



Leave of Absence Without Pay

This form is strictly for the PERS Chapter 238 program. Call PERS or visit our website if this is not the form you need.

Section A: Member information (Type or print clearly in dark ink. Illegible forms may be returned to applicant. This could delay your request.)

| | | | |
|------------------------------------|--------------|-----------------|------------------------|
| First name | MI | Last name | Social Security number |
| | | | |
| Mailing address (street or PO box) | | | PERS number (optional) |
| City | State | Zip | Country |
| Employer name | Phone number | Employer number | |

This is a correction to a previously submitted form.

A leave of absence is any period in which a member is not working for a PERS employer and has not terminated the employer/employee relationship. PERS service credit can only be granted for such period during which the member is paid a wage and contributions are made to PERS.

All leaves of absence without pay for any period greater than 11 consecutive work days during a month must be reported as soon as possible. If there is a change in the dates to extend the leave, please submit a “corrected” Leave of Absence Without Pay form. If the member returns to work before the reported ending date, or the leave without pay changes, please submit a “corrected” Leave of Absence Without Pay form.


Section B: Leave of absence approval

The above member has been granted a leave of absence without pay for the period beginning _____ and ending _____.

Note: If the leave of absence is for illness or injury and is likely to be long-term or permanent, the member should contact PERS Member Counseling Section.

Section C: Employer signature

I certify the above to be correct to the best of my knowledge.

 _____
 Signature of employer representative (do not print) Date

| Office use only | |
|---|---|
| <input type="checkbox"/> PERS | <input type="checkbox"/> OPSRP <input type="checkbox"/> IAP |
| <input type="checkbox"/> Member | <input type="checkbox"/> Alternate payee |
| <input type="checkbox"/> Cross reference member SSN | |
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