

Please print clearly or type in black ink.

Section 1: Employer Information

Reporting Agency Telephone Number Fax Number

Address

Address

City State ZIP

Section 2: Employee Information

SSN Date of Birth (mm/dd/yyyy)

First Name MI Last Name

Address

Address

City State ZIP

Section 3: Employer Certification

The above employee was on an official leave of absence of 4 consecutive weeks or more in duration and wishes to purchase this time towards retirement. Please provide ERSRI with the following information. Please break down by school year for teachers and calendar year for others.

Start Date	End Date	Number of Days Worked (Max 180 for teachers/260 for others)	Contractual Salary

Actual dates employee was on leave: From _____ to _____.

Returned to work, or

Terminated, on Date: _____

Was employee on Leave Without Pay due to Workers' Compensation? Yes No

Section 4: Official's Statement and Signature

I hereby certify the above information to be true and correct based upon our official records.

Signature Date of Signature (mm/dd/yyyy)

Print Name Title

Return the completed form to the address below. Incomplete or inaccurate forms will not be processed:

Employees' Retirement System of Rhode Island
50 Service Avenue, 2nd Floor
Warwick, RI 02886-1021

Office: (401) 462-7600 | **Fax:** (401) 462-7691
Email: ersri@ersri.org | **Website:** www.ersri.org