



CT TEACHERS' RETIREMENT BOARD
765 ASYLUM AVENUE HARTFORD, CT 06105-2822
"An Affirmative Action/Equal Opportunity Employer"
 Toll-Free 1-800-504-1102 (860) 241-8400 Fax (860) 525-6018 www.ct.gov/trb

Part-time Lecturer Service

It is recommended that you visit the [Publications](#) page on the website. Under Bulletins and Publications scroll to the [Part-Time Lecturer Service](#) bulletin.

Section A (To be completed by the Member)

Member Name _____ SSN _____

Home Mailing Address _____

Member Signature _____ Date _____ Email _____

Sec. 10-183p. Transfers between State Employees Retirement System (SERS), Teachers' Retirement System (TRS) and Alternate Retirement Program (ARP). In order to purchase credit under TRS members must divest all funds under SERS or ARP; or in the case of non-contributory Tier 1, must file documentation with SERS that an application for retirement benefits will not be filed.

At the time of this employment were you also employed in a local school district or another public college or university in CT? Yes No Provide the name of the employer. _____

Section B (To be completed by State of Connecticut Employer)

Name of Connecticut State College or University _____

Address _____

Name and Title of person completing this form _____

Telephone # _____ Fax # _____ Email _____

Signature _____ Date _____

Please furnish employment information on a school year (September through June) and semester basis. (Fall or Spring)

DO NOT INCLUDE SUMMER, INTERSESSIONS OR NON-CREDIT HOURS.

School Year	Semester Worked		Salary		Total Credit Hours	
	Fall	Spring	Fall	Spring	Fall	Spring
EXAMPLE: 9/1994 – 6/1995	X	X	\$1,250.00	\$3,750.00	3	9

FORWARD THIS FORM (PAGES 1 AND 2) TO THE OFFICE OF THE CT STATE COMPTROLLER FOR COMPLETION OF SECTION C

Part-time Lecturer Service – Page 2

The member listed in Section A on Page 1: Has requested additional credit for service with the CT Teachers' Retirement System. In order to determine if the member is eligible to receive additional credit, we need the following information. If you have any questions regarding this form, please contact our office.

Member Name

Section C: (To be completed by the Retirement System covering the employment in Section B)

State Employees Retirement System or Alternate Retirement Program
Office of the State Comptroller
55 Elm Street
Hartford CT 06106

Name and Title of person completing Section C: _____

Telephone # _____ Fax # _____ Email _____

1. Please identify which retirement system the member belonged to: SERS ARP
2. Was this plan contributory or non-contributory for the member?
3. Is the member eligible for a benefit from your system now or in the future? Yes No
4. If contributory plan, have the member's funds been withdrawn in full? Yes No
5. Provide dates of service: _____

After completion, please forward this original form (Page 1 and Page 2) to:

CT TEACHERS' RETIREMENT SYSTEM
765 ASYLUM AVENUE
HARTFORD CT 06105-2822