



TEACHERS' RETIREMENT BOARD
165 Capitol Avenue
Hartford CT 06106-1673
1 (800) 504 – 1102 Fax (860) 525-6018

SUBSTITUTE TEACHING SERVICE IN CONNECTICUT PUBLIC SCHOOLS

Section 10-183e (10) of the Teachers' Retirement Act allows members of the Teachers' Retirement System to purchase forty or more days of service as a substitute teacher in a single school system within the state of Connecticut in any school year, eighteen days of such service shall equal one month of credited service.

Example regular per diem substitute: 90 days full time of substitute service: 90 divided by 18 = 5 months credit or 90 half days = 45 days full time divided by 18 = 2 months credit

Section A: (To be completed by the TRB Member) Make sure you are using a current form from the website.

MEMBER: ATTACH A COPY OF YOUR VALID CONNECTICUT TEACHING CERTIFICATE COVERING THE DATES OF SUBSTITUTE SERVICE. IF NOT ATTACHED THE FORM MAY BE RETURNED.

Member First Name		Member Last Name		M.I.	Social Security #
Address					
City		State	Zip	Email	
Signature			Date	Phone:	

Section B: (To be completed by the Connecticut Local School District where the service was rendered)

Name of CT Local School District: _____

Provide the following information regarding substitute teaching for the member above:

1. THE TEACHING ASSIGNMENT REQUIRED CERTIFICATION YES NO
2. The teacher was certified Yes No
- 2a. If answer to item 2 is no, did the teacher possess a Long-Term Substitute Authorization for the duration of the substitute teaching assignment? Yes No
3. The teacher was employed on the first working day of each month, Sept-June Yes No
4. The teacher was employed half time or greater each month Yes No

** If an explanation is necessary, use the back of the form

FIRST DAY WORKED MO / DAY / YR	LAST DAY WORKED MO / DAY / YR	TOTAL # DAYS REQUIRED FOR SCHOOL YEAR 180?185?OTHER	TOTAL # FULL TIME DAYS WORKED	TOTAL # HALF-DAYS WORKED	TOTAL # DAYS OTHER THAN HALF %	DAILY RATE OF PAY

I certify that the information provided on this form was obtained from official payroll records and/or substantiating documents.

Name of person completing Section B: (Please Print)		Title:	
Phone:	Fax:	Email	
Signature			Date