



**ARIZONA STATE RETIREMENT SYSTEM (ASRS)**  
**APPROVED LEAVE OF ABSENCE INSTRUCTIONS**

Phoenix (602) 240-2000  
Tucson (520) 239-3100  
Toll-free (800) 621-3778  
Fax (602) 240-2096  
[www.azasrs.gov](http://www.azasrs.gov)

**Note:** You must be actively contributing to the ASRS or be receiving ASRS Long Term Disability to submit a service purchase request.

**STEP 1**

Contact the employer from whom you took the approved leave of absence and have the employer representative complete SECTION 2.

**STEP 2**

Return the completed form within 90 calendar days of your service purchase request.

**Restrictions**

- Members with an ASRS membership date on or after July 1, 2010, are required to have at least 5 years ASRS of credited service before initiating a Service Purchase request, except for previously forfeited service.
- If you participated in another public retirement system during this leave of absence and are either eligible to receive or are receiving a retirement benefit for that participation, you cannot purchase the same period with the ASRS.
- You must have taken the approved, unpaid leave of absence from an ASRS employer.
- You may only purchase up to one year of an approved, unpaid leave of absence per leave event.
- Members with an ASRS membership date prior to July 20, 2011, may purchase any and all eligible service. Members with a membership date on or after July 20, 2011, are limited by state statute to 5 years of eligible service.
- The ASRS treats consecutive periods of absence without a return to employment between the absences as one leave event.
- You must have returned to work with the same ASRS employer at the end of your leave, unless the position was no longer available or you were disabled and could not return to work.
- Service that overlaps with previously earned or purchased time cannot be purchased.
- If you took a refund of contributions after your leave of absence, please contact the ASRS to learn how to purchase this time.

**Filling Out The Approved Leave of Absence Form**

**SECTION 1 – Member Information**

- Print your personal information.
- Carefully read each Member Statement of Understanding.
- Sign and date the form. Your signature confirms your understanding and permission.

**SECTION 2 – Employer Section**

Have the employer that granted the approved leave of absence list the following on the attached form:

- The approved leave of absence period.
- The date the employee returned to work or the reason the employee did not return to work.
- The employer's name, phone number and fax number.
- The name, title and signature of the employer's authorized representative and the date the form was signed.

**Contact Us**

Should you need further information, please visit our public website at [www.azasrs.gov](http://www.azasrs.gov), log in to your secure myASRS account at [secure.azasrs.gov](http://secure.azasrs.gov) to send a secure email or call us at one of the phone numbers shown above.



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**APPROVED LEAVE OF ABSENCE**

COMPLETE AND SEND TO:  
 ASRS Member Services  
 PO Box 33910  
 Phoenix, AZ 85067-3910

Phoenix (602) 240-2000  
 Tucson (520) 239-3100  
 Toll-free (800) 621-3778  
 Fax (602) 240-2096  
 www.azasrs.gov

Disclosure of your Social Security number is mandated by Section 6109 of the Internal Revenue Code. The ASRS will use Social Security numbers only to obtain information about an individual's ASRS account or to inform the Internal Revenue Service about distributions and withholdings with respect to the individual's account.

**SECTION 1 – Member Information (To be completed by the member.)**

Social Security Number	Name (Last)	(First)	(Middle Initial)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Other Names Used During Your Employment				
Current Mailing Address			Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	
City	State	ZIP	Date of Birth (MM/DD/YYYY)	
Personal Email Address	Primary Phone ( )	Secondary Phone ( )	Mobile Phone ( )	

**Member Statements of Understanding, Permission, and Signature**

Your signature below indicates you have read, understand, and agree with each statement.

- I understand I may purchase Leave of Absence (LOA) service credit of up to one year, per each approved leave of absence, if I returned to work with the same employer that approved the LOA.
- I certify that if I did participate in another public retirement system during my LOA, I am neither eligible to receive, nor receiving a retirement benefit from the other public retirement system for the time listed by my employer as approved LOA.
- The ASRS will use the Actuarial Present Value calculation method to determine the cost of my service purchase request.
- I give my authorization for the employer named below to share all necessary information from my records to process this request.

Member Signature	Date
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**SECTION 2 – Employer Section (To be completed by the Employer. By signing, the Employer is verifying the approved Leave of Absence benefited or was in the best interest of the Employer.)**

Approved Leave of Absence Period  _____ Through _____ (MM/DD/YYYY) (MM/DD/YYYY)	Return to Work Date  _____ (MM/DD/YYYY)
<b>OR:</b> If employment was not resumed, why (e.g. disability or no position available).	
Employer Name	Phone Number ( )
Authorized Employer Representative's Name (Please print.)	Fax Number ( )
Authorized Employer Representative's Signature (Please sign.)	Date

