Original of Relivement and Barrelling
Toll-Free: (800) 821-2251
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## Verification of Service

FOR OFFICE USE ONLY

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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	v teacher)			ATTN:	
Name	Last	First	M.I.	Prior	Social Security Number	INSTRUCTIONS
						This form should be completed by the responsible person in charge
Mailing Address	Street	City		S	tate ZIP+4	of records where the service was rendered. Please return the completed form to the Teachers' Retirement System (TRS) at the above address. <b>LIST CHRONOLOGICALLY EACH SCHOOL YEAR</b> of teaching service rendered under your jurisdiction by the applicant.
Name Under Which	Service Was Rendered	d (if different from ab	ove)		Telephone Number	Return to the employee for concurrence/review. Employee should submit all verifications at one time to the TRS.

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

WHIC	YEAR DURING H SERVICE RENDERED	NAME OF SCHOOL	*1 TYPE	*2 ACCREDITED		LENGTH OF SCHOOL TERM	*3 ACTUAL	*4 HOURS		*5 TEACHING CERTIFICATE REQUIRED		TYPE OF TEACHING				*6 ACADEMIC STANDING	
BEGINNING DATE	Ending Date		OF SCHOOL	YES	NO	(DAYS)	DAYS SERVED	PER DAY EMPLOYED	POSITION HELD	YES	NO	FULL TIME	PART TIME	CON- TRACT %	SUBSTI- TUTE	YES	NO
July 1,	June 30,																
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## II. TEACHING EXPERIENCE (cont., to be completed by responsible school official)

SCHOOL YEAR DURING WHICH SERVICE WAS RENDERED		NAME OF SCHOOL	*1 TYPE	*2 ACCREDITED		LENGTH OF SCHOOL TERM	*3 ACTUAL	*4 HOURS		*5 TEACHING CERTIFICATE REQUIRED			_	FTEACHING		*6 ACADEMIC STANDING	
BEGINNING DATE	Ending Date		OF SCHOOL	YES	NO	(DAYS)	DAYS SERVED	PER DAY EMPLOYED	POSITION HELD	YES	NO	FULL TIME	PART TIME	CON- TRACT %	SUBSTI- TUTE	YES	NC
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* 2 ACCREDITED schools operated b * 3 ACTUAL DAYS * 4 HOURS PER D * 5 TEACHING CE	- A school will be consi by the United States and S SERVED - Actual day DAY EMPLOYED - For ERTIFICATE - A position	ol enter PUB for Public, PRI for Pri idered accredited only if officially ar d in foreign countries when the sch 's served should include all paid pe elementary or secondary school in n will be considered creditable only ase indicate if individual has acade	ccredited b nool has be ersonal or s dicate the / if that pos	by a stat een acci sick leav number sition ree	e Depar edited b re taken of hours	tment of Educa by a recognized as work days o s in a normal w	ation, a territo I agency of th during the sc rork day. For	ne United State hool year. an Institution of	g association, c es. of Higher Learn	one of the	e regiona ate the r	number o	of credit ho	ours taught (	i.e., 3CH)	t),	
I CERTIFY THA	T THE ABOVE INFO	DRMATION IS TRUE AND CO	RRECT	ACCOF	RDING	TO OUR OF	FICIAL RE	CORDS.									
Signature of Cer	rtifying Official													Date			
Printed Name a	nd Title																