

Out-of-State Teaching Certification



Teachers Retirement System of Georgia

A To Be Completed by Member -- Use black ink only and please print clearly.

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Social Security Number

Last Name

First Name

Middle Initial

Street Address or PO Box

City

State

Zip Code

Date of Birth

Phone Number

E-mail Address

Name(s) under which service was rendered if different from above: _____

Years employed

Employer

From _____ To _____

If you have additional out-of-state employment AND you wish to purchase this service, please list name(s) of other employer(s). Submit a separate packet for each out-of-state employer for which you will purchase credit.

State

School District

_____	_____
_____	_____
_____	_____
_____	_____

In order to comply with Georgia law, TRS members may not receive credit for more than one year of service during any fiscal year.

Verification & Signature

I hereby authorize the release of all information necessary to verify service to be purchased with TRS.



O S - 4

Your Signature

Date

Applicant must forward form to out-of-state employer for completion of Section B.

Out-of-State Teaching Certification



Teachers Retirement System of Georgia

B To Be Completed by Out-of-State Employer

Member's Social Security Number: --

Member Name: _____

Title or Position	50% Permanent (yes or no)	Actual Working Dates Each Fiscal Year (July - June)		Number of Months Worked	Number of Months in Contract	Actual Earnings
		From (MM/DD/YY)	To (MM/DD/YY)			
Example: <i>Teacher</i>	<i>yes</i>	<i>07/07/13</i>	<i>06/23/14</i>	<i>10</i>	<i>10</i>	<i>\$ 30,000</i>
_____	_____	____/____/____	____/____/____	_____	_____	\$ _____
_____	_____	____/____/____	____/____/____	_____	_____	\$ _____
_____	_____	____/____/____	____/____/____	_____	_____	\$ _____
_____	_____	____/____/____	____/____/____	_____	_____	\$ _____
_____	_____	____/____/____	____/____/____	_____	_____	\$ _____
_____	_____	____/____/____	____/____/____	_____	_____	\$ _____

Comments: _____

List any dates of unpaid absence: _____

Retirement system name: _____

Signature of Employer - By signing, you certify that the information provided above is accurate.

Signature of Superintendent or Other Official: _____ Title: _____ Date: _____

E-mail: _____ Name of School System or Institution: _____

Street Address or PO Box: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

After completing this section, please forward the entire packet to the retirement system in which this person was enrolled. If the employee was not a member of a retirement system, please forward directly to TRS of GA. We appreciate your assistance.

C To Be Completed by Out-of-State Public Retirement System

- Is this applicant receiving or entitled to a benefit from your system based on the service certified in Section B? Yes No
- Has this applicant withdrawn contributions for the service certified in Section B? Yes No
- Does this person have credit in your system for employment in another state or another retirement system in your state? Yes No

If yes, please indicate the state(s) and year(s) below:

State(s) _____ Year(s) _____

- Is the service listed in Section B of this form an accurate reflection of your records? Yes No

If no, please indicate the exact beginning and ending dates of employment, number of months worked, and total salary earned on a July to June fiscal year basis on an attached sheet.

Signature of Retirement System Official: _____ Title: _____ Date: _____

Phone Number: _____ E-mail: _____

Name of Retirement System: _____

Street Address or PO Box: _____

City: _____ State: _____ Zip Code: _____

After completing this section, please forward the entire packet to TRS at the address below.

Out-of-State Teaching Certification Instructions



Teachers
Retirement
System of
Georgia

Teachers Retirement System of Georgia
Two Northside 75, Suite 100
Atlanta, GA 30318

Please complete one packet for each out-of-state employer. All pages of the packet must remain together. Sections A, B and C must be fully completed before submitting the packet to TRS. Incomplete packets may be returned to you for additional required information.

Georgia law allows eligible active members of the Teachers Retirement System of Georgia (TRS) to establish up to 10 years of retirement credit for teaching service rendered in: 1) state-supported school systems or units of a state university system of other states in the USA; 2) public school systems of the Virgin Islands, Puerto Rico, Guam, and the District of Columbia; and 3) American Dependent schools and schools operated by the Bureau of Indian Affairs of the U.S. Department of Interior.

Credit for temporary employment, student employment (if current membership date is on or after 01/27/1988), and employment on a less than 50% basis is ineligible. Members are not permitted to establish credit for service that is or will be benefit eligible with another public retirement system, excluding Social Security.

A Member Information

Please clearly print or type all requested information and sign where indicated. Your signature means that you authorize the release of information from your prior employer and retirement system for purposes of establishing possible credit with TRS. Forward the entire packet to your out-of-state employer.

B Employer Information

This section should be completed by a Human Resources or Payroll representative with your prior employer. Please clearly print or type all requested information. Please list the **position held, actual working dates, months worked, months in contract** and **actual earnings** for each year on a fiscal year (July 1 - June 30) basis. Please note any periods of unpaid absence. **Do not list temporary employment, student employment, or employment on a less than 50% basis.** If employment details are not available, or the employee was not enrolled in a retirement system, please provide an explanation in the comments section. Forward the entire packet to the retirement system in which the employee was enrolled.

C Retirement System Information

This section should be completed by a retirement system official. Please clearly print or type all requested information. After completing this section, forward the entire packet to the Teachers Retirement System of Georgia.