Application for
Retirement Credit
for Educational
Leave of Absence

Tennessee Consolidated Retirement System 502 Deaderick Street Nachville, Tennessee 27242 0201

Nashville, Tennessee 37243-0201 1-800-770-8277 • <u>http://tcrs.tn.gov</u>



In order to be eligible to establish retirement credit for an educational leave of absence, you must obtain the approval of your employer and the Board of Trustees of the Tennessee Consolidated Retirement System and you must make the necessary contributions, if required, to establish such service. You must be reemployed by such employer within one (1) year following the leave period and remain so employed for a least one (1) year thereafter.

SECTION 1. APPLICANT INFORMATION

Member ID		Date of Birth			
Full Name		Gender	Male	Female	
Mailing Address					
City	State	Zip Code			
Email		Phone Number			
Explain the Nature of the Leave and How it Relates to Your Employment:					
Applicant's Signature		D	ate		
SECTION 2. EMPLOYER INFORMATION (to be completed by the employer during the leave of absence)					
Name of Agency or Department					
Employee's Position Prior to Leave of Abse	ence				
Period of Leave to	Anı	nual Salary Prior to	b Leave \$		
I hereby certify that the above-mentioned employee has/had approval to take an educational leave of absence for the purpose of engaging in academic research related to his/her employment and whose leave is intended to increase his/her efficiency as an employee and to make monthly contributions, if required, to the retirement system for this leave. If needed, the employee is to make financial arrangements with the employer for the monthly contributions.					
Department Head's Signature		D	ate		
Budget Director's Signature		D	ate		

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