



Application for Outside Service Credit

FOR OFFICE USE ONLY

Toll-Free: (800) 821-2251
alaska.gov/drb

Division of Retirement and Benefits
P.O. Box 110203
Juneau, Alaska 99811-0203

Juneau: (907) 465-4460
TDD: (907) 465-2805
FAX: (907) 465-3086

I. PERSONAL DATA (to be completed by teacher)

ATTN: _____

Name	Last	First	M.I.	Prior	RIN or Last Four of Social Security Number
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II. TEACHERS CERTIFICATION

I wish to apply for outside service credit in the Teachers' Retirement System and hereby authorize the Division of Retirement and Benefits to establish an arrearage indebtedness for _____ years of outside credit. In completing this application, I acknowledge that a person who knowingly makes a false statement, or falsifies or permits to be falsified, a record of the retirement system in an attempt to defraud the system, is guilty of a class A misdemeanor, which, upon conviction, is punishable by a fine of not more than \$500.00 or by imprisonment for not more than twelve months or both. AS 14.25.210; AS 11.56.210. I acknowledge that a person who obtains funds by deception may be subject to prosecution for other crimes, including theft, which may be charged as misdemeanors or felonies with potential fines and penalties including imprisonment. I also acknowledge that a person who obtains benefits from the system unlawfully may also be required to make restitution.

Signature	Date
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III. TEACHING EXPERIENCE (to be completed by responsible school official) List chronologically each school year of teaching service rendered under your jurisdiction by the applicant.

SCHOOL YEAR DURING WHICH SERVICE WAS RENDERED		NAME OF SCHOOL	*1 TYPE OF SCHOOL	*2 ACCREDITED		LENGTH OF SCHOOL TERM (DAYS)	*3 ACTUAL DAYS SERVED	*4 HOURS PER DAY EMPLOYED	POSITION HELD	*5 TEACHING CERTIFICATE REQUIRED		TYPE OF TEACHING				*6 ACADEMIC STANDING	
Beginning Date	Ending Date			YES	NO					YES	NO	FULL TIME	PART TIME	CON- TRACT %	SUBSTI- TUTE	YES	NO
July 1, ____	June 30, ____																
July 1, ____	June 30, ____																
July 1, ____	June 30, ____																
July 1, ____	June 30, ____																
July 1, ____	June 30, ____																
July 1, ____	June 30, ____																
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July 1, ____	June 30, ____																

*1 TYPE OF SCHOOL - For type of school enter PUB for Public, PRI for Private, DEN for Denominational, IHL for Institution of Higher Learning or FGN for Foreign schools.

*2 ACCREDITED - A school will be considered accredited only if officially accredited by a state Department of Education, a territorial accrediting association, one of the regional accrediting associations (i.e., Northwest), schools operated by the United States and in foreign countries when the school has been accredited by a recognized agency of the United States.

*3 ACTUAL DAYS SERVED - Actual days served should include all paid personal or sick leave taken as work days during the school year.

*4 HOURS PER DAY EMPLOYED - For elementary or secondary school indicate the number of hours in a normal work day. For an Institution of Higher Learning indicate the number of credit hours taught (i.e., 3CH)

*5 TEACHING CERTIFICATE - A position will be considered creditable only if that position required a teaching certificate as a condition of employment (regardless of whether or not the employee already held one).

*6 If an Institution of Higher Learning, please indicate if individual has academic standing.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT ACCORDING TO OUR OFFICIAL RECORDS.

School Mailing Address	Signature of Certifying Officer	Date
City, State, ZIP+4	Printed Name and Title	