



**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**. (Please note: If you have not already submitted a *Prior Service Claim* (PRS-2), you can do so by downloading the form at NYSTRS.org, or by creating a MyNYSTRS account and submitting the form electronically.)

EmpID

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Social Security #

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

**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 Days Worked	Number of Credit Hours (For Colleges Only)	Rate of Pay (e.g.: \$13.50/hr; \$100/day; \$20,000/yr)	Job Title

1. Number of hours in a full school day:  If college, number of credit hours (full load):
2. Was this service reported to a NYS public retirement system?  YES  NO What years? \_\_\_\_\_
3. Was any of the above service less than full-time?  YES  NO  
If yes, what percentage of full-time service does this represent? \_\_\_\_\_ %
4. Was this service per diem substitute service?  YES  NO
5. Were contributions made to TIAA?  YES  NO  
If yes, what period of time did the contributions cover? \_\_\_\_\_  
*(If yes, please submit a copy of the election form)*
6. Was the member paid on a regular payroll?  YES  NO  
If no, how were they paid: \_\_\_\_\_

**I HEREBY CERTIFY THAT I AM A CURRENT EMPLOYEE OF THE DISTRICT OR COLLEGE, THE ABOVE LISTED SERVICE WAS RENDERED IN A PUBLIC SCHOOL OR COLLEGE, AND THE INFORMATION WAS TAKEN FROM THE OFFICIAL EMPLOYER RECORDS. RETURN COMPLETED FORM TO THE NEW YORK STATE TEACHERS' RETIREMENT SYSTEM BY FAX TO (518) 431-8793, OR BY MAIL TO 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 ( )