

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND  
 50 Service Avenue  
 Warwick, RI 02886  
 Office (401) 462-7600 Fax (401) 462-7691  
 Email: ersri@ersri.org Web Site: www.ersri.org

## PART-TIME TEACHER VERIFICATION

**Instructions: This form is for the purpose of part-time teaching when the person was not eligible to contribute. Incomplete or inaccurate forms will not be processed.**

### EMPLOYER DATA

REPORTING AGENCY	TELEPHONE NUMBER	FAX NUMBER
ADDRESS		
ADDRESS		
ADDRESS		
CITY	STATE	ZIP

### EMPLOYEE DATA

SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/ccyy)		
NAME	FIRST	MI	LAST
ADDRESS			
ADDRESS			
ADDRESS			
CITY	STATE	ZIP	

### EMPLOYER CERTIFICATION

1. Is this teacher vested?  YES  NO
2. Is this teacher contributing?  YES  NO

#### ERSRI Part-Time Teacher Policy

Part-time teachers, not substitute teachers, who work the equivalent of half-time or more shall be eligible for ERSRI membership. Part-time teachers who work for less than the equivalent of half-time shall *not* be eligible for membership, but shall have the right to purchase such time under the following conditions.

- Vested** part time teachers with ten years of active contributing service shall have the right to purchase part-time service at the completion of the school year, but not prior to the beginning of the next school year. The purchase will be calculated at full actuarial cost.
- A part-time teacher, **not vested**, who subsequently becomes an active ERSRI member, shall have the right to purchase past part-time service. The purchase will be calculated at full actuarial cost.
- In order to purchase part-time teaching, a teacher must have worked a minimum of two-fifths (2/5's) of a school year.
- Only service when the teacher worked and did not contribute is eligible for purchase. Any remaining portion of a school year the teacher did not work and did not contribute cannot be purchased.

A school day shall be defined as the minimum number of hours required by the Regulations of the Board of Regents for Education: 5 hours for Elementary and 5 ½ hours for Secondary.

EMPLOYEE'S NAME	FIRST		MI		LAST	
<b>PLEASE PROVIDE ERSRI WITH THE FOLLOWING INFORMATION SO THAT WE MAY VERIFY THE PERCENTAGE PER DAY WORKED BY THE TEACHER.</b>						
<b>Period Of Employment (Please break down by school year)</b>		<b>Number of days worked (Max 180)</b>	<b>Percentage worked (i.e. 1/5 , 2/5 , 3/5)</b>	<b>Full-time salary (if worked full-time)</b>	<b>Salary Earned</b>	
<b>From (mm/dd/ccyy)</b>	<b>To (mm/dd/ccyy)</b>					
SIGNATURE			DATE OF SIGNATURE (mm/dd/ccyy)			
PRINT NAME			TITLE			