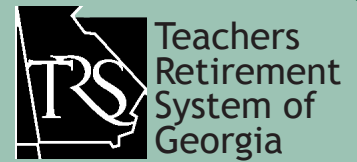


Certification of Georgia Service



If you have been a member of the Public School Employees Retirement System (PSERS) and your duties have changed so that you are now a manager or supervisor and are now eligible for membership in the Teachers Retirement System of Georgia (TRS), you may be eligible to establish credit for service rendered in a public school system prior to the date you became a member of TRS. To establish prior service with TRS, you and your employer must complete this form and submit it to TRS.

▼ To Be Completed by Employee -- please print clearly

			-			-					
--	--	--	---	--	--	---	--	--	--	--	--

Social Security Number

Last Name

First Name

Middle Initial

Street Address or P.O. Box

(_____) _____

Telephone Number (daytime)

City

State

Zip Code

▼ To Be Completed by Employer -- please print clearly

I certify to TRS, that according to the official records available to me, the member listed above was employed one-half time or more as a _____ in the Georgia public schools or University System of Georgia as listed below.

Job Title

Name of School or Institution of Higher Learning	(July - June) Term of Service During Each Fiscal Year		Number of Months Worked	Length of School Year (Months)	Total Salary Received	Salary From Local Supplement
	FROM (MM/DD/YY)	TO (MM/DD/YY)				
_____	/ /	/ /				
_____	/ /	/ /				
_____	/ /	/ /				
_____	/ /	/ /				
_____	/ /	/ /				
_____	/ /	/ /				
_____	/ /	/ /				
_____	/ /	/ /				

Was this employee a member of PSERS for the years listed above? Yes No (please check one)

If the years listed above were for service in a TRS covered position, please provide an explanation of why the employee was not a member of TRS during this period.

The employee did did not receive salary, other than from State funds, during the years listed above. If salary from other than State funds was received, please attach a statement listing such salary paid for each year.

Signature of Superintendent, College or University Official

Title

Name of School System or Institution

Address (Street, City, State, Zip Code)

(_____) _____

Telephone Number (daytime)

Date

All of the information listed on this form will be required before TRS can determine if this service is eligible to be established retroactively. Forms without complete information will be returned.

