



CT TEACHERS' RETIREMENT BOARD
 765 ASYLUM AVENUE HARTFORD, CT 06105-2822
 "An Affirmative Action/Equal Opportunity Employer"
 Toll-Free 1-800-504-1102 (860) 241-8400 Fax (860) 525-6018 www.ct.gov/trb

Hourly Paid Certified Teachers

Programs include but are not limited to Tutor, CETA, Head Start, ESL

IMPORTANT – There are separate forms available on the website for [Less than Half-time service](#), [Substitute Service](#) and specifically [Assignments in Adult Education](#).

Section A (To be completed by member)

Member's Name	Social Security Number or TRB #
Address	Email Address
Signature	Date

ATTACH A COPY OF YOUR VALID CT TEACHING CERTIFICATE COVERING THE SERVICE LISTED ON PAGE 2

Section B (To be completed by the Connecticut Public School District where service was performed)

Name of CT School District	Address
----------------------------	---------

Under the CT TRS, membership requires:

- The member be employed at least ½ time, and
- Works in a position that requires a valid CT teaching certificate or permit by the CT State Dept of Education, and
- The member holds the appropriate certification for the position.

Sec. 10-145d-809 of the State Department of Education. Personnel required to hold certificates or permits reads:

(b) Appropriate certification is required for any person in the employ of a board of education who:

1. Does not receive specific directions from a certified supervising teacher or administrator in planning and delivery of instructional services;
2. Is fully responsible for planning the instructional program for a student; and
3. Evaluates student progress.

Tutors who possess a certificate but do not perform any of the functions described above are not eligible to purchase credit in this system. Since duties vary, it is necessary that each tutor position be evaluated based on the above functions.

1. Did the member receive specific direction from a certified supervising teacher or administrator in planning and delivery of instructions services? YES NO
2. Was the member fully responsible for planning the instructional program for a student? YES NO
3. Did the member evaluate student progress? YES NO
4. Why was the member not considered eligible for membership in CTRB at the time of service? _____

Hourly Paid Certified Teachers

Member Name (from Page 1): _____

Section C (To be completed by the Connecticut School District where the service was performed)

Please provide the information below obtained from official payroll records and/or substantiating documents from the CT Public School District where the service was rendered. Service must be at least half time in order to qualify for membership credit. If total service is an average of less than ½ time, the board will determine the full time equivalency and allow appropriate credit.

PLEASE NOTE: All requested information is necessary to determine accurate additional credit for the member; failure to provide required information, may result in the delay or denial of the service for the member. If school records are not available, please indicate so and return the forms to our office. Credit will be determined based on actual information provided. If thorough information is not provided the board will determine the full time hours required by using 1/10th of the total hours required for monthly totals. *Credit is determined on a monthly basis for this type of service.*

School Year _____ - _____ # of days school in session _____ (180, 182, 187 other)

PLEASE USE A SEPARATE FORM FOR EACH SCHOOL YEAR

Months / Days	Number of Days School in session	Number of hours worked by full time teachers per day (6.5 hrs, 7 hrs or 8)	Number of hours worked by member (must be at least ½ time)	Hourly rate of Pay	For TRB use Only (Earnings)	For TRB use Only (FTE)
SEPTEMBER (30 calendar days)						
October (31 calendar days)						
November (30 calendar days)						
December (31 calendar days)						
January (31 calendar days)						
February (28 calendar days)						
March (31 calendar days)						
April (30 calendar days)						
May (31 calendar days)						
June (30 calendar days)						
TOTALS						

Section D (To be completed by the Connecticut School District where service was performed)

I hereby certify that the information provided has been extracted from official payroll records.

Name of Person Completing Form	Title of Person Completing Form	Phone Number
Email of Person Completing Form		Fax
Superintendent or Authorized Personnel Signature		Date

After completion, please forward this original form (Pages 1 & 2) to the CT Teacher's Retirement Board address on Page 1.