

CT TEACHERS' RETIREMENT BOARD 165 CAPITOL AVENUE HARTFORD CT 06106-1673 "An Affirmative Action/Equal Opportunity Employer" Toll-Free 1-800-504-1102 (959) 867-6333 Fax (860) 525-6018 www.ct.gov/trb

CONNECTICUT PUBLIC SCHOOL LESS THAN HALF-TIME CONTRACTUAL EMPLOYMENT

This form is **not** to be used for Tutor Service. Use the Hourly Paid Certified Teacher Form to document Tutoring.

Section 10-183e(10) of the Teachers' Retirement Act allows members of the Teachers' Retirement System to purchase forty or more days of contractual service rendered at less than half-time, in a single school system within the state of Connecticut in any school year. In accordance with Public Act 02-117, effective July 1, 2002, the full-time equivalent of eighteen days of such service shall equal one month of credited service.

Examples for certified contracted teachers working less than half-time in a permanent position

- 40% Full Time Equivalency (FTE) for school year: .40 x 180 = 72 days divided by 18 = 4 months of purchasable credit.
- 450 hours worked divided by full time hours = FTE X 180 days = 64 days divided by 18 = 3 months of purchasable credit.

If a teacher was employed an average of half-time or greater, in lieu of this form, we require a letter from the school district which includes the dates of employment, contract salary as if they had worked full time, annual salary rate: contract salary / 10 X number of months (to be eligible for purchase the member must have been employed on the first working day of the month) Example: 12/15/2005 - 6/30/2006 would be 6 months, percentage of full time employment (50%, 60% 80% etc.) and the reason why contributions were not submitted.

Section A: (To be completed by the TRB Member)

Member Name:		SSN or TRB Member #:	
Home Mailing Address			
-	Street address	Town and zip code	
Member Signature:		Date Completed:	
Member E-mail:			
Please attach a copy of you as additional credit.	ur teaching certificate covering the per	iods of less than half-time emp	loyment you are requesting
Section B: (To be complete	ed by the Connecticut Local School Di	strict where the service was re	ndered)
Name of Local School District:		Telephone	
Address:			
	Mailing address	Town and zip code	
SCHOOL YEAR	NUMBER OF HRS REQUIRED FOR FULL-TIME PER SCHOOL YR	DATES WORKED	ENTER FTE OR TOTAL HRS WORKED
Example 1989 – 1990	1260	9/1/89 - 6/30/90	504 hrs

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