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 Fiscal Year 2026-2027

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

County Critical Need Contact Person	Email Address	Telephone Number

1. I, _____, am the superintendent of schools for _____ County, West Virginia, and do hereupon my oath affirm said county has:

   (a) 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; (b) 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 WV Code §18A-4-15a; and (c) a current critical need substitute bus operator hiring policy is effective for the fiscal year listed above.

2. Date County Critical Need Bus Operator Policy was adopted _____

3. Date County Critical Need Bus Operator Policy was approved by the WV State Board of Education _____

4. 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 the County of his/her intent to retire _____ Effective retirement date* _____

   **If the effective retirement date and employment as a critical need substitute bus operator 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. For a retiree <u>not</u> engaged in substitute teaching, each day a retiree is paid constitutes one day worked regardless of the number of hours or amount of pay. For a retiree engaged in substitute teaching, the number of days worked shall be determined by totaling the number of hours worked and dividing by the standard numbers of hours that a full-time teacher works per day.*

   As of the date of this form, list the number of days the retired bus operator has substituted in the current fiscal year _____

   Is the retiree employed in any other position with the County? ☐ Yes ☐ No

   If Yes, list the position _____ and _____ days substituted in this position.

5. Pursuant to the provisions of WV Code §18A-4-15a(b)(1), please affirm:
   a) Are there any non-retired substitute bus operators 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

6. Pursuant to the provisions of WV Code §18A-4-15a(b)(6), please affirm:
   a) Is this position vacant due to a leave of absence from a regularly employed bus operator? ☐ Yes ☐ No
   b) Has this vacant position been filled with a regularly employed bus operator who is not available at the time he or she accepts the position? ☐ Yes ☐ No **If the answer to 6a or 6b is Yes, skip to Question 7. If No, answer 6c and 6d.*
   c) Was the vacant position posted at the beginning of the school year? ☐ Yes ☐ No
      If Yes, list the date it was posted _____
   d) Was or will the position be posted mid-year? ☐ Yes ☐ No
      If Yes, list the date it was/will be posted _____

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Critical Need Substitute Bus Operator Affidavit

Section 1 (continued): To be Completed by the County Board of Education

7. 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 bus operator.

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_____

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 Bus Operator 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-4-15(a)? ☐ 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 the 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:

_____

_____

_____