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Certification of Eligibility for Critical Shortage Position

_____	_____	_____
Last Name	First Name	Middle Initial
_____		_____
Street Address		Apt. Number
_____	_____	_____
City	State	Zip Code
_____	_____	_____
Birth Date (MM/DD/YYYY)	SSN (last 4 digits)	Telephone Number (area code-xxx-xxxx)
_____	Is this your first Critical Shortage Position with FCPS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	ERFC Retirement Date	
_____	_____	
Current Critical Shortage Position	Hire Date (Start Date of Current Critical Shortage Position Employment Contract)	

I certify that the information on this form is accurate. I understand that falsification of this information could result in the loss of ERFC retirement benefits during my time of employment with FCPS. I have read, understand, and agree to the statements below, and I meet the following requirements:

- I did not retire on ERFC disability retirement or ERFC service-connected disability retirement.
- I have had a separation from service from FCPS, which means that I have not worked for FCPS in any capacity, including working part-time, for at least six consecutive months.
- Before my ERFC retirement date, I had no pre-arranged commitment (verbal or written) with FCPS to return to work in a critical shortage position or any other FCPS position.
- I am licensed and endorsed in my area of assignment by the Virginia Board of Education.
- I have been assigned to work in a critical shortage position as defined by the Code of Virginia and the Department of Education. I understand this position is contingent on it being identified as a critical shortage position and that it may not qualify as a critical shortage position as defined by the Code of Virginia and the Department of Education beyond the current school year.
- I understand that I will not receive ERFC service credit for the time period that I am employed in the critical shortage position, nor will it change my future ERFC benefits, even if my salary with FCPS changes.
- I understand that the only benefit that I will receive from ERFC is the benefit option I elected at ERFC retirement, and this is the case even if I die or become disabled during my employment in the critical shortage position.
- I understand and agree to all the ERFC rules applicable to working after retirement in a critical shortage position.

Signature of Member

Date (MM/DD/YYYY)