

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: Employer Information

Reporting Agency	Telephone Number	Fax Number
Address		
Address		
City	State	ZIP

Section 2: Employee Information

SSN	Date of Birth (mm/dd/yyyy)	
First Name	MI	Last Name
Address		
Address		
City	State	ZIP

Section 3: 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

School Year	Number of days in your school year	Number of days worked per school year	Amount earned as a substitute teacher

Section 4: 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/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: ersri@ersri.org | **Website:** www.ersri.org