



Montana Teachers' Retirement System

1500 East Sixth Avenue
P.O. Box 200139
Helena, MT 59620-0139
406-444-3134 866-600-4045
trs.mt.gov

TRS Office Use Only

FORM 111: VERIFICATION OF SUBSTITUTE TEACHING OR TEACHER'S AIDE SERVICE

In compliance with the Americans with Disabilities Act of 1992, alternative accessible formats of this document will be provided upon request.

PLEASE TYPE OR PRINT LEGIBLY IN DARK INK

SECTION 1: MEMBER INFORMATION - TO BE COMPLETED BY MEMBER

Full Name: First	Middle	Last	Suffix	Birth Date (mm/dd/yyyy)
_____				____ - ____ - ____
Maiden or Other Name Previously Reported to TRS				Social Security Number
_____				()
Mailing Address - City, State, ZIP+4 (if unknown, use 5-digit ZIP code)				Telephone Number
_____				_____

Member's Signature	Date
_____	_____

SECTION 2: EMPLOYER INFORMATION: TO BE COMPLETED BY CERTIFYING OFFICER

The information below must be secured from each school district in which the member worked.

Term of service during each fiscal year (fiscal year: July 1 to June 30)				Total days or hours worked	Daily or hourly rate of pay	Gross salary earned
FROM	TO					
mm	yy	mm	yy			

If more space is needed for verification, please attach an additional sheet.

Certifying Officer's Name and Title	()
_____	Telephone Number
_____	_____

School District, University, or Institution's Mailing Address - City, State, ZIP+4 (if unknown, use 5-digit ZIP code)

TRS Employer Number

Certifying Officer's Signature	Date
_____	_____

Please return this completed form to: MONTANA TEACHERS' RETIREMENT SYSTEM
PO BOX 200139
HELENA MT 59620-0139