

CERTIFICATION OF PAST PERIOD OF ABSENCE

PART 1 — Completed by Member/Applicant (Please see Certification Form Instructions on other side)

Please evaluate my eligibility for establishing retirement credit for a past period of absence. I understand I am not obligated to make payment for all, or any, of this credit; however, if payment is made, this form will certify that I am not receiving, nor will I be eligible to receive, a retirement benefit from another retirement program, other than Social Security, based on this same period of absence.

Member's name				STRS Ohio account no.			
		or					
Address Street				Social Security no. (last four digits)			
	Street						
City			ZIP code	Phone (_)		
- 7		State		Phone ()			
Email address				Date			
		1100					
PART 2 — Completed by	Employer	' Who Gran	ted Period of <i>I</i>	Absence* (Please	return form to men	nber)	
' '	<u> </u>			•		,	
This is to certify that Applicant's name				Social Security no. (last four digits)			
	App	licant's name		Scoral Scoulity 1			
was on an absence approved by the	ne						
Board of				education, institution or university			
for the nurness of							
for the purpose of							
beginning			and ending				
Month	Day	Year		Month	Day	Year	
				Date			
Print name and title							
Contract amount for year in wh	nich leave b	oegins: \$					
•		_					
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*If the member submits payment for all or a portion of an eligible period of absence, STRS Ohio will bill the employer who granted the leave for the employer contribution portion of the amount purchased. **Each** leave period must be completed on a separate form. For example, if a two-year leave was granted, the dates of the leave would be listed on one form. However, if two one-year leaves were granted, **each** leave would be listed on a separate form.



CERTIFICATION FORM INSTRUCTIONS

Certification of Past Period of Absence

Ohio law allows members to make payment for past periods of absence due to the member's own illness, injury or leave granted for education, professional or other purposes. This form is to be used to certify a member's past period of absence from a teaching position at a public school or a partially paid professional leave from a college or university in Ohio. A past period of absence means the individual did not complete deposits with an employer before June 30 of the year in which the absence or leave occurred.

Certification of Past Period of Absence

- Part 1 Completed by the member/applicant
- Part 2 Completed by the employer who granted the period of absence. Each leave period must be completed on a separate form.

Submitting Online

- Open the document on your desktop computer. (For best results, use Adobe Acrobat Reader.)
- Save it to your computer.
- Complete Part 1 of the form and save again.
- Email the form as an attachment to the employer who granted the period of absence.
- Instruct that individual to complete Part 2 and email the form as an attachment to both you **and** forms@strsoh.org.
- STRS Ohio will send a confirmation email after receiving the form.

Submitting by Mail

- Complete Part 1 of the form.
- Send the form to the employer who granted the period of absence.
- Instruct that individual to complete Part 2 and return the form to you.
- Copy the form for your records.
- Return the original copy of the completed form to STRS Ohio.
- STRS Ohio will send a confirmation email after receiving the form.

Further Information

Further details are available in the *Purchasing Service Credit* brochure or the *Purchasing Service Credit Fact Sheet for Current and Past Leaves of Absence and University Leaves*.