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.

**Certification Information**

This is to certify that:

**Member**

<table>
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<th>First</th>
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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
- [ ] Furlough Leave Without Pay (minimum of 30 days)
- [ ] 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 to month/day/year

**Employer Certification**

Employer Number ________________ Employer ____________________________

Print Name of Certifying Official ________________________________________

Signature of Certifying Official ________________________________________

Title ______________________________________

Email Address ______________________________________

Phone Number ( ) ______________________ Date ______________________

Certification of Leave of Absence
Colorado Public Employees’ Retirement Association
PO Box 5800, Denver, Colorado 80217-5800
1-800-759-PERA (7372) • Fax: 303-863-3727 • www.copera.org

8/1-leave (REV 7-20)