



STATE OF CONNECTICUT
 TEACHERS' RETIREMENT BOARD
 21 GRAND STREET HARTFORD, CT 06106-1500
 Toll-Free 1-800-504-1102 (860) 241-8400 Fax (860) 525-6018 www.ct.gov/trb

CURRENT LEAVE OF ABSENCE FORM (TRB FORM 53X)

The Teachers' Retirement Act gives you the opportunity to purchase retirement credit for formal leaves of absence granted by your employing Connecticut Local School District.

The majority of approved leaves are granted without pay. Occasionally, there are leaves granted with pay for reasons such as sabbatical. Regardless, the salary paid or which would have been paid while on a leave **may not be used in determining your final average salary for purposes of computing retirement benefits.**

An absence due to illness for which you are receiving accrued sick leave as provided by Section 10-156 of the Connecticut General Statutes is not considered as a leave of absence. If you are receiving accrued sick leave benefits, your Local School District should continue to report you as an active contributing member through the monthly transmittal process.

You may elect to pay the monthly mandatory contributions while on an approved leave of absence for a total of ten (10) school months during your career for any leave occurring on or after July 1, 1986.

This form must be completed by you and your employer and forwarded to this office a minimum of two months prior to the effective date of your approved leave. This is extremely important for leaves taken at the end of the school year (i.e. April - June). Upon receipt of this form, CTRB will notify you of the amount due and payment options. The amount due will be the 7.25% mandatory contributions based the annual salary rate that you would have received if actively employed at full-time (100% FTE).

It is your responsibility to make payment for your approved leave of absence directly to CTRB. Your Local School District may not deduct and/or transmit approved leave of absence payments through the transmittal process.

Your payment options are as follows:

- Equal monthly payments during the ten school months in which the leave began.
- Lump sum payment at any time during the ten school months in which the leave began.

Your approved leave of absence must be paid in full by the last day of the approved leave period in order to be purchasable by this method.

PLEASE PRINT OR TYPE

SECTION A: MEMBER ELECTION

Member Name _____ SSN _____

Mailing Address _____

In accordance with leave regulations of the State of Connecticut Teachers' Retirement Board or Family Medical Leave Act, I hereby make application for the service indicated in Section B of this form.

- I elect to pay the mandatory contributions while on my leave of absence.
- I do not wish to pay. I understand that the cost and right to purchase this service in the future will be determined based laws and regulations governing the Connecticut Teachers' Retirement Board.

Member Signature _____ Date _____ Email _____

SECTION B: CONNECTICUT LOCAL SCHOOL DISTRICT CERTIFICATION

This is to certify that the Local School District of _____ approved a leave of absence for the above-named member from _____ to _____ with a return date of _____.

According to the salary schedule, this member would have been entitled to a full-time (100% FTE) annual salary of \$ _____ during such school year.

Superintendent's Signature _____ Date _____

PLEASE FORWARD THIS COMPLETED FORM TO CTRB A MINIMUM OF 2 MONTHS PRIOR TO THE EFFECTIVE DATE OF THE LEAVE.