To ensure protection of the rights of the member pertaining to Colorado PERA benefits, this *Certified Leave of Absence* form should be filed within 90 days of the beginning date of the leave.

### Certification Information

This is to certify that:

<table>
<thead>
<tr>
<th>Member</th>
<th>Last</th>
<th>First</th>
<th>MI</th>
</tr>
</thead>
</table>

is on certified (check one)

- [ ] Leave Without Pay
- [ ] Short-Term Disability Leave
- [ ] Leave Without Pay for Health Reasons
- [ ] Family and Medical Leave Act (FMLA)
- [ ] Military Leave
- [ ] Paid Sabbatical Leave*

* Full contract salary without sabbatical

$ __________________________

* Amount of above salary to be paid while on sabbatical

$ __________________________

for the period of _______________________ to ______________________

month/day/year               month/day/year

### Employer Certification

Employer Number ___________________________ Employer* ___________________________

*If the member is currently employed by the State or a choice-eligible community college, the employee is a member of (check one):

- [ ] PERA Defined Benefit Plan
- [ ] PERA Defined Contribution Plan

Print Name of Certifying Official ___________________________

Signature of Certifying Official ___________________________

Title __________________________________________

Email Address _______________________________________

Phone Number (_____) ___________________ Date ___________________

8/1-leave (REV 1-15)