

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

## PRIVATE TEACHING CREDIT REQUEST FORM

**Instructions: Please print or type in black ink. This form must first be authorized by the member and certified by an ERSRI school official, forwarded to the former employer for certification, then forwarded to the former retirement system for completion. The completed form must then be returned to the Employees' Retirement System of Rhode Island.**

### MEMBER INFORMATION

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

### MEMBER AUTHORIZATION

**I, the undersigned, certify that the above information is true and correct. I understand that any member who knowingly makes a false statement regarding purchase credit shall not be entitled to a retirement allowance but only to a return of contributions.**

SIGNATURE OF MEMBER	DATE OF SIGNATURE (mm/dd/ccyy)
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### ERSRI SCHOOL OFFICIAL'S CERTIFICATION

CURRENT SCHOOL DISTRICT AND POSITION	CURRENT SCHOOL YEAR AND CONTRACTUAL SALARY
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**I hereby certify the above salary information to be true and correct based upon our official records.**

SIGNATURE OF SCHOOL OFFICIAL	DATE OF SIGNATURE (mm/dd/ccyy)
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### FORMER EMPLOYER INFORMATION

SCHOOL/SCHOOL DISTRICT	TELEPHONE NUMBER	FAX NUMBER	Indicate whether school is "N" Non-Profit or "P" Profit:
ADDRESS			
ADDRESS			
ADDRESS			
CITY	STATE	ZIP	

**FORMER EMPLOYER CERTIFICATION**

EMPLOYEE'S TITLE	NUMBER OF DAYS IN SCHOOL YEAR
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Was service rendered on a substitute or temporary basis?  YES  NO

**Report service rendered in your school/district. List each service year separately, and indicate whether service was rendered on a full-time or part-time basis. If service was part-time, please indicate percentage of full-time employment.**

Period Of Employment		Number of Days Worked (Max 180)	Full-Time	Part-Time (List % of Full-Time)
From (mm/dd/ccyy)	To (mm/dd/ccyy)			

**After completing this section, please forward this form to the Retirement System or Plan in which the person was a member for completion.**

**I hereby certify the above salary information to be true and correct based upon our official records.**

SIGNATURE	DATE OF SIGNATURE (mm/dd/ccyy)
PRINT NAME	TITLE

**FORMER RETIREMENT SYSTEM OR PENSION PLAN CERTIFICATION**

Is the member receiving or entitled to receive a benefit from your system or plan based on this service?  YES  NO

**If this member becomes eligible to receive a retirement benefit from your system, which includes the service certified for purchase in the Employees' Retirement System of Rhode Island, please inform this office immediately.**

SIGNATURE	DATE OF SIGNATURE (mm/dd/ccyy)
PRINT NAME	TITLE

NAME OF RETIREMENT SYSTEM

Please return this form to the ERSRI, 40 Fountain Street, Providence, RI 02903-1854 – Tel: (401) 222-2203 Fax: (401) 222-2430