

This form is for the purchase of Private Teaching credit in the State of Rhode Island, grades K-12 only. 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

Please print clearly or type in black ink.

Section 1: Member Data

SSN _____ Date of Birth (mm/dd/yyyy) _____

First Name _____ MI _____ Last Name _____

Address _____

Address _____

City _____ State _____ ZIP _____

Section 2: 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.

Member Signature _____ Date of Signature (mm/dd/yyyy) _____

Section 3 : ERSRI School Official's Certification

Current School District and Position _____ Current School Year and Contractual Salary _____

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

Member Signature _____ Date of Signature (mm/dd/yyyy) _____

Section 4: Former Employer Information

			Non-Profit	Profit
<i>School/School District</i>	<i>Telephone Number</i>	<i>Fax Number</i>		
<i>First Name</i>	<i>MI</i>	<i>Last Name</i>		
<i>Address</i>				
<i>Address</i>				
<i>City</i>	<i>State</i>	<i>ZIP</i>		

Section 5: Former Employer Certification

<i>Employee's Title</i>	<i>Number of Days in School Year</i>
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 Working Days (Max 180)	Full-Time	Part-Time (List % of Full-Time)
From (mm/dd/yyyy)	To (mm/dd/yyyy)			

(Former Employer Certification continued on next page)

<i>Print Name</i>	<i>Title</i>
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Name of Retirement System

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