Certification of Leave of Absence
Colorado Public Employees’ Retirement Association
PO Box 5800, Denver, Colorado 80217-5800
800-759-PERA (7372) • Fax: 303-863-3727 • copera.org

To ensure protection of the rights of the member pertaining to Colorado PERA benefits, this Certified Leave of Absence form should be filed within 90 days of the beginning date of the leave. If you are submitting this form prior to knowing the end date of this leave, please be sure to submit a revision once the end date is determined.

Certification Information
This is to certify that:

Member ____________ Last ____________ First ____________ MI

is on certified (check one):

- Colorado Family and Medical Leave Insurance Program (FAMLI)
- Family and Medical Leave Act (FMLA)
- Furlough Leave Without Pay (minimum of 30 days)
- Leave Without Pay
- 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 $____________________
- Short-Term Disability Leave
- Other __________________________________________

The certified leave is for the period of ____________ to ____________ OR ☐ End Date Unknown

Employer Certification
Employer Number _______________ Employer __________________________________________

Print Name of Certifying Official ____________________________

Sign Here ➔ Signature of Certifying Official ____________________________

Title ____________________________

Email Address ____________________________

Phone Number (________)________________ Date ____________________________