

**RETIREMENT CREDIT PURCHASE REQUEST
FOR QUALIFYING LEAVES WITHOUT PAY -
TIER IIA MEMBERS ONLY**

CONNECTICUT STATE EMPLOYEES RETIREMENT SYSTEM
OFFICE OF THE STATE COMPTROLLER
RETIREMENT & BENEFIT SERVICES DIVISION
55 ELM STREET
HARTFORD, CT 06106-1775

CO- 1090 (stock number 800-12)
New 8/98

DESCRIPTION AND INSTRUCTIONS: Leaves without pay that are purchasable for retirement credit are those taken for military service, personal illness, maternity or qualifying family or parental leave. Military leave can be purchased from date of entry into active duty to date of separation provided the employee returns to state service within ninety days. All other leaves can only be purchased in monthly blocks or twenty-two working day increments to a limit of not more than fifteen months in any five year period. To receive a cost calculation to purchase qualifying leave, complete this form and submit it to the Retirement & Benefit Services Division along with the following **REQUIRED DOCUMENTATION**: (a) Copy of official personnel action form(s) which authorized the leave, and which clearly states the reason for the leave; (b) statement from agency as to salary at time leave was granted as well as any salary changes during such leave; (c) employee's attendance records for period(s) of leave; and (d) official personnel document reflecting reinstatement date. In addition to the above documents, for military leave, a legible copy of discharge which clearly shows dates of active duty; DD-214 is preferred; for family or parental leave, request must be accompanied by an agency statement verifying leave was granted pursuant to Section 5-248(a) or applicable collective bargaining agreement. Cost to Tier IIA member: 2% or 5%, whichever is applicable, of monthly salary at the time such leave was taken with 5% interest per year from the period of the leave to the date of the purchase request except if the purchase is composed of several individual days of leaves totaling one month, the cost to the member will be 2% or 5%, whichever is applicable, of the daily rate of salary at the date of application to receive credit, multiplied by twenty-two without an accompanying interest charge.

MEMBER'S IDENTIFICATION (PLEASE PRINT)		
EMPLOYEE NUMBER	EMPLOYEE NAME (Last, First, Middle Initial)	SOCIAL SECURITY NUMBER
CURRENT AGENCY/INSTITUTION	BARGAINING UNIT	PRESENT CONTRIBUTION LEVEL (2%-non-hazardous duty; 5%-hazardous duty)
MAILING ADDRESS (street number, street name, city, state, zip code)		TELEPHONE NUMBER (where you can be reached between 8:00 a.m. & 4:00 p.m.)

MEMBER'S PURCHASE REQUEST

Please furnish description of leave type(s) and dates.

LEAVE TYPE(S)	DATES	
	FROM	TO

MEMBER'S STATEMENT

I understand that this request for a calculation is non-binding.

MEMBER'S SIGNATURE	DATE
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AGENCY PART

All required supporting documents listed in description and instructions are attached.

AGENCY CONTACT PERSON	MSA P/R LEVEL 2 - LETTER I.D.	TELEPHONE NUMBER	DATE
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