



## NOTIFICATION OF PROFESSIONAL LEAVE OF ABSENCE Section 3345.28, Revised Code (R.C.)

*This form should be filed with STRS Ohio when the leave is granted and a copy retained by the employer.*

### Member Selection

Review the reverse side of this form before making a selection.

- I request that member contributions be withheld from my partial earnings based on my full-time contract salary.
- Contributions should be based only on my partial earnings during the leave period. I understand that I may remit member contributions, without interest, to my employer based on my full-time contract salary by June 30 of the year in which the leave occurred. Contributions remitted after that time will be subject to interest.

I have reviewed the information on the reverse side of this form and I am fully aware of my options for completing contributions on my full-time salary for the period of the leave of absence.

Member's name (please print) \_\_\_\_\_ Date \_\_\_\_\_

Member's signature \_\_\_\_\_ Social Security no. \_\_\_\_\_

### Employer Certification

This is to certify that \_\_\_\_\_, Social Security no. \_\_\_\_\_,   
Member's name  
 has been granted a professional leave of absence by \_\_\_\_\_,   
College or university  
 pursuant to Section 3345.28, R.C., for the period beginning \_\_\_\_\_,   
Month/day/year  
 and ending \_\_\_\_\_,   
Month/day/year

For the STRS Ohio fiscal year beginning July 1, \_\_\_\_\_, and ending June 30, \_\_\_\_\_, the full-time contract salary (earnings if regular full-time service was to be rendered) is ..... \$\_\_\_\_\_.

Employer \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Title \_\_\_\_\_



# **PROFESSIONAL LEAVE OF ABSENCE**

## **Section 3345.28, Revised Code (R.C.)**

### **Procedural Guidelines**

A member who is granted a professional leave of absence pursuant to Section 3345.28, R.C., has the right to maintain full STRS Ohio benefits during the leave of absence. Therefore, at the member's request, the employer must withhold or accept full member contributions on the earnings that would have been paid if regular full-time service had been rendered. The full salary shall also be the basis for the remittance of employer contributions.

A member granted a professional leave of absence pursuant to Section 3345.28, R.C., also has the option to complete contributions on his/her full-time contract salary without interest by June 30 of the year in which the leave occurred. Contributions remitted by the member within this period should be forwarded to the employer. The employer will remit member contributions with related employer contributions to STRS Ohio.

After June 30 of the year in which the leave occurred, contributions are subject to interest. The member's cost to complete contributions includes interest on both the member and employer contributions. Members should contact STRS Ohio directly toll-free at 1-888-227-7877 to obtain the cost of completing contributions with interest.

If the member decides to contribute only on the actual amount of payment received during the professional leave and does not complete contributions at any time, a reduction in benefits may occur:

- The member may not earn a full year of service credit. The member's continued progression toward benefit eligibility will be interrupted and the level of STRS Ohio disability protection may be reduced.
- The member's full contract salary will not be used to determine final average salary. This could affect the amount of service retirement, disability and survivor benefits.
- The number of years of service credit a member may otherwise be eligible to purchase may be diminished.