Certification of Georgia Private School Employment

Teachers Retirement System of Georgia

Legislation allowing TRS members to establish creditable service for previous employment in an accredited private school within the State of Georgia was passed during the 2002 legislative session and became effective July 1, 2002. The criteria listed below must be met in order for the service to be established.

1. the employment must have been on a permanent, not less than half-time, basis with a private elementary or secondary school or any private college or university located in the State of Georgia;
2. the private school must have been accredited by the Southern Association of Colleges and Schools, the Georgia Accrediting Association or a nationally recognized accrediting agency by the State Board of Education;
3. the member must have completed at least five consecutive years of membership service in the public schools of Georgia or the University System of Georgia immediately prior to applying for the first year of private school service; and
4. with the completion of each additional year of Georgia service thereafter, a member may establish a year of private school service, to a maximum of ten years.

A member who desires to establish creditable service under this provision must provide satisfactory documentation to TRS of the period of employment and that the private school was accredited during that period of employment. The cost to purchase this service will be the full actuarial cost. Full actuarial cost is defined as the amount of funds presently required to provide future benefits.

The bottom section of this form should be completed by the appropriate official of the institution and submitted to TRS in order for TRS to determine the eligibility of the service.

▼To Be Completed by Member -- *please print clearly*

___ ___ ___ – ___ ___ – ___ ___ ___ ___
Social Security Number

Current Georgia Employer

Last Name

First Name

Middle Initial

Street Address

City

State

Zip Code

Telephone Number-Daytime

▼To Be Completed by Employer -- *please print clearly*

I certify the above person was a permanent employee on at least a one half-time basis or more as shown below. **Please DO NOT** list temporary employment, student employment or other employment rendered on a less than half-time basis.

Please list each year on a separate line based on a Fiscal Year (July-June) basis.

Employer	Title or Position	Fiscal Year From (MM/DD/YY)	Fiscal Year To (MM/DD/YY)	# of Months in Service
		___/___/___	___/___/___	
		___/___/___	___/___/___	
		___/___/___	___/___/___	
		___/___/___	___/___/___	
		___/___/___	___/___/___	
		___/___/___	___/___/___	
		___/___/___	___/___/___	
		___/___/___	___/___/___	

Was the school accredited during this period of employment? ❑Yes ❑No

If so, by what organization? _____

Signature of Official Institution

Name of Institution

Title

Address (Line 1)

Phone Number

Address (Line 2)

P S - 1