PART 1 Date

First Name



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

OFFICE SERVICES ONLY

Social Security Number

EmplID

NEW YORK CITY SUBSEQUENT SERVICE UNDER CHAPTER 352 OF THE LAWS OF 2002

Chapter 352 allows current members to receive credit for NYC teaching service if:

Your City service was rendered before July 1, 1990 but after your current date of membership in NYSTRS.

• You were not able to join the City Teachers' or Board of Education Retirement Systems.

Last Name

TO THE MEMBER: Please type or print in ink all items in Part 1 and 2 of this form and then forward it to the New York City Department of Education for completion of Part 3 on back of form.

ADDRESS: 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

MI

Office of Employment Records Research.

NYC File Number

					·		
Home Address			Apt. Number	F	ormer Name(s)		
City		State	ZIp Code	F	Phone Number		
Employee Signature			'	,			
PART 2							
Type of Service (Check all that apply)	Month, I	mployment Day, Year 1 - To		School/Office (Location of Employment)		District/Boro	
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		-					
☐ Hourly Admin Mechanics (Z740)		-					
Other (Specify)		-					
Include additional information a	nd unique reques	sts in the com	nment box below.				
	-						

Only service performed during time periods when employee was not a member of a retirement system can be verified by the

)

To the New York City Department of Education: The member on the front has claimed credit for New York City teaching service. However, before we can evaluate this service, the information requested below is necessary. Please print or type and list all data by school year (July 1 - June 30).

PART 3: To be complete by the New York Cit	y Department of Education									
Number of Full Days for Which Salary Was Paid	Salary Received	School Year Ending June 30		Was This Member Eligible to Join the City TRS or BOE Retirement Systems?						
				YES		NO				
				YES		NO				
				YES		NO				
				YES		NO				
				YES		NO				
				YES		NO				
				YES		NO				
				YES		NO				
I HEREBY CERTIFY THE 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					
STREET	CITY	STAT	E	ZIP CODE						
PHONE NUMBER										