



Verification of Service

FOR OFFICE USE ONLY

Toll-Free: (800) 821-2251
alaska.gov/dr

Division of Retirement and Benefits
P.O. Box 110203
Juneau, AK 99811-0203

Juneau: (907) 465-4460
TDD: (907) 465-2805
Fax: (907) 465-3086

I. PERSONAL DATA (to be completed by teacher)

ATTN:

NAME (LAST / FIRST / M.I.)	PRIOR	SOCIAL SECURITY NUMBER	INSTRUCTIONS This form should be completed by the responsible person in charge of records where the service was rendered. Please return the completed form to the Teachers' Retirement System (TRS) at the above address. LIST CHRONOLOGICALLY EACH SCHOOL YEAR of teaching service rendered under your jurisdiction by the applicant. Return to the employee for concurrence/review. Employee should submit all verifications at one time to the TRS.
MAILING ADDRESS (STREET OR P.O. BOX / CITY / STATE / ZIP+4)			
NAME UNDER WHICH SERVICE WAS RENDERED (IF DIFFERENT FROM ABOVE)		TELEPHONE NUMBER	

II. TEACHING EXPERIENCE (to be completed by responsible school official)

SCHOOL YEAR DURING WHICH SERVICE WAS RENDERED		NAME OF SCHOOL	*1 TYPE OF SCHOOL	*2 ACCREDITED		LENGTH OF SCHOOL TERM (DAYS)	*3 ACTUAL DAYS SERVED	*4 HOURS PER DAY EMPLOYED	POSITION HELD	*5 TEACHING CERTIFICATE REQUIRED		TYPE OF TEACHING				*6 ACADEMIC STANDING	
BEGINNING DATE	ENDING DATE			YES	NO					YES	NO	FULL TIME	PART TIME	CONT- RACT %	SUBSTI- TUTE	YES	NO
JULY 1, ____	JUNE 30, ____																
JULY 1, ____	JUNE 30, ____																
JULY 1, ____	JUNE 30, ____																
JULY 1, ____	JUNE 30, ____																
JULY 1, ____	JUNE 30, ____																
JULY 1, ____	JUNE 30, ____																
JULY 1, ____	JUNE 30, ____																
JULY 1, ____	JUNE 30, ____																
JULY 1, ____	JUNE 30, ____																
JULY 1, ____	JUNE 30, ____																
JULY 1, ____	JUNE 30, ____																
JULY 1, ____	JUNE 30, ____																
JULY 1, ____	JUNE 30, ____																

II. TEACHING EXPERIENCE CONTINUED (to be completed by responsible school official)

SCHOOL YEAR DURING WHICH SERVICE WAS RENDERED		NAME OF SCHOOL	*1 TYPE OF SCHOOL	*2 ACCREDITED		LENGTH OF SCHOOL TERM (DAYS)	*3 ACTUAL DAYS SERVED	*4 HOURS PER DAY EMPLOYED	POSITION HELD	*5 TEACHING CERTIFICATE REQUIRED		TYPE OF TEACHING				*6 ACADEMIC STANDING	
BEGINNING DATE	ENDING DATE			YES	NO					YES	NO	FULL TIME	PART TIME	CONT- RACT %	SUBSTI- TUTE	YES	NO
JULY 1, ____	JUNE 30, ____																
JULY 1, ____	JUNE 30, ____																
JULY 1, ____	JUNE 30, ____																
JULY 1, ____	JUNE 30, ____																
JULY 1, ____	JUNE 30, ____																
JULY 1, ____	JUNE 30, ____																
JULY 1, ____	JUNE 30, ____																
JULY 1, ____	JUNE 30, ____																
JULY 1, ____	JUNE 30, ____																
JULY 1, ____	JUNE 30, ____																
JULY 1, ____	JUNE 30, ____																
JULY 1, ____	JUNE 30, ____																
JULY 1, ____	JUNE 30, ____																
JULY 1, ____	JUNE 30, ____																
JULY 1, ____	JUNE 30, ____																
JULY 1, ____	JUNE 30, ____																
JULY 1, ____	JUNE 30, ____																
JULY 1, ____	JUNE 30, ____																
JULY 1, ____	JUNE 30, ____																
JULY 1, ____	JUNE 30, ____																

*1 TYPE OF SCHOOL: For type of school enter PUB for Public, PRI for Private, DEN for Denominational, IHL for Institution of Higher Learning or FGN for Foreign schools.

*2 ACCREDITED: A school will be considered accredited only if officially accredited by a state Department of Education, a territorial accrediting association, one of the regional accrediting associations (i.e., Northwest), schools operated by the United States and in foreign countries when the school has been accredited by a recognized agency of the United States.

*3 ACTUAL DAYS SERVED: Actual days served should include all paid personal or sick leave taken as work days during the school year.

*4 HOURS PER DAY EMPLOYED: For elementary or secondary school indicate the number of hours in a normal work day. For an Institution of Higher Learning indicate the number of credit hours taught (i.e., 3CH)

*5 TEACHING CERTIFICATE: A position will be considered creditable only if that position required a teaching certificate as a condition of employment (regardless of whether or not the employee already held one).

*6 ACADEMIC STANDING: If an Institution of Higher Learning, please indicate if individual has academic standing.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT ACCORDING TO OUR OFFICIAL RECORDS.

SIGNATURE OF CERTIFYING OFFICIAL	DATE
PRINTED NAME AND TITLE	