

5 N 5th Street
 Harrisburg PA 17101-1905
 Toll-free: 1.888.773.7748
 www.psers.state.pa.us
 Fax: 717.772.3860
 PSRS-709A (08/2014)

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 <i>(submit one form per member)</i>
Member's Name <i>(please print)</i>
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: <ul style="list-style-type: none"> <input type="checkbox"/> Collective Bargaining Unit Leave <input type="checkbox"/> Special Sick Leave

Part D – Leaves of Absence with a return requirement but the return requirement may be waived
Indicate leave type: <ul style="list-style-type: none"> <input type="checkbox"/> Exchange Teacher Leave <input type="checkbox"/> Professional Study Leave Did you waive the member's return requirements? <ul style="list-style-type: none"> <input type="checkbox"/> Yes, waived in Full. <input type="checkbox"/> 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.

Authorized Signature of Employer	Employer Number	Employer Phone Number
Print Name and Title	Date Signed	