

TEACHERS COLLEGE
COLUMBIA UNIVERSITY

Certification of Prior Service with an Eligible Employer (For Pension enrollment purposes only)

In order to be eligible to participate in the Retirement Plan at Teachers College, Columbia University, there is a standard two year waiting period. This period will be waived in instances where the employee has completed at least 1,000 hours of service for each twelve month period at a comparable institution within the twenty-four month period immediately preceding the date of employment with the college.

You may immediately join the Teachers College Retirement Plan if you have had two years of continuous service in an eligible position at TEACHERS COLLEGE in which you worked at least 1,000 hours for each twelve month period; or you have met the eligibility requirements. Those requirements are:

- Two years with your immediately previous employer(s)* provided that:
 - Your immediately previous employer(s) were any of the following: (i) a tax-exempt research institution; or (ii) an accredited college or university;
 - Your position(s) at your previous employer(s) would be considered an eligible position at Teachers College; and
 - You were employed and worked at least 1,000 hours for each twelve month period preceding your date of employment at Teachers College.

**Immediately previous employer means that you must not have been terminated for more than one year prior to the date you became an employee of the College, and employed elsewhere between Teachers College and the eligible institution where you earned two years of service credit.*

If you believe that you meet the requirements to waive the two year waiting period, please give the Employment Verification Request Form to your most recent employer to complete and fax/scan back. The applicability of this attestation ultimately rests with Teachers College.

I hereby certify that immediately prior to my employment at Teachers College I was employed by:

_____ and was employed there from _____
Name of immediately previous employer *Employment date*

to _____ and worked _____ .
Termination date *Hours per week*

Signature *Date*

Name (print)

Return this ORIGINAL form immediately to:

Teachers College, Columbia University
Human Resources 120 Whittier
Campus Box 149

Date received by Benefits: _____ Verified by: _____

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**Please have your previous employer complete this page and return to us as soon as possible.
Your retirement plan will not be set up until this form is received.**

EMPLOYMENT VERIFICATION REQUEST

Part A: To be completed by the employee

Employee Name: _____

Employee's authorization to disclose information

Employee's Signature

Date

Part B: To be completed by the previous employer

Name of Previous Employer: _____

Dates of Employment: From _____ to _____

Job title: _____

Work Type: Full Time Part Time Hourly

Has this person worked at least 1,000 hours a year? YES NO

Is your company/organization:

† a tax-exempt research institution

† an accredited college or university

† none of the above

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

Verified by: _____

Title: _____

Phone Number: _____

Date: _____

Please email to hr@tc.edu with the subject line "RA Employment Verification Request Form" or mail to Attn: Retirement Plan Employment Verification, Teachers College, Columbia University, 525 W 120th Street, Box 149, New York, NY 10027.

If you have any questions regarding this form or need additional information, please contact us at 212-678-3175.