

Application for Purchase of Credit for In-System Substitute Teaching

Public School Retirement System of the City of St. Louis
 One U.S. Bank Plaza, Suite 2510
 St. Louis, MO 63101-1657
 Voice: (314) 241-7763
 Fax: (314) 241-1806

INSTRUCTIONS: Print in ink or type all entries except signatures. To obtain your employment record information for the period of time you were a substitute teacher, you must complete Section I and forward this form to St. Louis Public Schools, 801 North 11th Street, St. Louis, MO 63101, Attention: Human Resources Department.

SECTION I - TO BE COMPLETED BY THE APPLICANT

**PERIOD OF TIME YOU
WORKED AS A
SUBSTITUTE TEACHER**

FROM

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 MONTH DAY YEAR

TO

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 MONTH DAY YEAR

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 SOCIAL SECURITY NUMBER

 LAST NAME FIRST NAME MI

 STREET ADDRESS DAYTIME TELEPHONE

 CITY STATE ZIP EVENING TELEPHONE

Names under which service was rendered, if different from above: _____

I hereby authorize the release of all information necessary to verify substitute teaching service for which I would like to purchase credit with the Public School Retirement System of the City of St. Louis.

 APPLICANT'S SIGNATURE DATE

SECTION II - TO BE COMPLETED BY ST. LOUIS PUBLIC SCHOOLS - This applicant is an Active Member of the Public School Retirement System of the City of St. Louis and wishes to purchase credit for substitute teaching service for the period indicated in Section I above. Please certify teaching service rendered during the period by completing Section II of this form and forwarding the form to the Retirement System for a determination of purchase eligibility and cost.

SOURCE DOCUMENTS Official Payroll Records Official Human Resources Records

CERTIFICATION OF SUBSTITUTE TEACHING SERVICE LISTED IN SECTION I OF THIS FORM				
CALENDAR YEAR	SCHOOL	ACTUAL SALARY EARNED	MONTHS OF EMPLOYMENT	ACTUAL NUMBER OF DAYS PAID

 SIGNATURE OF CERTIFYING OFFICIAL DATE

 TITLE OF CERTIFYING OFFICIAL TELEPHONE NUMBER

PLEASE RETURN COMPLETED FORM TO THE RETIREMENT SYSTEM AT THE ADDRESS ABOVE. THANK YOU.