



TENNESSEE CONSOLIDATED RETIREMENT SYSTEM

10th Floor Andrew Jackson State Office Building

Nashville, TN 37243-0230

APPLICATION FOR RETIREMENT CREDIT FOR EDUCATIONAL LEAVE OF ABSENCE

PART I: To Be Completed By The Employee:

I, _____, _____ residing at
Employee's Name Social Security Number

Street Address

_____, _____, _____ understand that
City State Zip Code

in order to be eligible to establish retirement credit for an educational leave of absence, I must obtain the approval of my employer and the Board of Trustees of the Tennessee Consolidated Retirement System and that I must make the necessary contributions, if required, to establish such service. I also understand that I must be reemployed by such employer within one (1) year following the leave period and remain so employed for a least one (1) year thereafter.

Explain the nature of the leave and how it relates to your employment:

Date

Employee's Signature

PART II: To Be Completed By The Employer:

_____, _____ \$ _____
Employee's Position Prior To Leave Annual Salary Prior To Leave

I hereby certify that said employee has/had approval of _____ to take
Employer's Name

educational leave of absence for the purpose of engaging in academic research related to his/her employment and whose leave is intended to increase his/her efficiency as an employee, beginning _____ and continuing
Month/Day/Year

through _____ and to make monthly contributions, if required, to the retirement system for this
Month/Day/Year

leave. If needed, the employee is to make financial arrangements with the employer for the monthly contributions.

Date _____
Month/Day/Year

Signature of Department Head

Date _____
Month/Day/Year

Signature of Budget Director

PART III: For Retirement Use Only:

The aforementioned employee has been approved to make contributions for retirement credit while on his educational leave.

Date _____
Month/Day/Year

Signature of Prior Service Counselor

Date _____
Month/Day/Year

Signature of Supervisor of Prior Service