

Verification for Employer-Approved Leaves

SC1553 (Rev. 7/10)

CALSTRS®

California State Teachers' Retirement System
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Sacramento, CA 95851-0275
800-228-5453
CalSTRS.com

Read these instructions before completing this form. Type or print clearly 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 under the Family and Medical Leave Act, sabbatical and Federal Mutual Educational and Cultural Exchange Program (Fulbright). This form is only for these types of leaves.

CalSTRS members: There are two ways to submit this form to CalSTRS: Your employer can complete the entire form and transmit it directly to CalSTRS as instructed below, or you can complete section 1, have your employer complete sections 2 and 3, then mail or submit the form to CalSTRS. In addition to this form, you must complete and submit the *Redeposit or Purchase of Permissive Service Credit* form to CalSTRS before your request can be processed.

Employers: Complete sections 1, 2 and 3, then transmit this form to CalSTRS via the Secure Employer Website. No further documents are required. CalSTRS will contact you if there are any questions with the information provided. Members must still complete and send the *Redeposit or Purchase of Permissive Service Credit* form to CalSTRS.

Section 1: Employee Information

NAME (LAST, FIRST, INITIAL)

SOCIAL SECURITY NUMBER

ADDRESS (STREET)

CITY
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STATE

ZIP CODE

TELEPHONE

DATE OF BIRTH (MM/DD/YYYY)

Section 2: Leave Type and Dates (Use mm/dd/yyyy format for dates.)

Maternity/Paternity

per California Education Code section 22803(a)(9)

From: _____

To: _____

From: _____

To: _____

Family and Medical Leave Act (FMLA)

per California Education Code section 22803(a)(10)

From: _____

To: _____

From: _____

To: _____

Sabbatical

per California Education Code section 22803(a)(7)

From: _____

To: _____

From: _____

To: _____

Federal Mutual Educational/Cultural Exchange

per California Education Code section 22803(a)(8)

From: _____

To: _____

From: _____

To: _____

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

Section 3: Signature of Employer Representative

I certify that the information provided in section 2 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 FORMER EMPLOYER

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TELEPHONE NUMBER

NAME OF EMPLOYER REPRESENTATIVE (PLEASE PRINT)

TITLE



SIGNATURE OF EMPLOYER REPRESENTATIVE

DATE (MM/DD/YYYY)



SC1553

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