

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND
 40 Fountain Street, 1st Floor
 Providence, RI 02903 – 1854
 Office (401) 222-2203, Fax (401) 222-2430

Teacher DAY COUNT VERIFICATION For Verification of School Days Worked

Instructions: Please print or type in black ink. Please return completed form to ERSRI. Your promptness is appreciated.

This form is to be completed and signed only by an ERSRI EMPLOYER.

This form is for VERIFICATION of contributing service credit only.

For purchase of Substitute, Leave or Part-time Teaching credit, member must also submit the appropriate form for the type of purchase requested.

EMPLOYER DATA

REPORTING AGENCY	TELEPHONE NUMBER	FAX NUMBER
ADDRESS		
CITY	STATE	ZIP

EMPLOYEE DATA

NAME	MI	LAST	SOCIAL SECURITY NUMBER
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EMPLOYER CERTIFICATION

<p><u>ERSRI Teacher Service Credit</u></p> <p>Teachers who work and contribute on a minimum of 45 days in a school year are awarded retirement service credit in accordance with the chart to the right. Service credit is awarded based on a 180-day school year.</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>DAYS WORKED</u></th> <th style="text-align: left;"><u>CREDIT RECEIVED</u></th> </tr> </thead> <tbody> <tr> <td>45 – 66</td> <td>3 months</td> </tr> <tr> <td>67 – 90</td> <td>6 months</td> </tr> <tr> <td>91 – 134</td> <td>9 months</td> </tr> <tr> <td>135 or more</td> <td>12 months</td> </tr> </tbody> </table>	<u>DAYS WORKED</u>	<u>CREDIT RECEIVED</u>	45 – 66	3 months	67 – 90	6 months	91 – 134	9 months	135 or more	12 months
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EMPLOYER: PLEASE PROVIDE ERSRI WITH THE FOLLOWING INFORMATION SO THAT WE MAY VERIFY THE DAYS PER SCHOOL YEAR WORKED and CONTRIBUTED ON BY THE TEACHER.

School Year	Number of School Days in this year	# of School Days Employee Worked	Indicate if "F" full days, or % (1/5, 2/5, 3/5)	Total Amount Earned for the School Days Worked	Contractual Fulltime Salary for this School Year

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/ccyy)
PRINT NAME	TITLE