INPRS

LEAVE OF ABSENCE VERIFICATION

State Form 24315 (R9 / 5-12) Approved by State Board of Accounts, 2012

INDIANA PUBLIC RETIREMENT SYSTEM TEACHERS' RETIREMENT FUND

1 North Capitol Avenue, Suite 001 Indianapolis, IN 46204-2014 Telephone: (888) 286-3544 (Toll-free) Fax: (317) 232-3882

E-mail: questions@inprs.in.gov
Web site: www.inprs.in.gov

INSTRUCTIONS

- 1. Remove the instruction pages included with this form prior to returning the completed form to the Indiana Public Retirement System (INPRS) at the address shown on this form.
- 2. Type or print using black ink. Complete all information and place the Member's name and date at the top of each page as requested.
- 3. This completed form may be delivered to the lobby of INPRS at the address indicated on the form. Lobby hours are 8 a.m. to 5 p.m. on weekdays. The agency is closed on weekends and holidays, including all State-designated holidays.
- 4. Questions or changes? Call customer service, toll-free, at (888) 526-1687, Monday Friday, 8 a.m.- 8 p.m. EST.

MEMBER INFORMATION								
Member's name			Pension I	D (PID)number	Date (mm/dd/yyyy)			
Address				Telephone number with area code				
City	State	ZIP Code E-mail addre		Iress				
LEAVE OF ADDENOT INFORMATION AND EMPLOYED AFFIRMATION								
LEAVE OF ABSENCE INFORMATION AND EMPLOYER AFFIDAVIT								
Leave of absence is subject to the One-Seventh (1/7th) Rule. Select only one type of leave.								
1. I certify that the leave of absence was taken pursuant to the employer's sick leave policy or in accordance with the member's contract or collective bargaining agreement as authorized by <i>IC</i> 20-28-10-1; <i>IC</i> 20-28-10-1(a)(3); <i>IC</i> 20-28-10-2.								
2. I certify that the leave of absence was taken pursuant to a sabbatical leave established under IC 20-28-10-1(a)(1); IC 20-28-10-3.								
3. I certify that the leave of absence was taken as a result of the member being placed on disability or sick leave pursuant to <i>IC 20-28-10-1(a)</i> .								
4. I certify that the leave of absence was taken for the member's pregnancy pursuant to <i>IC 20-28-10-1(d)</i> ; <i>IC 20-28-10-5</i> .								
5. I certify that the leave of absence was taken for adoption leave pursuant to <i>IC 5-10.4-4-7(c)</i> .								
6. I certify that the leave of absence was taken for active military service pursuant to <i>IC 5-10.4-4-8</i> .								
At the time of the LOA, were the employee's 3 percent contributions eligible to be picked up by the employer?								
Beginning date (mm/dd/yyyy) Ending date (mm	te (mm/dd/yyyy)		cluding sick leave)	Amount of contribution to TRF, if any \$				
Employer's name	TRF unit number							
Address	Telephone number with area code							
City	State	ZIP Code	Fax number with area code					
I declare under penalty of perjury pursuant to the laws of the State of Indiana that the foregoing representations are true and correct.								
Authorized representative's signature	thorized representative's title		-	Date (mm/dd/yyyy)				
L	l l							

ADDITIONAL INSTRUCTIONS

To receive a leave of absence eligible for TRF service credit, the leave must be for one of the reasons described in *IC 20-28-10 et seg.* or adoption or military service leave as described in *IC 5-10.4-4 et seg.*

If the leave of absence is for sabbatical as described in *IC 20-28-10 et seq.*, the teacher must return to a position covered by TRF for the same amount of time that was granted for the leave of absence. (550 IAC 2-5-8(a)). For example, if a member was granted a one year leave of absence, that member must return to teaching for one year before a full year of service credit may be added to the member's record. If the member returned for only one-half year, then one-half year would be credited.

All leaves of absence are subject to the One-Seventh (1/7th) Rule. This rule states that leave of absence credit is limited to one-seventh of the total years of service claimed by a member for retirement purposes. A leave of absence cannot be granted until the fiscal year (July 1 through June 30) in which the leave of absence occurred is completed and all requirements have been satisfied.

The leave of absence must be officially approved and verified by the school corporation. A leave of absence must be verified on this form. (IC 5-10.4-4-7; 550 IAC 2-5-5, 2-5-6, 2-5-7, 2-5-8).

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Member's name Pension ID (PID)number Date (mm/dd/yyyy)

OTHER SCHOOL BOARD APPROVED LEAVE OF ABSENCE (NOT ELIGIBLE FOR SERVICE CREDIT)

A leave of absence may be granted for which the member does not receive retirement service credit from TRF. Teachers who return from such leaves of absence return to the particular Fund (Pre-'96 or '96 Fund) to which they belonged prior to the leave of absence.

MILITARY SERVICE LEAVE

Leaves of absence that qualify for military service credit originate from two sources.

- Some varieties of military service credit for leave of absence are authorized by federal legislation. These types of creditable
 leaves apply when a member leaves a teaching position, serves on active duty in the military, and returns to the position the
 member left to enter the military. A member is entitled to military service credit in the amount required by the Veterans
 Reemployment Rights Act (38 USC 4301 et seq.), as recently amended by the Uniformed Services Employment and
 Reemployment Rights Act of 1994 (USERRA).
- The second type of credit is authorized by Indiana law (IC 5-10.4-4-8). Military service rendered years ago must still be verified by TRF for the teacher. Copies of college transcripts, DD Form 214 (Certificate of Release or Discharge from Active Duty), and other relevant documents may be required.

FAMILY AND MEDICAL LEAVE ACT (FMLA)

Family and Medical Leave Act (FMLA) is covered by special federal law that includes service credit only if needed for vesting or for benefit purposes. TRF evaluates each application separately.

EDUCATION OR SICK LEAVE TAKEN PRIOR TO JUNE 1974, REQUIRE DIFFERENT VERIFICATION

Specifics are provided as requested.

PRE-96 FUND OR 96 FUND MEMBERSHIP

Teachers returning from a leave of absence under TRF laws retain membership in the particular Fund (Pre-96 Fund or 96 Fund) to which they belonged prior to the leave of absence.

IC 20-28-10, IC 5-10.4-4, et seq.

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Entry field	Field description				
MEMBER INFORMATION					
Member's name	Enter the complete name of the member.				
Pension ID (PID) number	Enter the member's Pension ID (PID) number. This is required.				
Address, City, State, ZIP Code	Enter the member's street or mailing address.				
Telephone number	Enter telephone number including area code for the member.				
E-mail address	Enter the member's e-mail address, if applicable.				
LEAVE OF ABSENCE INFORMATION AND EMPLOYER AFFIDAVIT					
Select only one type of leave of absence from the list of six types provided.					
At the time of the LOA, were the employee's 3					
percent contributions eligible to be picked up	Select Yes or No .				
by the employer?					
Beginning date	Enter the beginning date of the leave of absence; format = mm/dd/yyyy.				
Ending date	Enter the ending date of the leave of absence; format = mm/dd/yyyy.				
Compensation	Enter the amount of compensation including the leave of absence.				
Amount of compensation to TRF, if any	Enter the amount of compensation to TRF.				
Employer's name	Enter the full name of the employer.				
TRF unit number	Enter the employer's TRF unit number/				
Address	Enter the employer's street or mailing address, city, state, and ZIP Code.				
E-mail address	Enter the employer's e-mail address				
Telephone number	Enter the employer's telephone number with area code.				
Fax number	Enter the employer's fax number with area code.				
Authorized representative's signature	This form must be signed and dated by the employers' authorized representative.				
Authorized representative's title	This form must include the title of the authorized representative.				
Date	This form must be signed and dated by the employer's authorized representative.				

HELPFUL INFORMATION							
	INPRS/TRF	INTERNAL REVENUE SERVICE	INDIANA DEPARTMENT OF REVENUE				
	(888) 286-3544 (Toll-free)	(800) 829-1040 Toll-free	(317) 233-4018 Indianapolis local				
Telephone numbers	(317) 232-3882 Fax	(800) 829-4477 TeleTax	(317) 232-2240 Tax questions				
		(800) 829-4059 TDD (hearing	(317) 233-4952 TDD (hearing				
		impaired)	impaired)				
			(317) 233-2329 Fax				
Web site	www.inprs.in.gov	www.irs.gov	www.in.gov/dor				

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