



NEW YORK STATE TEACHERS' RETIREMENT SYSTEM
10 Corporate Woods Drive, Albany, NY 12211-2395

OFFICE SERVICES ONLY

PRIOR SERVICE VERIFICATION

PART 1: TO THE MEMBER: Please complete PART 1 of this form and forward to the employer where service was rendered to complete PART 2.

EmpID

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Social Security #

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NAME <small>(First) (Middle) (Last)</small>	FORMER NAME(S)
ADDRESS <small>(Street)</small>	PHONE NUMBER
<small>(City)</small>	<small>(State) (Zip Code)</small>
Is this address your PERMANENT address to be used by the System? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURE	DATE
SERVICE FOR SCHOOL YEARS	

PART 2: TO BE COMPLETED BY EMPLOYER: PLEASE LIST ALL DATA BY SCHOOL YEAR (JULY 1 - JUNE 30). DO NOT SEND PAYROLL RECORDS.

School Year Ending 6/30	Salary Earned	Number of Full Days Worked	Rate of Pay (eg: \$2.50/hr.; \$30/day; \$10,000/yr.)	Job Title

1. Number of hours in a full school day:
2. Was any of the above service less than full-time? YES NO
 If yes, what percentage of full-time service does this represent? _____ %
3. Was this service per diem substitute service? YES NO
4. If this is college service, were contributions made to TIAA? YES NO
 If yes, what period of time did the contributions cover? _____
5. Was the member paid on a regular payroll? YES NO
 If no, how were they paid: _____

I HEREBY CERTIFY THE ABOVE LISTED SERVICE WAS RENDERED IN A PUBLIC SCHOOL OR COLLEGE AND THE INFORMATION WAS TAKEN FROM THE OFFICIAL RECORDS. RETURN COMPLETED FORM TO THE NEW YORK STATE TEACHERS' RETIREMENT SYSTEM AT THE ADDRESS LISTED AT THE TOP OF THE FORM.

Name of School District		District Code		State	
Signature of School Official			Title		Date
Address (Street)		(City)	(State)	(Zip Code)	Phone Number ()