

PART-TIME TEACHER VERIFICATION

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 bl	ack ink.			
Section 1: Employer Dat	a			
Reporting Agency			Telephone Number	Fax Number
Address				
Address				
City			State	ZIP
Section 2: Employee Da	ta			
SN			Date of Birth (mm/dd/yyyy)
First Name		MI	Last Name	
Address				
Address				
City			State	ZIP
Section 3: Employer Cer	tification	1		
Is this teacher vested?	Yes	No		
Is this teacher contributing?	Yes	No		
(Employer Certification continued o	on next page)			



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ERSRI Part-Time Teacher Policy

Part-time teachers, not substitute teachers, who work the equivalent of half-time or more shall be eligible for ERSRI membership. Part-time teachers who work for less than the equivalent of half-time shall not be eligible for membership, but shall have the right to purchase such time under the following conditions.

- 1. Vested part time teachers with ten years of active contributing service shall have the right to purchase part-time service at the completion of the school year, but not prior to the beginning of the next school year. The purchase will be calculated at full actuarial cost.
- 2. A part-time teacher, not vested, who subsequently becomes an active ERSRI member, shall have the right to purchase past part-time service. The purchase will be calculated at full actuarial cost.
- 3. In order to purchase part-time teaching, a teacher must have worked a minimum of two-fifths (2/5's) of a school year.
- 4. Only service when the teacher worked and did not contribute is eligible for purchase. Any remaining portion of a school year the teacher did not work and did not contribute cannot be purchased.

A school day shall be defined as the minimum number of hours required by the Regulations of the Board of Regents for Education: 5 hours for Elementary and 5 $\frac{1}{2}$ hours for Secondary.

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Employees First Name	Employees MI	Employees Last Name		
Please provide ERSRI with the following inform by the teacher.	mation so that we	may verifty the percentage per day worked		

Period of Emp	loyment	Number of	Percentage	Full-Time Salary	
From (mm/dd/yyyy)	To (mm/dd/yyyy)	Working Days (Max 180)	Worked (i.e. 1/5 , 2/5 , 3/5)	(if worked full-time)	Salary Earned

(Employer Certification continued on next page)



PART-TIME TEACHER VERIFICATION

Signature		Date of Signature (mm/dd/yyyy)
Print Name	Title	

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:** <u>ersri@ersri.org</u> | **Website:** <u>www.ersri.org</u>