

5 N 5th Street
Harrisburg PA 17101-1905
Toll-free: 1.888.773.7748
www.psers.pa.gov
Fax: 717.772.3860
PSRS-112 (07/2019)

Guidelines For Completing Your Application to Purchase Credit for an Approved Leave of Absence



What is an Approved Leave of Absence?

An approved leave of absence is a specific type of leave granted by your employer and approved by the school board. Use this form to apply to purchase the following kinds of approved leaves of absence:

- Service as an exchange teacher.
- Leave taken for professional study.
- Special sick leave (no more than one year of service may be purchased per occurrence).

To receive credit for special sick leave, you must have received at least one-half pay during the leave through salary, Workers' Compensation or other disability insurance paid by the employer.

Who May Apply?

- Active contributing members of the Public School Employees' Retirement System (PSERS)
- Multiple service members that are active members of the State Employees' Retirement System (SERS)

How Do I Apply?

Have the employer that approved your leave of absence complete an *Application to Purchase Credit for an Approved Leave of Absence* (PSRS-112). **If your approved leave was with more than one employer, have each employer complete a separate application.**

The school board approval and reason for the leave must appear in the board minutes. PSERS reserves the right to request the board minutes when processing this application.

It is important that you provide the employer with these instructions for accurate completion.

How is the Cost Calculated?

The cost reflects a combination of both the member and employer contributions that would have been paid, plus statutory interest. This interest is compounded annually from the date you returned to active school/state employment to the date your application is received at PSERS.

For **special sick leave**, the cost reflects the member contributions that you would have paid, plus statutory interest. This interest is compounded annually from the date you returned to active school/state employment to the date your application is received at PSERS.

Who is Responsible for Payment?

You are responsible for both the member's share and the employer's share. For **special sick leave**, you are responsible for the member's share only; the employer is responsible for the employer's share.

What if I Need Assistance?

Call our toll-free number at 1.888.773.7748 (1.888.PSERS4U) between the hours of 8:00 a.m. and 5:00 p.m. to speak with a service representative. Harrisburg local callers may call 717.787.8540.

Where Should My Completed Application Be Sent?

- Send To:** PSERS
5 N 5th Street
Harrisburg, PA 17101-1905

What Will PSERS Do If I Am Eligible?

A *Statement of Amount Due* will be sent to you containing the cost and payment options available.

A	Member Information
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Verify or enter your name, social security number, gender, date of birth, mailing address, and phone number.

If you are using an application where Part A is pre-filled with your information and any of the information is incorrect, you need to contact your employer to request any corrections.

If you are currently an active member of SERS, contact PSERS immediately if any information appears incorrect.

B	Member Signature
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Your signature and the date you sign this form are required. By signing this form, you are requesting the cost to purchase service credit for an approved leave of absence.

C	Employment Information
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Your employer that approved your leave of absence must complete this section. **Be sure to provide the employer with these instructions for accurate completion.**

Each school year (July 1 - June 30) must be listed separately.

Employer Number - Enter the four-digit number assigned by PSERS.

Employer Name - Enter the employer name.

School Year - Enter the fiscal year for the period of the leave.

Employment Type - Enter the employment type (F/T = Full-Time OR P/T = Part-Time) for each period of service requested.

Wage Type - Enter the wage type (Sal = Salary, Hrly = Hourly, PD = Per Diem) for each period of service requested.

Service Unit - Enter the unit of service that would have been rendered for each period of leave requested. Enter "D" for days, "H" for hours, or "M" for months. **Months only applies for a leave of absence prior to July 1, 1976.**

Approved Leave Service - Enter the approved leave duration for each period of service requested (e.g., 100 *days*, 900 *hours*, 3 *months*).

Expected Units - Define the school year by entering the numbers of days, hours, or months on which the employee's service would have been based for each period of leave requested (e.g., 180 *days*, 1100 *hours*, 10 *months*).

Full Salary For Leave Period - Enter the salary the employee **would have** earned during each period of leave requested.

Months Applied For - Enter the name of the month(s) for each period of leave requested.

D	Employer Certification
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The signature of the employer that approved the leave of absence and the date this form was signed are required. By signing this form, the employer is certifying:

- The period of leave requested was approved and the approval is documented within the school board minutes.
- All information provided in Section C, "Employment Information," is correct.
- The type of leave the employee was granted.
- If the member is applying to purchase service credit for special sick leave, the member must have received at least one-half pay during the leave through salary, Workers' Compensation or other disability insurance paid by the employer.

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Application to Purchase Credit for an Approved Leave of Absence



Mail Center

A Member Information

Member Name	
Social Security Number	
Gender	
Date of Birth	

Former Last Name (only if used in this System)	
-------------------------------------------------------	--

Member Address	
Apt# or Suite	
Delivery Address	
City	
State & Zip Code	
Daytime Phone	
Evening Phone	
Email Address (Optional)	

B Member Signature

Any restrictions that apply to this purchase will be noted on your *Statement of Amount Due*. Please read your statement carefully.

I request the cost to purchase service credit for an approved leave of absence. I certify that I have not received credit for this service in any other retirement system.

Member's Signature	Date Signed
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C Employment Information *(To be completed by employer that granted the leave)*

Your employer that approved your leave of absence must complete this section. It is important that you provide the employer with the attached instructions for accurate completion. **Each school year (July 1 - June 30) must be listed separately.**

Employer Number	
Employer Name	

	School Year	Employment Type	Wage Type	Service Unit	Approved Leave Service	Expected Units	Full Salary For Leave Period	Months Applied For
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

D	Employer Certification
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I certify that each leave of absence was approved and can be found documented in the school board minutes. I further certify that the information provided under Section C, "Employment Information," is accurate. The approved leave of absence granted for this employee was for:

- Service as an exchange teacher
- Professional study
- Special sick leave

If the member is applying to purchase service credit for special sick leave, I certify that the member received at least one-half pay during the leave through salary, Workers' Compensation or other disability insurance paid by the employer.

Authorized Signature of Employer	Employer Telephone Number	
Print Name and Title	Date Signed	Date Received by Employer