

LEAVE OF ABSENCE CERTIFICATION

We submit this information so that the Teachers' Retirement System of Kentucky (TRS) can determine the eligibility and/or cost of the following member to purchase a leave of absence.

Member Name	TRS Member ID or Social Security Number
Member Address / City/State/ ZIP	

1. Attached is a written authorization of the employer's approval of the leave of absence. (Board Minutes that cover more than one fiscal year for a Leave of Absence will require a LOA-1 form to be completed for each fiscal year)
2. The actual dates covered by the leave are _____ (Month/Day) through _____ (Month/Day) for the _____ fiscal year. *Please list ONE fiscal year only.*

Total Contract Days	Total Days Worked	Number of Days Missed	Amount of actual salary earned.	Amount of Contributions Withheld	If the leave started after the first day of the school year, the employee's yearly contract salary was:
			\$	\$	

Did the employee have furlough days?	If YES, how many furlough days?	Did the employee begin work on the first day of the normal contract year?	Did this position require employer matching (federally funded contributions)?	If YES, what is the amount of contract salary to be matched?	If YES, what is the amount of contract salary already matched?	If Employer Type is University, has the university agreed to pay the UCF?
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>

CERTIFICATION OF AGENCY OFFICIAL

I certify that the information provided accurately reflects this employee's employment and earnings information as it relates to TRS.

School/Agency	
Certifying Official	Date
Email Address	Phone Number

