



P/NW BOCES, 200 BOCES DRIVE, YORKTOWN HEIGHTS, NY 10598
914/248-2349 - fax # 914/248-3838 - email # msherer@pnwboces.org
WEBSITE : <http://pnwboces.org/artsined>
MICHELLE SHERER - ARTS IN ED COORDINATOR

TO: ALL SERVICE PROVIDERS

FROM: MICHELLE SHERER

RE: HIRING REGULATIONS FROM NEW YORK STATE 2009-2010

PLEASE READ!

Under New York State statute, all BOCES consultants who are current or retired of the Teachers' Retirement System (TRS) must be identified so that TRS can be notified. Non-Members are not reported.

BOCES must require *all* consultants to sign a statement indicating if they are Active, Inactive (*must have required letter stating Inactive status*), Retired or a Non-Member of the New York State Teachers' Retirement System. For those who indicate with an Active or Retired response, you will also need to indicate what kind of teacher you are/were.

Return the completed signed form to my office *as soon as possible*.

IT IS VERY IMPORTANT THAT YOU RETURN THIS FORM WHETHER OR NOT YOU ARE OR EVER HAVE BEEN A MEMBER OF TRS.

PLEASE NOTE: BOCES WILL NOT BE ABLE TO PROCESS ANY PAYMENTS TO YOU IF THIS FORM IS NOT RETURNED.

Please don't hesitate to call or email me if you have any questions.



PUTNAM/NORTHERN WESTCHESTER BOARD OF COOPERATIVE EDUCATIONAL SERVICES
200 BOCES Drive, Yorktown Heights, NY 10598-4399

TEACHER'S RETIREMENT SYSTEM FORM
CONSULTANT & TEMPORARY EMPLOYEE APPLICATION

(PLEASE PRINT)

Name: _____ Soc. Sec. No.: _____

Mailing Address: _____ Home Phone: _____

Work Phone: _____

FAX #: _____

EMAIL: _____

WEBSITE: _____

Corporation: YES NO If yes, Federal ID #: _____

Nature of Work to be Performed: ARTS PROGRAMS Date(s) When Work to be Performed: 2009-2010

BOCES Contact Person: MICHELLE SHERER – ARTS COORDINATOR at 914/248-2349

NEW YORK STATE TEACHER'S RETIREMENT SYSTEM STATUS

PLEASE SELECT A or B BELOW

Failure to disclose membership in the New York State Teachers' Retirement System is fraudulent according to New York State Education Law

A. I am a member of NYS Teachers' Retirement System – CHECK APPROPRIATE ONE:

Active: Retired: Inactive: (if inactive - attach the letter form TRS confirming Inactive Status)

What subject do/did you teach & grade level(s)? i.e. math 1-3, music k-6, art 7-9, etc.: _____

My membership # is _____ Tier: _____

Date of Membership: _____ Date of Retirement: _____

***** - OR - *****

B. I am not a member of the NYS Teachers' Retirement System

MAIL THIS SIGNED FORM TO: MICHELLE SHERER, P/NW BOCES, 200 BOCES DRIVE, YORKTOWN HEIGHTS, NY 10598



PHONE 914/248-2349 FAX # 914/248-3838 MSHERER@PNWBOCES.ORG WEBSITE: <http://pnwboces.org/artsigned>

APPLICANT'S STATEMENT (REQUIRED)

I certify that all statements made by me on this application are true and complete to the best of my knowledge. I understand that any false or misleading statements will be considered justification for disqualification of my application or termination of employment. I authorize an investigation of all statements contained herein and release all parties from all liability for any damage that may result from furnishing same to you.



SIGNATURE OF APPLICANT

DATE

