

**Leave of Absence Information**

Please fill out this form and return it to your Employer Service Representative at MTRS when you have a member that is out on leave.

**Name of Employee and last 4 SSN:** \_\_\_\_\_

**Number of work days in the employee's contract for this year:** \_\_\_\_\_

**Last day physically working before leave:** \_\_\_\_\_

**Last paid sick day for employee (if paid leave expires):** \_\_\_\_\_

**Number of paid work days for this leave:** \_\_\_\_\_

**Date range of paid days while on leave:** \_\_\_\_\_

**Projected number of unpaid work days for this leave:** \_\_\_\_\_

**Date range of unpaid work days for this leave:** \_\_\_\_\_

**Does the employee miss an entire paycheck?** \_\_\_\_\_

**If yes, date of first missed check:** \_\_\_\_\_

**Does the employee have their pay pro-rated while out on leave?** \_\_\_\_\_

**If yes, date of first pro-rated check:** \_\_\_\_\_

**Date employee physically returns to work:** \_\_\_\_\_

**Date of first check after returning:** \_\_\_\_\_

**FT% employee is physically working upon return to work:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_

**Your School District:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_