



Certification of Leave of Absence

Colorado Public Employees' Retirement Association
PO Box 5800, Denver, Colorado 80217-5800
800-759-PERA (7372) • Fax: 303-863-3727 • copera.org



Member SSN

SSN input boxes: [][][] [][] [][][][][]

To ensure protection of the rights of the member pertaining to Colorado PERA benefits, this *Certified Leave of Absence* form should be filed within 90 days of the beginning date of the leave. If you are submitting this form prior to knowing the end date of this leave, please be sure to submit a revision once the end date is determined.

Certification Information

This is to certify that:

Member _____
Last First MI

is on certified (check one):

- Colorado Family and Medical Leave Insurance Program (FAMLI)
- Family and Medical Leave Act (FMLA)
- Furlough Leave Without Pay (minimum of 30 days)
- Leave Without Pay
- Leave Without Pay for Health Reasons
- Military Leave
- Paid Sabbatical Leave*

* Full contract salary without sabbatical \$ _____

* Amount of above salary to be paid while on sabbatical \$ _____

Short-Term Disability Leave

Other _____

The certified leave is for the period of _____ to _____ OR End Date Unknown
month/day/year month/day/year

Employer Certification

Employer Number _____ Employer _____

Print Name of Certifying Official _____

Sign Here → Signature of Certifying Official _____

Title _____

Email Address _____

Phone Number () _____ Date _____

