPTROLLER FOR COMPLETION OF SECTION C



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Part-time Lecturer Service – Page 2

The member listed in Section A on Page 1: Has requested additional credit for service with the CT Teachers' Retirement System. In order to determine if the member is eligible to receive additional credit, we need the following information. If you have any questions regarding this form, please contact our office.

Member Name _____

Section C: (To be completed by the Retirement System covering the employment in Section B)

RETIREMENT SERVICES DIVISION
OFFICE OF THE STATE COMPTROLLER
165 CAPITOL AVENUE
HARTFORD, CT 06106

Sec. 10-183p. Transfers between State Employees Retirement System (SERS), Teachers' Retirement System (TRS) and Alternate Retirement Program (ARP). In order to purchase credit under TRS members must divest all funds under SERS or ARP forfeiting all employer contributions and/or future benefits.

Name and Title of person completing Section C: _____

Telephone # _____ Fax # _____ Email _____

1. Please identify which retirement system the member belonged to: SERS ARP
 - a. If SERS, please identify which tier the member belonged to: _____
2. Is the individual currently an active member of the retirement plan in #1 above? YES NO
3. Employee Contribution Account
 - a. Is the plan contributory for the member? If no, go to #4 YES NO
 - b. Has the employee withdrawn these funds in full? YES NO
4. Employer Contribution Account
 - a. Is the plan contributory for the employer? If no, go to #5 YES NO
 - b. Can the employee forfeit these funds? YES NO
 - c. Has the employee forfeited these funds? YES NO
5. Is the member eligible for a benefit from your system now or in the future? YES NO
6. Provide dates of service: _____

After completion, please forward this original form (Page 1 and Page 2) to:

CT TEACHERS' RETIREMENT SYSTEM
165 CAPITOL AVENUE
HARTFORD CT 06106-1659