

Putnam Northern Westchester
BOARD OF COOPERATIVE EDUCATIONAL SERVICES
200 BOCES Drive, Yorktown Heights, NY 10598-4399

NEW YORK STATE TEACHER'S RETIREMENT SYSTEM FORM

Name _____ Social Security No. _____
Mailing Address _____ Home Phone _____
_____ Work Phone _____
_____ Fax # _____
Email _____ Website Address _____
Corporation Yes No If Yes, Federal ID # (EIN) _____

Nature of Work to be Performed Arts Program Date(s) When Work to be Performed 2016 – 2017
BOCES Contact Stacy Chryssikos 914/248-2349 schryssikos@pnwboces.org

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
 Active Retired Inactive if inactive, attach the letter form TRS confirming Inactive Status

What subject(s) do or did you teach & grade level(s)? i.e. Math 1-3, Music K-6, Art 7-9 _____

My membership # is _____ Tier _____

Date of Membership _____ Date of Retirement _____

OR

B. I am NOT a member of NYS Teachers Retirement System

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

Return this form to
Stacy Chryssikos, Arts in Education Coordinator Putnam
Westchester BOCES
200 BOCES Drive
Yorktown Heights, NY 10598-4399
914/248-2349 FAX # 914/248-3838 -or- 914/248-2390



schryssikos@pnwboces.org [ARTS IN EDUCATION WEBSITE](#)