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 Harrisburg PA 17101-1905  
 Toll-free: 1.888.773.7748  
 www.psers.pa.gov  
 Fax: 717.772.3860  
 PSRS-1320 (09/2020)

## Member Sabbatical Leave – Employer Verification



Mail Center

This form is used to determine a member's eligibility to retain service, salary, and contributions reported during sabbatical leave, when the member does not return to employment for the required time frame following the leave. When a member returns to service after an approved sabbatical leave, the member must return to the employer that granted the leave for a period equal to at least **one school term** immediately following the leave of absence, unless the member is unable to return because of illness, disability, or death. PSERS defines the school term as 180 days, regardless of the fiscal year or the number of days the member is contracted to work.

If the member does not return for a full school term and does not meet one of the above exceptions, the member will receive proportional service credit based upon the period of time the member worked immediately following the sabbatical leave period.

If PSERS determines the member is ineligible to retain full sabbatical leave service, salary, and contributions reported, PSERS will make the required adjustments to the member's record.

Please return this form via fax (717.772.3860), Attention: PSERS; or mail it to the above address.

### PART A (submit one form per member)

Member's Name (please print)

PSERS ID

### PART B

Leave Start Date

Leave End Date

### PART C

Did the member return to active service following the approved leave? (check only one)

Yes Date returned \_\_\_\_\_

Report the number of days or hours the member worked *immediately following* the leave.

School Year of Leave: \_\_\_\_\_ days worked \_\_\_\_\_ hours worked

School Year following Leave: \_\_\_\_\_ days worked \_\_\_\_\_ hours worked

If the member returned for less than the full 180 days, list the reason(s) they did not return for at least one school term (e.g., medical reasons, position eliminated, chose to retire, etc.):

\_\_\_\_\_

No Reason member did not return from leave (e.g., medical reasons, position eliminated, chose to retire, etc.):

\_\_\_\_\_

### PART D

#### Employer Certification

I certify that all statements provided on this form are true and accurate to the best of my knowledge. I understand that any falsification of this certification may subject me to criminal liability as an Unsworn Falsification to Authorities (18 Pa.C.S. § 4904).

Authorized Signature of Employer

Employer Phone Number

Print Name and Title

Date Signed