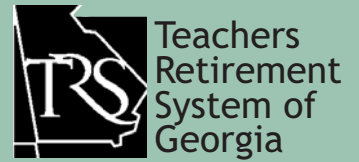


Out-of-State Teaching Certification



Active members of the Teachers Retirement System of Georgia (TRS) may establish up to ten 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.

Filling out this form

Page 1: As a TRS member, **you** are responsible for completing the first page and for obtaining official certification for each year or partial year of out-of-state service and related salary from a current official of the school system or institution in which the service was rendered, as well as certification from the retirement system.

Page 2: Must be completed by **each of your out-of-state employers.**

Page 3: Must be completed by each **retirement system** in which you participated during the period of out-of-state employment.

▼ To Be Completed by Member -- please print clearly

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Social Security Number

Current Georgia Employer

Last Name

First Name

Middle Initial

Street Address or P.O. Box

()

Telephone Number (daytime)

City

State

Zip Code

Member's Certification

Retirement credit for out-of-state service can be established only if the out-of-state employment, had it been rendered in Georgia, would have made you eligible for membership in TRS.

All such teaching service must have been rendered on at least a one-half time basis as a permanent employee. If the employment was as a temporary or emergency employee, it is not eligible. Also, no credit may be established if you were receiving or entitled to receive a benefit based on such service from any other public retirement system, excluding Social Security.

For additional information concerning eligibility and cost, please refer to the TRS Member's Guide.

Please print the name of your out-of-state employer and list each school year you were employed.

Out-of-State Employer

From (MM/DD/YY)

To (MM/DD/YY)

Out-of-State Employer	From (MM/DD/YY)	To (MM/DD/YY)
_____	____/____/____	____/____/____
_____	____/____/____	____/____/____
_____	____/____/____	____/____/____
_____	____/____/____	____/____/____
_____	____/____/____	____/____/____
_____	____/____/____	____/____/____
_____	____/____/____	____/____/____
_____	____/____/____	____/____/____
_____	____/____/____	____/____/____
_____	____/____/____	____/____/____

Other Information

1. When you performed the above service, was your name the same as shown above?

Yes No

If no, what was your name then? _____

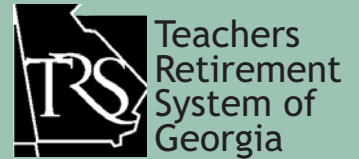
2. Are you entitled to any retirement benefit from another public retirement system (excluding Social Security) as a result of the above listed out-of-state service?

Yes No



After completing this section, please forward the entire form to your former out-of-state employer.
If you have more than one out-of-state employer, please forward a complete copy of the form to each one.

Out-of-State Teaching Certification cont.



This page must be filled out by EACH out-of-state employer.

▼ To Be Completed by Out-of-State Employer -- please print clearly

Certification of Service

Please fill in the following information.

Be sure to list the name of the retirement system the employee was a member of as a result of their employment with your system.

If the employee was not a member of a retirement system, please provide an explanation in the comment section below.

From the official records of _____
School System, College, University or Agency

I certify that _____, _____,
Employee's Name Social Security Number

was a permanent employee on at least a one-half time basis as shown in the next section of this form. DO NOT list temporary employment, student employment, or employment rendered on a less than half-time basis.

Name of Retirement System

Out-of-State Service Record

Please list each year separately based on a fiscal year (July-June) basis.

Employer _____	Title or Position _____	(July - June) Term of Service During Each Fiscal Year		Number of Months Worked	Total Salary Received _____
		FROM (MM/DD/YY)	TO (MM/DD/YY)		

Comments: _____

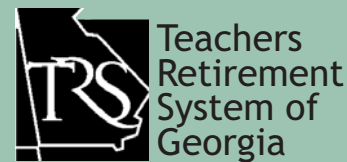
Signature of Employer

By signing, you certify that the information provided above is accurate.

Signature of Superintendent or Other Official _____ Title _____
 Name of School System or Institution _____ Phone Number (daytime) _____
 Street Address or PO Box _____
 City _____ State _____ Zip Code _____

After completing this section, please forward the entire form 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. We appreciate your assistance.

Out-of-State Teaching Certification cont.



This page must be filled out by the retirement system.

▼ To Be Completed by Retirement System -- please print clearly

Certification of Retirement Credit

The person named on this form is an active member of the Teachers Retirement System of Georgia and wished to establish credit for the service indicated on pages 1 and 2 of this form.

Georgia law does not permit the purchase of such service if a benefit is allowable in another public retirement system (excluding Social Security) or if the service is currently included in a vested account with another retirement system.

Please complete the statements to indicate the member's eligibility for retirement benefits from your system.

Employee's Name _____ Social Security Number _____

1. Was this person a member of your retirement system? Yes No
If no, and you know why, please explain in the comments section below.
2. Does this person still have money on account with your system? Yes No
3. Is this person receiving or entitled to receive a benefit or refund from your system based on this service? Yes No
4. If this person does not return to teaching in your state, will he or she be eligible to receive a benefit from your system? Yes No
5. Does this person have credit in your system for employment in another state? Yes No
If yes, please indicate the state(s) and year(s) below.
State _____ Year _____ State _____ Year _____
State _____ Year _____ State _____ Year _____
6. Is the service listed on page 2 of this form an accurate reflection of your records? Yes No
If no, please indicate the retirement credit indicated by the records of your system in the comments section below.

Comments: _____

Signature of Retirement System Official

By signing, you certify that the information provided above is accurate.

Signature of Retirement System Official _____ Title _____
Name of Retirement System _____ Phone Number (daytime) _____
Street Address or PO Box _____
City _____ State _____ Zip Code _____

After completing this section, please forward to TRS at the address listed below. We appreciate your assistance.