



**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

**Teachers' Retirement
System (TRS)**

**Critical Need
Substitute Bus Operator
Affidavit**

Section 1: To be Completed by County Board of Education

2023-2024 School Year

I, _____, am the superintendent of schools for _____ County, West Virginia
Printed Name

and do hereupon my oath state as follows:

1. The above-listed County has a critical need of available substitute bus operators, and the County Board of Education has concluded that the use of retired bus operators 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 bus operators as substitute employees in order to address the problem of substitute bus operator shortages as required by W. VA. Code § 18A-4-15a.
3. The above-listed County's current critical need substitute bus operator hiring policy is effective for the fiscal year listed above.
4. Date County Critical Need Bus Operator Policy was adopted _____
5. Date County Critical Need Bus Operator Policy was approved by the WV Board of Education _____
6. The following retired bus operator has been rehired as a substitute bus operator:
Name of Bus Operator _____ Last 4 Digits of SSN _____
Date member notified County of his/her intent to retire _____ Date member retired _____
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 bus operator has substituted in the current school year _____
7. **I hereby affirm that this affidavit is being submitted to the WV Board of Education for approval prior to a retiree commencing work as a critical need bus operator.**
8. I further affirm that no other substitute bus operator is available or will accept said substitute position who is not retired under the Teachers' Retirement System pursuant to the provisions of W. VA. Code §18-7A-1 et. seq.
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 Bus Operator Affidavit" before me on this the _____ day of _____, 20_____.
My Commission Expires _____
Notary Signature _____

**Teachers' Retirement System (TRS)
Critical Need Bus Operator Affidavit**

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

By signing Section 2 of this affidavit, the WV Board of Education is confirming the Critical Need Bus Operator Policy for the county listed in Section 1 has been approved. This affidavit for the retiree named in Section 1 was approved at the Board meeting held on _____.

(Date)

Printed Name _____ Telephone Number _____

Signature _____ Date _____

Section 3: To be Completed by the 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 date 141st day was worked _____

Name of County employee verifying information _____

Notes
