

During your career, you might take a leave from public service, such as a medical, FMLA, parental, education, or another type of authorized leave. PERA members may optionally purchase missing employee and employer contributions plus interest for up to 12 months of an authorized leave of absence. Members on a workers' compensation leave may purchase additional time beyond 12 months.

**INSTRUCTIONS:** Please complete Part A below, and have an employer representative complete Part B. You must return the leave form to PERA **after** you return from your leave or terminate public service and before the authorized purchase period expires. Once PERA receives the completed leave form, we will process your request and mail benefit estimates with purchase cost information.

**PURCHASE INFORMATION:** The leave purchase must be made within 12 months after you return to public service, or 30 days after termination of service, whichever is earlier. Your employer may elect to pay the employer share for you, but is under no obligation to do so. If they elect to pay the employer portion, it is your responsibility to coordinate the purchase payment with your employer. You need to send both the member and employer portion together to PERA. Payment must be made in full and is based on your average salary rate in effect during your leave period, excluding overtime. If you have previously purchased 12 months of salary credit, you must return to active public service for at least three months to be eligible to purchase any subsequent authorized leaves. With the exception of workers' compensation, no other leave purchase may be made after the occurrence of a disability for which you have filed a disability benefit application.

### Part A—Employee

Name PERA ID or Last Four of SSN DOB

E-Mail Address Tentative Termination Date

### Part B—Employer

Is this a Workers' Compensation Leave?

Yes  No

Type of Leave \_\_\_\_\_

No.	Leave Begin Date MM-DD-YY	Leave End Date MM-DD-YY	Average Hourly Rate of Pay During Leave Period	Average Hours Worked per Week
1				
2				
3				
4				

Employer Name Employer Email Address Employer Unit No.

Employer Signature and Title Employer Phone Number Date

**THIS FORM MUST BE SIGNED BY THE EMPLOYER TO BE VALID  
RETURN (MAIL OR FAX) COMPLETED FORM TO:**



Public Employees Retirement Association  
60 Empire Drive, Suite 200, St. Paul, MN 55103-2088  
1-800-652-9026 | 651-296-7460 | Fax: 651-297-2547 | mnpera.org