

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND
50 Service Avenue, 1st Floor
Warwick, RI 02886
Office (401) 462-7600, Fax (401) 462-7691

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

ERSRI Substitute Teacher Policy

Substitute Teachers who work a minimum of 45 days in a school year may purchase such time ***when they become members of the system*** 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:

DAYS WORKED CREDIT RECEIVED

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

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