

### Certification of Leave of Absence

Colorado Public Employees' Retirement Association  
PO Box 5800 Denver, Colorado 80217-5800  
303-832-9550 • 1-800-759-PERA (7372) • Fax: 303-863-3727 • www.copera.org



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
- 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 \_\_\_\_\_  
mo day yr mo day yr

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 \_\_\_\_\_