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 www.psers.pa.gov
 Fax: 717.772.3860
 PSRS- 709A (07/2019)

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.

Based on the Contract Record you submitted, our records indicate that the member did not return from an approved leave for the required period of time. You must complete this form so that PSERS can confirm the leave of absence information and to determine whether the requirement to return from leave was met. If the return from leave requirement was met, the member's service, salary, and contributions will be reduced on a day-for-day basis. 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.

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

PART C
<p>Type of Leave of Absence (check one):</p> <p>Leaves of Absence with no return requirement:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Collective Bargaining Unit Leave <input type="checkbox"/> Special Sick Leave <p>Leaves of Absence with a return requirement but the return requirement may be waived:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Exchange Teacher Leave <input type="checkbox"/> Professional Study Leave <p>Leaves of Absence with a return requirement that may not be waived:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Activated Military Leave <input type="checkbox"/> Sabbatical Leave (Instead of completing this form, please complete <i>Member Sabbatical Leave – Employer Verification</i> (PSRS-1320)). <input type="checkbox"/> Uniformed Services Employment and Reemployment Rights of 1994 (USERRA) Leave <input type="checkbox"/> Any Other Leave Not Listed (Please indicate): _____

Member's SS#

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PART D

Did Member Returned 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

Did you waive the member's return requirements?

Yes, waived in **Full**.

Yes, waived in **Part**.

State the reason for waiving the return from leave of absence requirements (e.g., medical reasons, position eliminated, chose to retire, etc.):

No, did not waive the member's return requirements. Explain the situation:

PART E

Employer Certification

I certify that the above record:

- 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 Phone Number

Print Name and Title

Date Signed