

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.

Please print clearly or type in black ink.

Section 1: Employee Information

SSN (last 4 digits)

Date of Birth (mm/dd/yyyy)

First Name

MI

Last Name

Address

City

State

ZIP

Email Address

Daytime Telephone Number

Section 2: Current Employer Information and Certification

Reporting Agency

Telephone Number

Fax Number

Email Address

Telephone Number

Section 3: Part Time Employment Information and Certification

Is this teacher contributing? Yes No

Employee's Title

Number of Days in School Year

Was service rendered on a substitute or temporary basis? Yes No

Signature of School Official

Date of Signature (mm/dd/yyyy)

(Part Time Teacher Verification continued on next page)

