

**TIER IIA MEMBERS ONLY**

STATE OF CONNECTICUT  
OFFICE OF THE STATE COMPTROLLER  
RETIREMENT SERVICES DIVISION

**RETIREMENT CREDIT PURCHASE REQUEST FOR  
QUALIFYING LEAVES WITHOUT PAY**

CO-1090 Revised 8/2015

**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 (90) days. All other leaves can only be purchased in monthly blocks or twenty-two (22) working day increments to a limit of not more than fifteen (15) months in any five (5) year period. To receive a cost calculation to purchase qualifying leave that is non-binding, complete this form and submit it to the Retirement Services Division, Attn: Retirement Purchase Unit, 55 Elm St., Hartford, CT 06106-1775, 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 CGS Section 5-248(a) or applicable collective bargaining agreement. **Costs 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 (except military leave) to the date of the purchase request except if the purchase is composed of several individual 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 IDENTIFICATION				
EMPLOYEE NUMBER	MEMBER NAME (Last)	First Name	M.I.	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER
CURRENT AGENCY or INSTITUTION		BARGAINING UNIT	PRESENT CONTRIBUTION LEVEL <small>2% - non-hazardous duty; 5% - hazardous duty)</small>	
MEMBER MAILING ADDRESS (street number, street name, city, state, zip code)			MEMBER TELEPHONE NUMBER <small>(where you can be reached between 8:00 a.m. &amp; 4:00 p.m.)</small>	

MEMBER REQUEST			
Please furnish description of leave type(s) and dates.			
LEAVE TYPE(S)	FROM	DATES	TO

MEMBER STATEMENT	
I understand that this request for a calculation (if applicable) is non-binding and if any required documentation necessary to review this purchase request is not enclosed, this application will not be processed and it will be returned to the member. I acknowledge that I am a SERS - Tier IIA member.	
MEMBER SIGNATURE	DATE

EMPLOYING AGENCY PART			
<b>All required supporting documents must be attached; otherwise, this form is invalid and it will not be processed.</b>			
AGENCY CONTACT PERSON (PLEASE PRINT)	BUSINESS UNIT	TELEPHONE NUMBER	DATE