



STATE OF CONNECTICUT
 TEACHERS' RETIREMENT BOARD
 21 GRAND STREET HARTFORD, CT 06106-1500
 Toll-Free 1-800-504-1102 (860) 241-8400 Fax (860) 525-6018 www.ct.gov/trb

CONNECTICUT PUBLIC SCHOOL SUBSTITUTE TEACHING SERVICE

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. In accordance with Public Act 02-117, effective July 1, 2002, eighteen days of such service shall equal one month of credited service.

Example: 90 days of substitute service: 90 divided by 18 = 5 months of purchasable credit.

Use this form to document substitute teaching while holding a valid Connecticut Teaching Certificate or Substitute Authorization or Permit issued by the State Department of Education.

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: _____

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

Name of Local School District: _____

Address: _____
Mailing address Town and zip code

Please furnish employment information on a school year basis (September through June). To document substitute service, enter the total days employed in the school year. **If the member was employed as a permanent or long term substitute (employment started on the first working day of the school year and continued for a minimum of 10 months during the school year), also include the daily rate of pay.**

SCHOOL YEAR	ENTER TOTAL NUMBER OF DAYS EMPLOYED	IF FULL SCHOOL YEAR (9/1 – 6/30) ENTER DAILY RATE OF PAY

I certify that this member held a valid Connecticut Teaching Certificate or was authorized to teach in the public schools of Connecticut under appropriate certification in accordance with regulations in effect at the time that the service was performed as indicated by the attached **Evidence of Certification**. The above information was extracted from official payroll records and/or substantiating documents.

Name and Title of person completing Section B: (Please Print) _____

Phone: _____ Fax: _____ E-mail: _____

Signature _____ Date _____



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SUBSTITUTE TEACHING SERVICE EVIDENCE OF CERTIFICATION

To receive credit for Connecticut Public School Substitute Teaching Service you must provide evidence that you were certified to serve in such position **at the time that such service was performed.**

ACCEPTABLE EVIDENCE OF CERTIFICATION INCLUDES:

- A copy of the **Connecticut Teaching Certificate** you held at the time that the Substitute Teaching Service was performed.

OR

- A copy of the **Substitute Teacher List** (formerly required under Regulation 10-145a-66) submitted by the Superintendent of Schools to the Department of Education for the school year in which you were employed as a substitute teacher.

OR IN LIEU OF THE ABOVE

- The following **Local School District Certification Statement** may be submitted.

LOCAL SCHOOL DISTRICT CERTIFICATION STATEMENT

Records of the certification status for substitute teachers are no longer available. However, it has been the practice of

 LOCAL SCHOOL DISTRICT

to employ substitutes who held a valid Connecticut Teaching Certificate or were authorized to serve as substitute teachers under a Substitutes' Permit formerly issued in accordance with Regulation 10-145a-66.

This is to certify that to the best of my knowledge

 MEMBER NAME

was authorized to serve as a substitute teacher under appropriate certification in accordance with regulations in effect at the time that the service was performed.

 SIGNATURE OF SUPERINTENDENT OF SCHOOLS

 DATE