



Ohio Public Employees Retirement System

277 East Town Street, Columbus, Ohio 43215-4642

1-800-222-PERS (7377) www.opers.org

Certification of Leave of Absence

Employees who were on a leave of absence for any reason may be eligible to purchase the time they were on leave. Employees who were on an approved leave of absence or resigned due to pregnancy or the adoption of a child are eligible to purchase the time they were on leave. The purpose of this form is for the employer to certify leave. Please complete one form for each period of leave or resignation.

Section 1 - Personal Information - This section should be completed by the employee requesting the service or by the employer.

Social Security Number

First Name

Last Name

MI

Address

City

State

ZIP Code

The remainder of this form should be completed by the employer from which certification of leave of absence, in Section 2, is requested. If you have any questions you may contact Member Services at 1-800-222-7377.

Section 2 - Leave of Absence - This section should be completed by the employer.

Calendar year

Start and end date of leave (please use specific days of the month):

From

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

 To

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Approved leave of absence: Yes No

Resignation: Yes No

Reason for leave of absence or resignation (please check all that apply):

- Pregnancy (Copy of birth certificate must be attached and forwarded with form.)
- Adoption of child (Copy of adoption decree must be attached and forwarded with form.)
- Laid off
- Employee's own illness or injury
- Other: (please explain) _____

Full-time employee: Yes No Part-time employee: Yes No

If part-time, please indicate number of hour worked per week, but for leave or resignation:

Hourly rate of pay in effect at the time the leave began: \$

