



Teachers Retirement Association

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New Revised

Leave of Absence Report

An authorized leave of absence must be reported when granted. Also, within 14 calendar days after the end of the payroll cycle during which it was granted, this leave must be reported using your periodic payroll reporting demographic format. A leave from a state agency must be entered in the state personnel system. Penalties will apply if not properly reported. Participants in the Part-Time Teacher Program should be reported on form TRA-7500.

A teacher who is granted a leave of absence **must** have the right to full reinstatement, both during a leave and at the end of the leave. If the member does not have full reinstatement rights, member and employer payments may not be made to receive service credit.

Member Name		Social Security Number		TRA Number
Address	City	State	Zip	Telephone

Leave granted date	
Leave from date (first regular work day on leave)	
Leave to date (last regular work day on leave)	

Type of Leave

<input type="checkbox"/> Extended	Extended leaves must be reported to TRA using the Extended Leave of Absence Report, TRA-1501.	
<input type="checkbox"/> Family	Up to 12 weeks during any 12-month period under the Federal Family Leave Act	
<input type="checkbox"/> Medical	Member may purchase up to one year of service	
<input type="checkbox"/> Military	Granted for purposes of serving in the military.	
<input type="checkbox"/> Parental	Granted for the purpose of the birth or adoption of a child	
<input type="checkbox"/> Sabbatical	Compensation is _____ percent of full salary Full-time salary \$_____ Earned salary \$_____ Is salary impacted for more than one fiscal year? <input type="checkbox"/> Yes <input type="checkbox"/> No Salary impacted from date _____ to date _____	
<input type="checkbox"/> Legislative	Available to elected state legislators. On leave from full-time contract? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Union	Available only to elected officials of a bargaining unit who are granted release time	
<input type="checkbox"/> Voluntary Unpaid	Available only to state employees	Employer will pay the employee's TRA contributions. Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Other	Paid and unpaid leaves must be reported. Describe: _____	

Employer Certification

By signing below, I certify that the teacher has the right to full reinstatement, both during the leave and at the end of the leave, and that all information provided on this form is in accordance with the terms agreed upon by the granting authority on the leave granted date.

Authorized Representative Signature	Telephone	Date
Print Name and Title	Organization Name	TRA Organization ID

