

**Request for Retirement Credit for Qualifying Leaves without Pay (LAW)**

CO-990 Rev. 8/2015

STATE OF CONNECTICUT  
OFFICE OF THE STATE COMPTROLLER  
RETIREMENT SERVICES DIVISION**FOR TIER II HAZARDOUS DUTY MEMBERS ONLY**

**DESCRIPTION AND INSTRUCTIONS:** Leaves without pay that are creditable for retirement credit are those taken for military service, personal illness, maternity or qualifying family/parental leave. Military leave can be creditable from date of entry into active duty (or beginning of military leave without pay) to date of reinstatement in state service provided the employee returns to state service within ninety days of honorable release. All other leaves can only be creditable 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 retirement credit for qualifying leave(s), complete this form and submit it to the Retirement Services Division, Attn: Retirement Credit Purchases 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(s), and which clearly state(s) the reason for the leave(s); (b) statement from agency as to salary at time leave(s) was granted as well as any salary changes during such leave(s); (c) employee's attendance records for period(s) of leave(s); and (d) official personnel document reflecting reinstatement date(s). In addition to the above documents, for military leave(s) a legible copy of discharge (DD-214) which clearly shows dates of active duty is required; 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.

**Cost:** 4% of monthly salary at the time such leave of absence without pay was taken with 5% interest per year from period of the leave of absence without pay (except military leave) to the date of the purchase request except if the purchase is composed of several individual days of leave of absence without pay totaling one month, the cost to the member will be 4% of the daily rate of salary at the date of application then multiplied by twenty-two (22) without an accompanying interest charge. The cost for leaves without pay will depend on the date(s) of the leave.

MEMBER IDENTIFICATION			
EMPLOYEE NUMBER	MEMBER NAME (Last)	First Name	M.I.
CURRENT AGENCY/INSTITUTION	BARGAINING UNIT	MEMBER SOCIAL SECURITY NUMBER (Last 4 digits only)	
MEMBER MAILING ADDRESS (street number, street name, city, state, zip code)		MEMBER TELEPHONE NUMBER (where you can be reached between 8:00 a.m. & 4:00 p.m.)	

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 II member.	
MEMBER SIGNATURE	DATE

AGENCY PART	
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**All required supporting documents must be attached; otherwise, this form is invalid and it will not be processed.**

AGENCY CONTACT PERSON	BUSINESS UNIT	TELEPHONE NUMBER	DATE
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**Any alterations to this form will NOT be accepted and it will be returned to the Tier II member**