



### 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)

## State of Connecticut Employment – Teaching Service

This form is to be used to document teaching employment in the Connecticut School System. There are separate forms for documenting non-teaching employment for the State of CT, part-time lecturing or substitute teaching.

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

Member Name	SS#
Address	Telephone
City State Zip	Email
Signature	Date of Signature

#### Section B: (To be completed by Employer)

State Agency, University, College, Department or Institution	Telephone
Name of person completing Section B	Title of person completing Section B
Address	Email
City State Zip	Fax
Signature of person completing Section B	Date of Signature

Position Title: \_\_\_\_\_ Please Check One:  Student Position  Faculty Position

1. Was this employee a member of the Professional Staff per Sec. 10a-20 of the CT General Statutes? Yes  No
2. Did this position require certification by the CT Department of Education? Yes  No
3. Did the individual hold a valid CT teaching certificate? Yes  No  Date issued: \_\_\_\_\_
4. Was this employee covered by SERS or the ALTERNATE RETIREMENT PROGRAM? Yes  No
5. Start date: \_\_\_\_\_ Termination date: \_\_\_\_\_

**Do not include Graduate Teaching Assistant, Graduate Assistant, Intern or Student Teaching Employment.**

School Year	Bi-weekly Pay	Effective Date	Full Time Hours	Hours Worked	Temporary Position	Permanent Position

**Please forward this form (Page 1 and Page 2) to the Office of the CT State Comptrollers for completion of Section C. DO NOT SEPARATE THESE PAGES**

## State of Connecticut Employment – Teaching 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 06106-1673