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 Toll-free: 1.888.773.7748  
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 Fax: 717.772.3860

## Approved Leave of Absence – Employer Verification



Mail Center

This form is used to confirm a member's leave of absence information and to determine a member's eligibility to retain service, salary, and contributions reported during an Approved Leave of Absence (as defined by the Retirement Code). Some Approved Leaves of Absence require the member to return to school employment for a specific length of time immediately following the leave of absence.

Before any adjustments are posted to credit the member's account, PSERS must confirm the leave of absence information to determine whether the requirement to return from leave was met. If the return from leave requirement was not met, the member's service, salary, and contributions will be reduced on a day-for-day basis (does not apply to Sabbatical Leave.)

Please return this form via fax (717.772.3860), Attention: PSERS; or mail it to the above address.

### PART A (submit one form per member)

Member's Name (please print)

SS#

### PART B

Leave Start Date

Leave End Date

### Type of Leave of Absence

You must indicate the type of leave of absence by completing one of the following sections: Section C, Section D, Section E, **or** Section F. Once you indicate the type of leave of absence, complete section G, "Employer Certification."

### PART C – Leaves of Absence with no return requirement

Indicate leave type:

- Collective Bargaining Unit Leave  
 Special Sick Leave

### Part D – Leaves of Absence with a return requirement but the return requirement may be waived

Indicate leave type:

- Exchange Teacher Leave  
 Professional Study Leave

Did you waive the member's return requirements?

- Yes, waived in **Full**.  
 Yes, waived in **Part**.

Member's SS#    -   -

**PART E – Leaves of Absence with a return requirement that may not be waived**

Indicate leave type:

- Activated Military Leave
- Sabbatical Leave (*Prorated service credit retained by the member is based on a full school term, not a day-for-day basis*).
- Uniformed Services Employment and Reemployment Rights of 1994 (USERRA) Leave

Did member return from Leave? (*check only one*)

Yes      Date returned \_\_\_\_\_

Report the number of days and/or hours the member would have worked for the School Year of the Leave of Absence.

School Year of Leave:                      \_\_\_\_\_ days worked and/or                      \_\_\_\_\_ hours worked

Report the number of days and/or hours the member worked immediately *following* the leave.

School Year following Leave:                      \_\_\_\_\_ days worked and/or                      \_\_\_\_\_ hours worked

No, member did not return from leave. Explain the situation:

\_\_\_\_\_

**PART F – Any Other Leave Not Listed**

Please indicate below:

\_\_\_\_\_

**PART G – Employer Certification**

Your signature on this form authorizes PSERS to make the required adjustments to the member's record on your behalf according to the information you provide.

I certify that the provided information:

- Is accurate.
- Was extracted from Board Minutes or from other credible sources of information.
- Is available for examination upon request.

<b>Authorized Signature of Employer</b>	<b>Employer Number</b>	<b>Employer Phone Number</b>
<b>Print Name and Title</b>		<b>Date Signed</b>