

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND
 40 Fountain Street, 1st Floor
 Providence, RI 02903 – 1854
 Office (401) 222-2203, Fax (401) 222-2430

SUBSTITUTE TEACHER VERIFICATION

Instructions: Please print or type in black ink. Please return completed form to ERSRI. Your promptness is appreciated.

TEACHER: IF YOU WORKED FOR MORE THAN ONE SCHOOL DEPARTMENT IN A LISTED YEAR, SUBMIT ONE FORM FOR EACH DEPARTMENT. STAPLE ALL FORMS AND SUBMIT THEM TOGETHER TO THIS OFFICE FOR BILLING.

EMPLOYER DATA

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

EMPLOYEE DATA

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

EMPLOYER CERTIFICATION

| <u>ERSRI Substitute Teacher Policy</u> | <u>DAYS WORKED</u> | <u>CREDIT RECEIVED</u> |
|---|--------------------|------------------------|
| Substitute Teachers who work a minimum of 45 days in a school year may purchase such time <i>when they become members of the system</i> by paying into Employees' Retirement System the amount of money they would have contributed, plus interest. The number of days worked as a substitute teacher may be accumulated between different municipalities, but cannot be added for different school years. The amount of credit teachers receive upon purchase is based on the following formula shown in the table to the right: | 45 – 66 | 3 months |
| | 67 – 90 | 6 months |
| | 91 – 134 | 9 months |
| | 135 or more | 12 months |

EMPLOYER: PLEASE PROVIDE ERSRI WITH THE FOLLOWING INFORMATION SO THAT WE MAY VERIFY THE DAYS PER SCHOOL YEAR WORKED BY THE TEACHER.

| School Year | Number of days in your school year | Number of days Worked per school year | Amount earned as a substitute teacher |
|-------------|------------------------------------|---------------------------------------|---------------------------------------|
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SCHOOL OFFICIAL'S STATEMENT AND SIGNATURE

I hereby certify the above information to be true and correct based upon our official records.

| | |
|------------|--------------------------------|
| SIGNATURE | DATE OF SIGNATURE (mm/dd/ccyy) |
| PRINT NAME | TITLE |