

Leave Program Certification

Public Employees Retirement Association (PERA) 60 Empire Dr, Ste #200, St. Paul, MN 55103-2088
 Employer Response Lines: 651 296-3636 or 1-888-892-PERA; Employer Fax: 651-296-2493



Background: PERA members who voluntarily or involuntarily take an unpaid leave of absence (time off without pay) as a result of a budgetary savings measure for their employer may optionally purchase salary credit to maintain their normal salary level for PERA during the period(s) of reduced pay. The unpaid leave or furlough must be due to an authorized temporary reduction in work hours, not a permanent reduction in salary or work hours for the person.

Instructions for Employers: Complete this form if you administer a leave/furlough program as a budgetary savings measure that could result in reduced salaries for PERA-covered employees of your unit. Mail or fax this form to PERA with a copy of the board resolution, policy, bargaining agreement, etc. that authorizes or describes the leave/furlough program. Please re-file this form if the original furlough program is renewed or extended beyond its initial length.

Name of Governmental Unit	PERA-Assigned ID No. (6-digits)
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I certify that we are administering a furlough program as a budgetary savings measure that authorizes temporary reductions in work hours for employees as described below.

1. Covered Employees - The program is offered or mandated for the following employees (check Box A or B):
 - A. All employees of this governmental unit, or
 - B. One or more identifiable groups as described below:
 - Employees under the bargaining agreement as follows: _____
 - Employees of a defined department, division, or work location as follows: _____
 - Other group as follows: _____
2. Program Duration - The program will be in effect as follows (check either box C or D):
 - C. For a defined period or year(s) beginning on _____ and ending on _____.
 - D. For an undetermined period beginning on _____.
3. Reduced Work Hours - Participating employees will or may have a temporary reduction in work hours as follows: (If applicable, specify the maximum number of hours without pay that any participating employee can have per calendar or fiscal year under your leave/furlough program.)

4. Employer Contributions - Identify (check either box E or F) whether or not your governing board has agreed to pay the employer contributions with interest if applicable for each employee who participates in the leave program and who pays the member contributions on the pay forfeited by the unpaid leave or furlough days.
 - E. We will pay the employer contributions and interest for each employee who pays the member portion of the salary credit purchase, or
 - F. We will not pay the employer contributions relating to any employee's salary credit purchase.

Reporting Responsibilities

By signing below, I am confirming that our unit will provide the necessary payroll data to PERA so that all employees who have reduced work hours can be sent a salary purchase statement by PERA. The data will be provided on the *Reduced Salary Leave/Furlough Program Worksheet* (Excel sheet available at www.mnpera.org) or an equivalent substitute at these intervals:

1. The end of each fiscal year (June 30 for schools and December 31 for all others) in which the leave, furlough or salary savings program was used by employees, and
2. Immediately upon receiving notice that a participating employee will terminate employment before the end of the fiscal year. We will promptly send the payroll data to PERA so the terminating employee has an opportunity to make a salary purchase within 30 days after his/her last date of employment.

CERTIFICATION OF AUTHORIZED REPRESENTATIVE

I hereby state that my responses above reflect the decisions made by our governing board or its designee.

Name	Job Title	Business Phone No.
Signature	Date Signed	