TEACHERS' RETIREMENT BOARD
165 Capitol Avenue
Hartford, CT 06106-1673

Toll free: 1 (800) 504-1102
Website: www.ct.gov/trb

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. Such days of service shall be rendered within one school year. Please note, contracted services (i.e. Kelly Services) are not purchasable in TRB.

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 CT TEACHING CERTIFICATE COVERING THE DATES OF SUBSTITUTE SERVICE.

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. Was the teacher 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. Was the teacher employed on the first working day of each month, Sept-June?	Yes ☐	No ☐
4. Was the teacher employed half time or greater each month?	Yes ☐	No ☐
5. Was the teacher an employee of the district or contracting agency (i.e. via Kelly Services)?	District ☐	Contracted ☐
6. Was the teacher considered a building substitute?	Yes ☐	No ☐
7. Subject(s) for the teaching assignment?		

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