



CT TEACHERS' RETIREMENT BOARD
165 CAPITOL AVENUE HARTFORD, CT 06106-1673
"An Affirmative Action/Equal Opportunity Employer"
Toll-Free 1-800-504-1102 (959) 867-6333 Fax (860) 525-6018 www.ct.gov/trb

CURRENT LEAVE OF ABSENCE (CLOA) FORM (TRB FORM 53X)

The Teachers' Retirement Act gives active members of the Connecticut Teachers' Retirement Board (CTRB) the opportunity to purchase retirement credit for leaves of absence granted by their employer. Most leaves of absence are granted without pay; these include formal unpaid leaves of absence that are granted in advance, and also unplanned leaves of absence resulting from illness. Leaves of absence with pay are occasionally granted for reasons such as a sabbatical. In all cases, the salary that was paid or which would have been paid while on a leave of absence **may not be used in determining your final average salary for purposes of computing retirement benefits**. Accordingly, the employer should not report a member's paid leave (other than a sick leave) on the monthly transmittal.

The employer determines whether or not to grant a leave of absence; the employer and the member agree on the terms and conditions of the leave of absence. The member should use this form to report all unpaid and paid leaves of absence to the CTRB and indicate whether or not they wish to remain as an Active CTRB member and receive CTRB membership credit by paying the mandatory contributions while on the CLOA. All of the following references to CLOA in this form, and in the invoice that CTRB issues to the member, apply only to CLOAs that the member elects to purchase.

An absence due to illness for which you are receiving accrued sick leave as provided by Section 10-156 of the Connecticut General Statutes is not considered as a leave of absence. If you are receiving accrued sick leave benefits, your employer should continue to report you as an active contributing member through the monthly transmittal process.

You may elect to pay the monthly mandatory contributions while on an approved leave of absence for a total of ten (10) school months during your career for any leave occurring on or after July 1, 1986. A member establishes that their employer has granted a formal leave of absence through the completed CLOA form, based on records created at the time the CLOA was granted. A member establishes that an absence was due to illness in the same manner, or via medical or other evidence satisfactory to the CTRB. CTRB must receive the CLOA form completed by both the member and the employer, or the medical or other evidence, as soon as possible so as to allow CTRB sufficient time to issue a bill to the member and for the member to pay at least the first month's mandatory contributions prior to the last business day of the CLOA's first month. If the member does not make such a payment, it will not be possible for the member to purchase membership credit for any portion of that CLOA. Upon receipt of the CLOA form or the medical evidence, CTRB will notify the member of the monthly amount due, which will be the 8.25% mandatory contributions based on the annual salary rate that the member would have received had they been actively employed at full-time (100% FTE). A member who is active at less than full-time may not purchase any credit as a CLOA.

A member on a formal leave of absence must continue to make monthly mandatory contributions to the CTRB in order to continue to receive membership credit. Monthly mandatory contributions may be made either in advance or in monthly installments but may not be made in arrears. Failure to pay any monthly installment by the last day of that month will cause the member to become ineligible to purchase any of the remaining months of the leave as a CLOA. Months already paid for will be credited. The member may be eligible to purchase the remaining months of the leave as a Previous Leave of Absence subject to certain limitations.

A CLOA must begin on the first working day of the month which follows the last day of paid employment. For example, if a member works from the beginning of the school year through October 15 and then goes on a leave of absence beginning November 1, the purchase of the CLOA must begin with November; the member's status (active or on a CLOA) for each month is determined by their status on the first working day of the month. The purchase of the CLOA may continue until the end of the leave of absence or until the member has purchased a total of 10 months during their career. Months of a leave of absence not purchased as a CLOA may be purchased as a Previous Leave of Absence under the additional service credit cost method. A Previous Leave of Absence may be purchased subject to the following limitations: 1) not more than ten months (1 year) for each five years of active full-time service as a Connecticut teacher, and 2) a return to service as a Teachers' Retirement Board member for at least one school year following the leave of absence. The Additional Service Credit Cost Estimator on our website (www.ct.gov/trb) can provide an estimate of the cost of a previous Leave of Absence.

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(Continued)

SECTION A: MEMBER ELECTION (PLEASE PRINT OR TYPE)

Member Name _____ SSN _____

Mailing Address _____

Home Email Address _____ Phone Number _____

In accordance with leave regulations of the CTRB, "Formal leave of absence" means any absence from active service in the public schools of Connecticut formally granted by a member's employer as evidenced by contemporary records of the employer, provided in the case of an absence due to illness, medical or other evidence of such illness may, at the discretion of the Teachers' Retirement Board, be accepted in lieu of evidence of the formal granting of a leave. I hereby make application for the service indicated in Section B of this form.

- I elect to pay the mandatory contributions while on my current leave of absence.
- I do not wish to pay. I understand that the cost and right to purchase this service in the future will be determined based on the laws and regulations governing the Connecticut Teachers' Retirement Board.

Member Signature _____ Date _____

SECTION B: CONNECTICUT LOCAL SCHOOL DISTRICT CERTIFICATION

This is to certify that the Local School District of _____ approved a leave of absence for the above-named member.

Dates of Leave of Absence: From: _____ To: _____

Dates of **Unpaid** Leave of Absence: From: _____ To: _____

Last month of full contributions taken _____

According to the salary schedule, this member would have been entitled to a full-time (100% FTE) annual salary of \$_____ during such school year.

Authorized Signature _____ Print name: _____

E-mail address: _____

PLEASE FORWARD THIS COMPLETED FORM AS SOON AS POSSIBLE TO:

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165 CAPITOL AVENUE
HARTFORD CT 06106-1673