



**West Virginia  
Consolidated Public Retirement Board (CPRB)**

601 57th Street SE, Suite 5  
Charleston, WV 25304  
304-558-3570 or 800-654-4406  
[www.wvretirement.com](http://www.wvretirement.com)

**Teachers'  
Retirement System (TRS)**

**Critical Need  
Substitute Teacher Affidavit  
Fiscal Year 2024-2025**

**Section 1: To be Completed by the County Board of Education**

County Critical Need Contact Person

Email Address

Telephone Number

I, \_\_\_\_\_, am the superintendent of schools for \_\_\_\_\_  
County, West Virginia and do hereupon my oath state as follows:

1. The above-listed County has a critical need of available substitute teachers, and the County Board of Education has concluded that the use of retired teachers to serve in such positions is necessary to protect the education and welfare of its students.
2. The above-listed County has adopted a Critical Need Policy covering the employment of retired teachers as substitute employees in order to address the problem of substitute teacher shortages as required by WV Code § 18A-2-3.
3. The above listed County's current critical need substitute teacher hiring policy is effective for the fiscal year listed above.
4. Date County Critical Need Policy was adopted \_\_\_\_\_
5. Date County Critical Need Policy was approved by the WV State Board of Education \_\_\_\_\_
6. The following retired teacher has been rehired as a substitute teacher:

Name of Teacher \_\_\_\_\_ Last 4 Digits of SSN \_\_\_\_\_

Subject of substitute teaching \_\_\_\_\_ Grade level taught \_\_\_\_\_

Date member notified the County of his/her intent to retire \_\_\_\_\_ Effective retirement date\* \_\_\_\_\_

*\*If the effective retirement date and employment as a critical need substitute occurs in the same fiscal year, the retiree's annuity shall be reduced in the month in which 140 days as a substitute is exceeded.*

Date vacant position posted \_\_\_\_\_ Is the vacant position continually being posted? Yes No

As of the date of this form, list the number of days the retired teacher has substituted in the current fiscal year \_\_\_\_\_

7. Pursuant to the provisions of WV Code § 18A-2-3, please affirm:
  - a) Are there any non-retired substitute teachers in the county who hold certification and training in the area needed who are available to accept the substitute assignment? Yes No
  - b) Does the retiree in question hold certification and training in the area of critical need? Yes No
8. I hereby further affirm this affidavit is being submitted to the WV State Board of Education for approval prior to a retiree commencing work as a critical need substitute teacher.

AND FURTHER AFFIANT SAITH NOT.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Affiant/County Superintendent

State of West Virginia,  
County of \_\_\_\_\_, to wit:

I, \_\_\_\_\_, a notary public in and for the county and state aforesaid, do hereby certify and

attest that \_\_\_\_\_ did sign his/her name on the foregoing "Critical Need Substitute Teacher Affidavit"

before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission Expires \_\_\_\_\_

Notary Signature \_\_\_\_\_

**Teachers' Retirement System (TRS)**  
**Critical Need Substitute Teacher Affidavit**

**Section 2: To be Completed by the WV State Board of Education**

By signing Section 2 of this affidavit, the WV State Board of Education is confirming the Critical Need Substitute Teacher Policy for the County listed in Section 1 has been approved.

Does this affidavit for the retiree named in Section 1 comply with the provisions of WV § 18A-2-3?      Yes      No

If yes, list the Board meeting date on which this affidavit was approved \_\_\_\_\_

Printed Name	Telephone Number
Signature	Date

**Section 3: To be Completed by CPRB**

Affidavit      Approved      Rejected

Name of CPRB Employee \_\_\_\_\_ Date \_\_\_\_\_

Date CPRB informed employer of Approval/Rejection \_\_\_\_\_

Number of days retiree substituted as of the date CPRB approved said Affidavit \_\_\_\_\_

If the number above exceeds 140 days, list the date the 141st day was worked \_\_\_\_\_

Name of county employee verifying information \_\_\_\_\_

Notes

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