



NEW YORK STATE TEACHERS' RETIREMENT SYSTEM
10 Corporate Woods Drive, Albany, NY 12211-2395

OFFICE SERVICES ONLY

VERIFICATION OF UNCREDITED NEW YORK CITY DEPARTMENT OF EDUCATION TEACHING

PART 1: To be completed by member: Please complete **all** requested information on this page.
 (Please note: If you have not already submitted a *Prior Service Claim* (PRS-2) form, you can do so by downloading the form at NYSTRS.org, or by creating a MyNYSTRS account and submitting the form electronically.)

EmpID

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Social Security #

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NAME	(First)	(Middle)	(Last)
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ADDRESS	(Street)	(City)	(State)	(Zip Code)
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Is this address your PERMANENT address to be used by the System? <input type="checkbox"/> Yes <input type="checkbox"/> No	PHONE NUMBER
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SIGNATURE	DATE
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Were you ever a member of a New York City Public Retirement System? YES NO

If yes, is a benefit due from a New York City Public Retirement System? YES NO

If unknown, you must secure this information from the New York City Retirement System.

NYC File #	Former Name(s)
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Type of Service	Date of Employment From To	School/Office (Location of Employment)	District/Borough
Regular Teacher	-		
Regular Substitute	-		
Per Diem	-		
Evening Community Center	-		
After School Playground	-		
Vacation Playground	-		
Youth Board	-		
Hourly School Lunch (E741)	-		
Paraprofessional (E743)	-		
School Aides, Guards (E744)	-		
Administrative (J740 or H740)	-		
Annual School Lunch (J741-H741)	-		
Hourly Admin Mechanics (Z740)	-		
Other (specify)	-		

Include additional information and unique requests in the comment box below.

Forward this form for the completion of Part 2, on reverse side, to:

The New York City Department of Education
 Division of Financial Operations
 Bureau of Employee Support Services
 Office of Employment Records Research
 65 Court Street, Level C
 Brooklyn, NY 11201

PART 2: To be completed by the Office of Employment Records Research:

The member listed on the reverse side has claimed credit for New York City Teaching service. However, before we evaluate this service, the following information is needed. Please print or type all data by school year (July 1 - June 30).

School Year Ending June 30	Salary Received	Number of Days For Which Salary Was Paid

I HEREBY CERTIFY THAT ABOVE LISTED TEACHING SERVICE WAS RENDERED IN A NEW YORK CITY PUBLIC SCHOOL AND THE INFORMATION WAS TAKEN FROM THE OFFICIAL RECORDS.

SIGNATURE OF OFFICIAL	TITLE	DATE	
ADDRESS (Street)	(City)	(State)	(Zip Code)
PHONE NUMBER ()			

**Return completed form to: New York State Teachers' Retirement System
10 Corporate Woods Drive
Albany, NY 12211-2395**