

**Florida Retirement System Pension Plan
Application to Purchase Retirement Credit
for a Pension Plan Leave of Absence**



PO Box 9000
Tallahassee FL 32315-9000
850 488-6491 Toll Free 888 738-2252

The conditions under which a leave may be claimed for retirement are listed on the following page.

Part I -- (To be completed by the member)

I, _____ SSN: _____

make application to purchase retirement credit for the period covered by the leave of absence granted by
(employer) _____. The leave of absence was for the following
reasons: _____

The leave of absence began ____ / ____ / ____ and ended ____ / ____ / ____.

Member Signature: _____

Position Title: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

Part II -- (To be completed by the employer)

This is to certify that (member name) _____ was granted a leave of absence from
____ / ____ / ____ to ____ / ____ / ____ . The leave of absence was granted on ____ / ____ / ____ and is
recorded in board minutes or personnel action form dated ____ / ____ / ____ .

Last day on payroll: ____ / ____ / ____

Rate of pay immediately prior to leave:

Monthly \$ _____ BiWeekly \$ _____ Hourly \$ _____

(For Instructional personnel only: Annual \$ _____)

Member returned to work on ____ / ____ / ____ () Full-Time () Part-Time

Authorized Signature: _____ Position Title: _____

Agency Phone: _____ Date _____