

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

PART-TIME TEACHER VERIFICATION

Instructions: Please return the completed form to ERSRI within 35 days of the end of the school year.

EMPLOYER DATA

REPORTING AGENCY	TELEPHONE NUMBER	FAX NUMBER
ADDRESS		
ADDRESS		
ADDRESS		
CITY	STATE	ZIP

EMPLOYEE DATA

SOCIAL SECURITY NUMBER		DATE OF BIRTH (mm/dd/ccyy)		
NAME	FIRST	MI		LAST
ADDRESS				
ADDRESS				
ADDRESS				
CITY		STATE		ZIP

EMPLOYER CERTIFICATION

1. Is this teacher vested? YES NO
2. Is this teacher contributing? YES NO

ERSRI Part-Time Teacher Policy

Part-time teachers, not substitute teachers, who work the equivalent of half-time or more shall be eligible for ERSRI membership. Part-time teachers who work for less than the equivalent of half-time shall *not* be eligible for membership, but shall have the right to purchase such time under the following conditions.

- Vested** part-time teachers with ten years of active contributing service shall have the right to purchase part-time service at the completion of the school year, but prior to the beginning of the next school year, by contributing the amount he/she would have contributed during the same school year. He/she can also purchase such credits prior to retirement, but interest charges will be added to the contribution amount.
- A part-time teacher, **not vested**, who subsequently becomes an active ERSRI member, shall have the right to purchase past part-time service. The teacher must purchase the part-time credits during the first year of active membership. Otherwise, interest charges will be added to the contribution amount.

A school day shall be defined as the minimum number of hours required by the Regulations of the Board of Regents for Education: 5 hours for Elementary and 5 ½ hours for Secondary.

PLEASE PROVIDE ERSRI WITH THE FOLLOWING INFORMATION SO THAT WE MAY VERIFY THE PERCENTAGE PER DAY WORKED BY THE TEACHER.

Period Of Employment (Please break down by school year)		Number of days worked (Max 180)	Percentage worked (i.e. 1/5 , 2/5 , 3/5)	Full-time salary (if worked full-time)	Salary Earned
From (mm/dd/ccyy)	To (mm/dd/ccyy)				
SIGNATURE			DATE OF SIGNATURE (mm/dd/ccyy)		
PRINT NAME			TITLE		