



## LUMP-SUM PURCHASE OF CURRENT FISCAL YEAR ABSENCE OR LEAVE

**Use this form when the member is on an unpaid absence or leave and wishes to pay for the absence or leave in a lump sum.**

This interest-free purchase must be made within the same fiscal year that the absence or leave occurred. When calculating contributions due for a current fiscal year absence or leave, the cost is based on the total earnings the member would have earned had he or she worked the entire year, minus the actual amount the member earned. **Payment must be received by June 30 of the same fiscal year the leave occurred.**

**Step 1:** Employer calculates the member contributions due and receives contributions directly from the member in a check made payable to STRS Ohio.

**Step 2:** Complete the form below and send it to STRS Ohio along with the member's check to:  
275 East Broad Street, Columbus, OH 43215.

**Step 3:** Employers will be invoiced for employer contribution amounts.

This is to certify that \_\_\_\_\_ Last four digits of  
Applicant's name Social Security no. \_\_\_\_\_

was on an absence or leave approved by the \_\_\_\_\_  
Board of education, institution or university

beginning \_\_\_\_\_ and ending \_\_\_\_\_  
Month Day Year Month Day Year

A. Contract amount for year in which absence or leave occurred\*: \$ \_\_\_\_\_

\*Does this individual receive pickup included in compensation for retirement purposes?  Yes  No

If yes, indicate the percentage picked up by employer \_\_\_\_\_% and calculate Line A as contract amount plus contract amount multiplied by percentage of pickup paid by employer. This percentage cannot exceed the current contribution rate.

B. Earnings to be purchased (Line A minus actual earnings): \$ \_\_\_\_\_

C. Calculation of contributions due (Current contribution rate multiplied by Line B): \$ \_\_\_\_\_

D. Service credit calculation for period of absence or leave (Line B divided by Line A): \_\_\_\_\_

\_\_\_\_\_  
Name and title of individual completing form Date \_\_\_\_\_

STRS Ohio four digit employer number \_\_\_\_\_