



# Substitute's Application for TRS Plan 1 Service Credit

This form is for substitutes to use to request service credit for the time periods worked.

Send completed form to:  
Department of Retirement Systems  
PO Box 48380 • Olympia, WA 98504-8380  
[www.drs.wa.gov](http://www.drs.wa.gov) • 800.547.6657  
360.664.7000 • TTY: 711

## Important Information

**When to Submit This Form:** To avoid paying interest on the contributions, submit this application between July and December of the fiscal year following the one in which you worked. For example, if you worked during the 2016-17 fiscal year, submit your application between July and December of the 2017-18 fiscal year. If you submit your application in January or later, you will be charged interest on the member and employer contributions.

## Applicant Information

Name (Last, First, Middle)		Social Security Number (Last 4) XXX-XX-	
Mailing Address	City	State	ZIP
Email Address	Phone Number	Fiscal Year(s) Applying For	

## Applicant Signature

The statements in this application and any accompanying documentation, including my full name and Social Security number, are correct. I understand that my employer(s) will be asked to verify the information I provide.

Signature	Date
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Your Social Security number is needed so DRS can report to the IRS any funds paid to you. DRS will not disclose your Social Security number unless required to do so by law. See IRC sections 6041(a) and 6109.

