

## TEACHERS' RETIREMENT ALLOWANCES FUND

## Substitute Service Purchase Application

## Please print clearly.

Completing this form does not obligate you to make payments. Fill in the top two sections and submit a copy of this form to your division(s). Once TRAF receives the completed form(s) from all divisions, we will calculate the cost to purchase this service.

Personal Information Completed by						
Member:	Last Name Former Last Name(s)		First Name Date of Birth (m/d/y)		Middle Name Social Insurance Number (SIN)	
	Home Phone		Cell Phone		Email Address	
	Teaching Certificate Number		Teaching Certificate Date of Issue			
	Member Authorization:	I request a cost c	calculation for sub	vice from	/y)	
Member must fill in this section, then submit this	to Date (m/d/y)					
application to all applicable school divisions.	I have requested substitute service information from the following school divisions:          1)       3)         2)       4)				chool divisions:	
	Member Signature			Date (m/d/y)		
Salary and Service Verification Completed by Division Payroll Personnel:	Full-time Current Sa	-	Contract	Year	Part-time Rate (%)	
Divisions must return completed forms to TRAF	Earnings and number of days substituted must be broken down by term.					
before the calculation can be performed, and to the member for their records.	Year	Term (Fall or S	Spring)	Earnings (by term)	Number of Days Substituted (by term)	

☐ If more space is required, check this box and complete the supplemental form, *Substitute Service and Earnings Information*, found on TRAF's website. Submit both completed forms to TRAF.

Continued on next page.

Division	Authorization:	

On behalf of the school division, I,

, verify that:

- $\Box$  This information is correct and complete.
- $\hfill\square$  TRAF contributions have not already been deducted from the entries listed above.
- $\Box$  The member held a valid teaching certificate for all substitute days listed above.

Signature

Date (m/d/y)

Position

Phone