

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

VERIFICATION OF UNCREDITED NEW YORK

CITY DEPARTMENT OF EDUCATION TEACHING

PART 1: <u>To be completed by member</u>: Please complete <u>all</u> requested information on this page. (Please note: If you have not already submitted a Prior Service Claim (PRS-2) form, you can do so by downloading the form at NYSTRS.org, or by creating a MyNYSTRS account and submitting the form electronically.) NYSTRS EmplID *REQUIRED* NAME (Middle) (First) (Last) (Zip Code) ADDRESS (Street) (City) (State) Is this address your PERMANENT address to be **PHONE NUMBER** ☐ Yes used by the System? SIGNATURE DATE Were you ever a member of a New York City Public Retirement System? П YES П NO If ves, is a benefit due from a New York City Public Retirement System? YES NO If unknown, you must secure this information from the New York City Retirement System. NYC File # Former Name(s) Date of Employment School/Office District/ Type of Service From To (Location of Employment) Borough Regular Teacher Regular Substitute Per Diem **Evening Community Center** After School Playground Vacation Playground Youth Board Hourly School Lunch (E741) Paraprofessional (E743) School Aides, Guards (E744) Administrative (J740 or H740) Annual School Lunch (J741-H741) Hourly Admin Mechanics (Z740) Other (specify) Include additional information and unique requests in the comment box below.

Forward this form for the completion of Part 2, on reverse side, to:

The New York City Department of Education Division of Financial Operations Bureau of Employee Support Services Office of Employment Records Research 65 Court Street, Level C Brooklyn, NY 11201

OFFICE SERVICES ONLY

PART 2: To be completed by the Office of Employment Records Research:

The member listed on the reverse side has claimed credit for New York City Teaching service. However, before we evaluate this service, the following information is needed. Please print or type all data by school year (July 1 - June 30).

School Year Ending June 30	Salary Received		Number of Days For Which Salary Was Paid		
I HEREBY CERTIFY THAT ABOVE LISTED TEACHING SERVICE WAS RENDERED IN A NEW YORK CITY PUBLIC SCHOOL AND THE INFORMATION WAS TAKEN FROM THE OFFICIAL RECORDS.					
SIGNATURE OF OFFICIAL		TITLE		DATE	
ADDRESS (Street)		(City)		(State) (Zip Code)	
PHONE NUMBER					
()					

Return completed form to: New York State Teachers' Retirement System

10 Corporate Woods Drive Albany, NY 12211-2395 Fax: (518) 431-8793