



# VERIFICATION OF CONTRACT PART-TIME TEACHING SERVICE

2317 Arlington Avenue, Saskatoon SK, Canada S7J 2H8

Phone: 306-373-1660 Toll Free: 1-800-667-7762 Fax: 306-955-1157

This form is intended solely for the purposes of verifying periods of time prior to July 1, 1991, in which a teacher was employed by a participating employer under contract on a part-time basis and is intended for the purposes of the Saskatchewan Teachers' Retirement Plan.

## Member Information

Last Name of Teacher	First Name	Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>
Former surname or name used while employed by a participating employer		
<input type="text"/>		
Social Insurance Number		
<input type="text"/>		
Teacher's Certificate Number		
<input type="text"/>		

## To be Completed by the School Division

Commencement Date	Termination Date	Part-time Service		Substitute Service	
		Contract	Total Service (Months)	Total Service (Days)	Substitute Rate of Pay
From: (DD MMM YYYY)	To: (DD MMM YYYY)				\$
<input type="text"/>	<input type="text"/>	%	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	%	<input type="text"/>	<input type="text"/>	\$
<input type="text"/>	<input type="text"/>	%	<input type="text"/>	<input type="text"/>	\$
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<input type="text"/>	<input type="text"/>	%	<input type="text"/>	<input type="text"/>	\$

School Division Name
<input type="text"/>
Signature of Division Officer
<input type="text"/>
X Date (DD MMM YYYY)
<input type="text"/>