



CERTIFICATION OF LEAVE OF ABSENCE FOR MEMBERS ENROLLED IN THE COMBINED PLAN

The Revised Code provides for periods of absence due to the member's own illness, injury or leave granted for education, professional or other purposes according to Sections 3319.13, 3319.131 or 3345.28, R.C.

STRS Ohio members may complete deposits for a leave of absence if a permanent election to participate in the Combined Plan has been made. Individuals who became members of STRS Ohio on or after July 1, 2001, will have made a permanent election once they are members for five years (assuming no withdrawals occur).

The cost for a leave of absence is the member contributions on missed earnings plus interest on member and employer contributions if applicable. Interest is added if the purchase is made after the fiscal year in which the leave ends. STRS Ohio first multiplies the earnings on full-time employment (or its equivalent) for the year just before the absence by the sum of the member contribution rate in effect at the start of the absence. Compound interest is added to the member's and the employer's contribution.

Member's Application to Make Payment for a Past Period of Absence

To be completed by the APPLICANT

Please evaluate my eligibility for establishing retirement credit for a past period of absence. I understand I am not under obligation to make payment for all, or any, of this credit; however, if payment is made, this form will certify that I am not receiving, nor will I be eligible to receive, a retirement benefit from another retirement program, other than Social Security, based on this same period of absence.

Applicant's name _____

Member's STRS Ohio account number or Social Security number (last four digits) _____

Street address _____

City, state, ZIP code _____

Home phone (_____) _____ Cell phone (_____) _____ Date _____
Area code Area code

Email address _____

Employer Certification

*To be completed by the EMPLOYER WHO GRANTED THE PERIOD OF ABSENCE**

This is to certify that _____,

Social Security number _____,

was on an absence approved by the _____
Board of education, institution or university

for the purpose of _____

for the period beginning _____ and ending _____
Month Day Year Month Day Year

Date _____ Signed _____

Print name and title

Contract amount for year in which leave begins: \$ _____

*Each leave period must be completed on a separate form. For example, if a two-year leave was granted, the dates of the leave would be listed on one form. However, if two one-year leaves were granted, each leave would be listed on a separate form.

