

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.

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

Employee's Title

Number of Days in School Year

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

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

Signature

Date of Signature (mm/dd/yyyy)

Print Name

Title

Section 3: Certification of Substitute Employer (one employer per form)

Report service rendered in your school/district. List each school year separately, and indicate whether service was rendered on a full-time or part-time basis. If service was part-time, please indicate percentage of full-time employment.

School Year	Number of days in your school year	Number of days worked per school year	Amount earned as a substitute teacher	Full-Time	Part-Time (List percentage of Full-Time)

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

Signature _____
Date of Signature (mm/dd/yyyy)

Print Name _____
Title

Email Address _____
Telephone Number

Return the completed form to the address below. Incomplete or inaccurate forms will not be processed:

Employees' Retirement System of Rhode Island
 50 Service Avenue, 2nd Floor
 Warwick, RI 02886-1021

Office: (401) 462-7600 | **Fax:** (401) 462-7691
Email: ersri@ersri.org | **Website:** www.ersri.org