



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

PREVIOUS LEAVE OF ABSENCE FORM (TRB FORM 53)

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.

In accordance with Public Act No. 03-232, effective October 1, 2004, documented additional credited service in the Teachers' Retirement System may be purchased at any time prior to retirement.

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 were 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 were receiving accrued sick leave benefits, your Local School District should have continued to report you as an active contributing member through the monthly transmittal process.

A formal leave of absence not purchased through the payment of monthly mandatory contributions or leaves of absence in excess of ten school months may be purchased service subject to the following limitations:

1. Not more than ten months (1 year) for each five years of active full-time service as a Connecticut teacher.
2. Not more than thirty consecutive school months (3 years).
3. You return to service for at least one school year following the leave of absence.

Section A of this form is to be completed by the member and Section B is to be completed by the Local School District. All documentation must be received by CTRB prior to your effective date of retirement in order to be purchasable.

PLEASE PRINT OR TYPE

SECTION A: MEMBER INFORMATION

Member Name _____ SSN _____

Street Address _____

City, State, Zip _____

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

Member Signature _____ Date _____

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 _____.

Superintendent's Signature _____ Date _____

PLEASE FORWARD THIS COMPLETED FORM TO CTRB.