



Service credit purchase application

# Substitute, temporary or part-time teaching or tutoring service in Massachusetts

**Part 2 of 2:** Section 1 to be completed by applicant  
Sections 2–4 to be completed by school district payroll official

**PART 2, SECTION 1**

## APPLICANT DATA

**Instructions to applicant:**

Please provide your personal data and then forward these two pages to the payroll official of the Massachusetts school district in which you rendered your prior service for completion of Part 2.

The payroll officer will then return these completed pages to you, and you are responsible for forwarding Parts 1 and 2 to the MTRS in order to apply to purchase this service.

a) Name of applicant . . . . .

b) Social Security number . . . . . XXX-XX-XXXX

c) MTRS member number . . . . .   Not known

d) Former/maiden name, if applicable . . . . .   Not applicable

e) Mailing address . . . . . Number and street   
City  State  ZIP

f) Phone number . . . . .   Home  Cell  Work

g) E-mail . . . . .

h) MA school district in which past service rendered . . . . .

i) **Period of service** . . . . . mm/dd/yyyy From  to

j) Applicant's position title at that time (e.g., teacher) . . . . .

### INSTRUCTIONS TO PAYROLL OFFICIAL OF MASSACHUSETTS SCHOOL DISTRICT

The member of the Massachusetts Teachers' Retirement System named above wishes to apply to purchase credit for his or her service rendered with your district. At this time, the member and the MTRS respectfully request that you please complete Part 2 of the application, as follows:

- 1) **Verify** that the applicant was employed by your district during the period listed in i, above.
- 2) **Complete** Sections 2 through 4, below, and make a copy of these two pages for your records.
- 3) **Return the originals of these two pages directly to the applicant.** It is then the applicant's responsibility to submit his or her application to the MTRS.

If you have any questions, please contact us at 617-679-6877. Thank you for your assistance!

**PART 2, SECTION 2**

## APPLICANT'S RETIREMENT SYSTEM MEMBERSHIP STATUS

a) During the applicant's period of substitute, temporary or part-time service, did he or she contribute to any Massachusetts contributory retirement system? . . . . .  Yes  No

If "yes," please identify the system . . . . .

Applicant's name

MTRS member number

**PART 2, SECTION 3 SERVICE AND SALARY VERIFICATION**

Please use this section to report the applicant's service with your school. Please list the service in chronological order, beginning with the oldest service and ending with the most recent service. Please report ALL past substitute, temporary or part-time service with your district.

**■ SERVICE RENDERED ON A DAILY OR HOURLY BASIS**

Month/year in which service was rendered	Member's position title	Number of DAYS worked	Daily rate	<b>OR</b>	Number of HOURS worked	Hourly rate	Actual gross amount paid
/			\$			\$	\$
/			\$			\$	\$
/			\$			\$	\$
/			\$			\$	\$
/			\$			\$	\$
/			\$			\$	\$

If necessary, please list additional service on the following page and check this box.

**■ SERVICE PAID ON AN ANNUAL RATE (RENDERED UNDER THE TERMS OF AN ANNUAL CONTRACT)**

Period during which service was rendered From To	Member's position title	Number of days worked	Employment status % of full-time	Annual contract rate	Actual gross amount paid
/ / / /			%	\$	\$
/ / / /			%	\$	\$
/ / / /			%	\$	\$
/ / / /			%	\$	\$

**PART 2, SECTION 4**

**STATEMENT AND SIGNATURE OF SCHOOL DISTRICT PAYROLL OFFICIAL**

I certify that the information I have provided above is true and accurate.

Signature of payroll department official...  X  Date  /  /

Name (please print)

Title

School district

Address

City  MA Zip

Phone

Fax

E-mail

*REMINDER: Please return these two ORIGINAL pages directly to the applicant, not the MTRS. Thank you!*

