

Verification for Employer-Approved Leaves

SC 1553 (Rev. 4/09)

CALSTRS

California State Teachers' Retirement System
 P.O.Box 15275, MS 88
 Sacramento, CA 95851-0275
 800-228-5453
 www.CalSTRS.com

**PLEASE READ THE INSTRUCTIONAL TEXT BEFORE COMPLETING THIS FORM.
 TYPE OR PRINT LEGIBLY IN BLACK INK.**

This form serves as verification for CalSTRS members who were on an approved leave of absence for one of the following types of leave: Maternity/Paternity, leaves taken per the Family and Medical Leave Act (FMLA), Sabbatical and Federal Mutual Educational and Cultural Exchange Program (Fulbright). Note: Only time for leaves listed on this form can be purchased for permissive service credit.

CalSTRS Members: There are two ways to submit this form to CalSTRS: 1) your employer can complete the entire form and transmit it directly to CalSTRS as instructed below, or you can complete Section A, have your employer complete Sections B and C, then mail or deliver the form to CalSTRS. In addition to this form, you must also complete and return the *Redeposit or Purchase Permissive Service Credit* form (MS0287) to CalSTRS, before your request can be processed.

Employers: Complete sections A, B and C, then transmit this form via the Secure Employer Website (SEW) to CalSTRS. No further documents are required. However, CalSTRS may contact you if there are any questions with the information provided. Members must still complete and send the *Redeposit or Purchase Permissive Service Credit* form (MS0287) to CalSTRS.

Section A Employee Information

NAME (LAST, FIRST, INITIAL)		CLIENT ID OR SOCIAL SECURITY NUMBER
ADDRESS (STREET)		(APT #)
CITY ()	STATE	ZIP CODE
TELEPHONE	DATE OF BIRTH (MM/DD/YYYY)	

Section B Leave Type and Date(s) (Please use mm/dd/yyyy format for dates)

Maternity/Paternity per California Education Code § 22803(a)(9) From: _____ To: _____ From: _____ To: _____	Family and Medical Leave Act (FMLA) per California Education Code § 22803(a)(10) From: _____ To: _____ From: _____ To: _____
Sabbatical per California Education Code § 22803(a)(7) From: _____ To: _____ From: _____ To: _____	Federal Mutual Educational/Cultural Exchange per California Education Code § 22803(a)(8) From: _____ To: _____ From: _____ To: _____

Use additional forms if more than two leaves per type are being verified.

Section C Signature of Employer Representative

I certify that the information provided in Section B of this document was taken from the official records of this employer and that this employee met all the requirements for this leave.

NAME OF EMPLOYER	() TELEPHONE NUMBER
NAME OF EMPLOYER REPRESENTATIVE (PLEASE PRINT)	TITLE
SIGNATURE OF EMPLOYER REPRESENTATIVE	DATE (MM/DD/YYYY)



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