



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

SPECIAL RULES FOR ABSENCES DUE TO MATERNITY

In years past, certain Connecticut Local School Districts did not grant maternity leaves of absence and required that the teacher resign her position during the course of her pregnancy.

In recognition of this fact, the Teachers' Retirement Board permits a member to purchase up to ten months (1 year) of additional credit provided all of the following conditions were met:

- 1. A leave of absence policy or contractual provisions did not exist for the granting of maternity leaves of absence.
2. The member was required to resign her position during the course of her pregnancy.
3. The member submits a copy of the birth certificate of the child resulting from this pregnancy and this completed form.
4. The member must return to service for one full school year.

This policy is not applicable if the employer granted leaves of absences due to pregnancy and the member failed to apply for such leave.

In accordance with Public Act No. 03-232, effective October 1, 2004, documented additional credited service in the Teachers' Retirement System may be purchased at any time prior to retirement.

Section A of this form is to be completed by the member and Section B is to be completed by the Local School District. All documentation must be received by CTRB prior to your effective date of retirement in order to be purchasable.

SECTION A: MEMBER INFORMATION (PLEASE PRINT OR TYPE)

Form with fields for Name, SS#, Address, Telephone, City State Zip, Email, Member Signature, and Date. Includes a declaration statement.

SECTION B: CONNECTICUT LOCAL SCHOOL DISTRICT CERTIFICATION

This is to certify that according to the records of the Local School District of _____, the above-named member left her teaching position on _____ due to pregnancy.

The following contractual or policy provision was in effect at the time of her absence:

(Please check one)

- Checkboxes for: 1. A leave of absence policy or contractual provision did not exist... AND the member was required to resign... 2. Maternity leaves of absence WERE granted upon the request of the member and approval of the Local School District. The member did NOT apply for a leave of absence.

Superintendent's Signature _____ Date _____

A COPY OF THE CHILD'S BIRTH CERTIFICATE MUST ACCOMPANY THIS COMPLETED FORM.