



## **EXEMPTION FROM CONTRIBUTIONS FOR STUDENT EMPLOYEES**

Members employed as teachers on a part-time basis by a school, college or university in which they are regularly attending classes may apply for exemption from contributions to STRS Ohio. Application for exemption must be made within 30 days of employment following each period of nonexempt employment. The exemption will remain in effect until employment as a student employee terminates or contributions are made on compensation paid by the same employer, whichever occurs earlier. **Contributions are required during any period of employment during which the teacher is not attending classes.** A new exemption form must be filed for any subsequent teaching service as a student employee.

This exemption is applicable only to student employees who are currently members of STRS Ohio. Student employees who have not previously contributed to STRS Ohio are automatically denied membership and this exemption form is not required.

Teachers on leave of absence from other teaching positions covered by STRS Ohio are not eligible for exemption from contributions.

No service credit will be awarded for any period for which a member is exempt from contributions. Service credit for the exempt service may be purchased only as provided by Section 3307.73, Revised Code.

## **Exemption Declaration**

Student employee name

I hereby request exemption from contributions to STRS Ohio as a part-time teacher in a school, college or university where I am regularly attending classes. I understand that no service credit will be awarded for periods covered by this exemption and that I must contribute during any periods that I am not attending classes.

I am not currently on leave of absence from another teaching position covered by STRS Ohio.

student emproyee name	First	Middle	Last	
Student employee signature				
Social Security number			Date	
Home address	Street	City	State	ZIP code
	Succi	Chy	State	Zii code
<b>Employer Certificat</b>	ion			
The employer joins in this re Contributions will be remitted				oyee named above.
Certified by		Title _		
Signature		Date _		
Employer name		Four d	ligit employer no.	

