



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 | First Name | Middle Name |
| _____ | _____ | _____ |
| Former Last Name(s) | Date of Birth (m/d/y) | Social Insurance Number (SIN) |
| _____ | | |
| Address, City, Province/State, Postal/Zip Code, Country | | |
| _____ | _____ | _____ |
| Home Phone | Cell Phone | PSP Number |
| _____ | | |
| Email Address | | |

Member Authorization:

I request a cost calculation for substitute service from _____
Date (m/d/y)

to _____
Date (m/d/y)

Member must fill in this section, then submit this application to all applicable school divisions.

I have requested substitute service information from the following school divisions:

| | |
|----------|----------|
| 1) _____ | 3) _____ |
| 2) _____ | 4) _____ |

Member Signature Date (m/d/y)

Salary and Service Verification Completed by Division Payroll Personnel:

| | | |
|-------------------------------|---------------|--------------------|
| _____ | _____ | _____ |
| Full-time Current Salary Rate | Contract Year | Part-time Rate (%) |

School division: _____

Divisions must return completed forms to TRAF before the calculation can be performed, and to the member for their records.

Earnings and number of days substituted must be broken down by term.

| Year | Term (Fall or 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.

Division Authorization:

On behalf of the school division, I, _____, verify this information is correct and complete, and TRAF contributions have not already been deducted from the above entries as listed.

Signature

Date (m/d/y)

Position

Phone