

# CERTIFICATION OF NON-PARTICIPATION OF CRITICAL SHORTAGE TEACHERS AND ADMINISTRATORS



**VIRGINIA RETIREMENT SYSTEM**  
P.O. Box 2500 ♦ Richmond, Virginia 23218-2500  
Toll Free 1-888-VARETIR (827-3847)  
Fax 1-804-786-9718  
[www.varetire.org](http://www.varetire.org)

1. Employer Code
2. Employer (School Division) Name
3. School Year

School divisions not employing a VRS retiree in a critical shortage position for the current school year must submit this form by November 1. If the school division later employs a VRS retiree in a critical shortage position, the retiree will receive a Certification of Eligibility for Critical Shortage Teachers and Administrators (VRS-160) from VRS. The form will need to be completed and submitted to confirm the retiree's participation.

### Employer Certification

I understand the eligibility requirements for critical shortage positions provided below and certify that this school division has not employed retired licensed teachers or retired administrators in critical shortage positions as provided by the Code of Virginia and the Department of Education for the school year indicated in Box 3.

Teachers eligible for critical shortage positions include retired teachers who:

- Receive a monthly VRS retirement benefit;
- Are designated to teach in a critical shortage position;
- Had a bona fide break in service of at least 12 consecutive months following the effective date of VRS retirement and did not work in any capacity for a VRS-participating employer, even on a part-time/substitute basis during that period;
- Did not retire under a local school division's early retirement incentive program (ERIP), unless they also receive unreduced VRS retirement benefits;
- Did not retire from VRS under the Transitional Benefits Program;
- Are licensed and endorsed by the Virginia Board of Education; and
- Had no pre-arranged commitment, either verbal or written, for post-retirement employment as a critical shortage teacher or administrator.

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School Division Superintendent or Designee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Division Superintendent or Designee Printed Name

