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

State of Connecticut Employment

Directions:
1. Complete Member Section A.
2. Forward to the State Agency, College, University, Department or Institution for completion of Section B.
3. Return the original completed form to CTRB, 21 Grand Street, Hartford, CT 06106-1500.

THIS FORM IS NOT TO BE USED TO DOCUMENT SUBSTITUTE SERVICE OR LESS THAN ½ TIME EMPLOYMENT

Section A (To be completed by the Member)

Member Name _____ SSN _____
(Please Print)

Home Mailing Address _____

Member Signature _____ Date _____

Section B (To be completed by State of Connecticut Employer)

Name of State Agency, University, College, Department or Institution _____

Address _____

Name and Title of person completing this form: (Please print or type) _____

Telephone number _____ Signature _____ Date: _____

Employee's Position Title _____ Start date _____ Termination date _____
Instructor, Typist, Clerk

1. Was this employee a member of the Professional Staff per Sec. 10a-20 of the CT General Statutes? YES ☐ NO ☐
2. Did this position require CT Department of Education certification? YES ☐ NO ☐
3. Did the individual hold the valid CT teaching certificate issued by the State of CT Department of Education? YES ☐ NO ☐
4. If YES what was the effective date of certification? _____
CERTIFICATION EFFECTIVE DATE
5. Was this employee a member of another retirement system? YES ☐ NO ☐
6. If YES name of the retirement system that the employee was a participating member of: _____
SERS, ARP, OTHER (SPECIFY)
7. Please furnish employment information on a school year basis (September through June):

Dates of Employment School Year	Salary	Salary Increases Enter Date & New Salary Rate	Full Time	Part Time	If Part Time Enter FTE %	Temp. Position	Perm. Position