



Your SSN \_\_\_\_\_

**Your Information**

Name \_\_\_\_\_  
First Middle/Maiden Last

Mailing Address \_\_\_\_\_  
Street or P.O. Box City State ZIP Code

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ PID (optional) \_\_\_\_\_

**Employee Information**

To be eligible to purchase service credit for unpaid leave, the member must be currently active and contributing to TRS and must have been on approved unpaid military, maternity, or medical leave.

Dates and Type of Leave \_\_\_\_\_

School Year July 1 - June 30	Contract Salary	Actual Salary Paid	Days Paid	Days Contracted	Time Basis (Full, 3/4, 1/2, 1/4)

**Employer Certification**

This certification is being provided to allow TRS to determine retirement service credit for this time period, to determine if this person is eligible to establish any additional service credit, and the cost for that additional service credit.

Name and Title \_\_\_\_\_  
Please Print

Name of Agency \_\_\_\_\_  
Full name, no initials please

Telephone Number \_\_\_\_\_

**Sign Here →**  
*Certifying Official*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_