



**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](http://www.wvretirement.com)

**Teachers'  
Retirement System (TRS)**

**Critical Need Substitute  
Bus Operator Affidavit  
Fiscal Year 2024-2025**

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

|                                     |               |                  |
|-------------------------------------|---------------|------------------|
| County Critical Need Contact Person | Email Address | Telephone Number |
|-------------------------------------|---------------|------------------|

I, \_\_\_\_\_, am the superintendent of schools for \_\_\_\_\_ County, West Virginia and do hereupon my oath state as follows:

- 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.
- 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 WV Code § 18A-4-15a.
- The above listed County's current critical need substitute bus operator hiring policy is effective for the fiscal year listed above.
- Date County Critical Need Policy Bus Operator Policy was adopted \_\_\_\_\_
- Date County Critical Need Bus Operator Policy was approved by the WV State Board of Education \_\_\_\_\_
- 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.*

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 fiscal year \_\_\_\_\_

- Pursuant to the provisions of WV Code § 18A-4-15a, please affirm:
  - 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
  - Does the retiree in question hold certification and training in the area of critical need?    Yes    No
- 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 \_\_\_\_\_

