

STATE OF OHIO TEACHER PRIOR SERVICE CERTIFICATION FORM

Instructions: The employee requesting prior service credit as a teacher should complete Section I and forward to the political subdivision of Ohio where previously employed. The political subdivision of Ohio must complete Section II and return it to the address provided at the bottom of the form. Please keep records of all prior service documents and proof of submission (e.g., fax, email) including dates. **PLEASE NOTE:** A separate form is needed from each political subdivision for which the employee is requesting prior service credit.

Section I – Completed by employee

| | | |
|---|--------------|------------------|
| Employee Last Name: _____ First Name: _____ M.I.: _____ | | |
| Maiden Name: _____ Employee ID: _____ <small>(if applicable during previous employment)</small> | | |
| Social Security Number (if required by political subdivision): _____ | | |
| _____ Employee Signature | | _____ Date |
| Previous Employer (<i>“Previous Employer” is the entity that employed and paid you</i>) | | |
| Employer Name: _____ | | |
| Alternative/former name(s) of employer (if applicable): _____ | | |
| Address: _____ | | |
| City: _____ | State: _____ | Zip Code: _____ |
| Dates of employment: _____ | | Job Title: _____ |
| Have you retired from any Ohio Public Retirement System (i.e., PERS, STRS, SERS, OP&F, HPRS)? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify the retirement system: _____ Date of retirement: _____ | | |

Section II – Completed by previous employer

| | |
|--|---------------------------|
| Please provide the following information for the above employee: | |
| Date of Hire: _____ | Date of Separation: _____ |
| Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | |
| If not full time, number of bi-weekly pay periods/days worked between 7/1/2003 and 6/30/2005: _____ | |
| <i>*If not paid bi-weekly, identify the type of pay period (e.g., monthly, semi-monthly): _____</i> | |
| Teacher Service: School year: _____ | # of days worked: _____ |
| (e.g., 2006-2007) School year: _____ | # of days worked: _____ |
| School year: _____ | # of days worked: _____ |
| School year: _____ | # of days worked: _____ |
| School year: _____ | # of days worked: _____ |
| *Per ORC 3317.13 a school year must consist of at least one hundred twenty days under a teacher's contract for a single entity and for that reason we need the number of days worked for the school year. | |
| Is your agency a political subdivision of the State of Ohio? (e.g., city, county, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was this employment covered under an Ohio Public Retirement System (e.g., PERS, STRS)? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, please identify the retirement system: _____ | |
| <i>*Note: Coverage by an Ohio Public Retirement System does not guarantee prior service credit eligibility.</i> | |
| Sick Leave Balance: # of hours: _____ | |

Information in Section II has been verified by: Print Name: _____

Title/Position: _____ Phone Number: _____

Signature

Date

Please return completed form to:

- Personnel/HR Name
- Current Agency
- Agency Address
- Agency Phone Number
- Agency Fax Number