

# Certification of Leave of Absence

Colorado Public Employees' Retirement Association  
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To ensure protection of the rights of the member pertaining to PERA benefits, this *Certified Leave of Absence* form should be filed within 90 days of the beginning date of the leave.

**SSN**

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This is to certify that

**Member** \_\_\_\_\_  
Last First MI

is on certified (check one)

- Leave Without Pay
- Short-Term Disability Leave
- Leave Without Pay for Health Reasons
- Family and Medical Leave Act (FMLA)
- Military Leave
- Paid Sabbatical Leave\*

\* Full contract salary without sabbatical \$ \_\_\_\_\_

\* Amount of above salary to be paid while on sabbatical \$ \_\_\_\_\_

for the period of \_\_\_\_\_ to \_\_\_\_\_  
month/day/year month/day/year

### Employer Certification

Employer number \_\_\_\_\_ Employer\* \_\_\_\_\_

\*If member is currently employed by the State, the employee is a member of (check one):

- The PERA Defined Benefit Plan
- The PERA Defined Contribution Plan

Print Name of Certifying Official \_\_\_\_\_

Signature of Certifying Official \_\_\_\_\_

Title \_\_\_\_\_

Phone number ( ) \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_