



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

4101 MacCorkle Avenue, SE  
Charleston, WV 25304  
304-558-3570 or 800-654-4406  
www.wvretirement.com

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

**Section 1: To Be Completed By County Board of Education**

**2022-2023 School Year**

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

and do hereupon my oath state as follows:

- 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.
- 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 W. VA. Code § 18A-2-3.
- The above-listed County's current critical need substitute teacher hiring policy is effective for the fiscal year listed above.
- Date County Critical Need Policy was adopted \_\_\_\_\_
- Date County Critical Need Policy was approved by the WV Department of Education \_\_\_\_\_
- 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 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 teacher substituted in the current school year \_\_\_\_\_
- I hereby affirm that this affidavit is being submitted to the WV Department of Education for approval prior to a retiree commencing work as a critical need substitute teacher.**
- I further affirm that no other substitute with the necessary certification and training in the subject matter being taught 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 Teacher Affidavit" before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

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

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

**Section 2: To Be Completed By The WV Department Of Education**

The WV Department of Education has approved the above County's Critical Need Policy. This affidavit 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 141<sup>st</sup> day was worked \_\_\_\_\_

Name of County employee verifying information \_\_\_\_\_

Notes

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