

**Application for Retirement Credit for Educational Leave of Absence**

**Tennessee Consolidated Retirement System**  
502 Deaderick Street  
Nashville, Tennessee 37243-0201  
1-800-770-8277 ♦ <http://tcrs.tn.gov>



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	<b>OR</b> Last 4 SSN XXX-XX-	Date of Birth
Full Name		Gender <input type="checkbox"/> Male <input type="checkbox"/> 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** **Date**

**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 Absence		
Period of Leave	to	Annual Salary Prior to 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** **Date**

**Budget Director's Signature** **Date**