



**MoDOT & Patrol Employees' Retirement System**  
 PO Box 1930 · Jefferson City, MO 65102-1930  
 Phone: (573) 298-6080 · (800) 270-1271  
 Fax: (573) 522-6111 · Email: mpers@mpers.org  
 Website: www.mpers.org

## Leave of Absence

This form is required when a member goes **on and returns from** any type of **unpaid** leave of absence.

~Instructions on reverse side of form~

### Member Information

Name: (Last, First, MI)	<b>Last 4 Digits</b> of Social Security Number:  XXX-XX-	District/Division/Troop:
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### Creditable Unpaid Leaves of Absence

Check the appropriate box for the type of creditable unpaid leave of absence.

Check Box	SAM II Code	Description of the Type of Leave
	L17	Family Medical Leave Act of 1993 (FMLA) used for <b>member</b> – Up to 12 weeks of service credit
	L01	Family Medical Leave Act of 1993 (FMLA) used for the member's <b>family</b> – Up to 12 weeks of service credit
	L02	Military Leave
	L03	Workers' Compensation
	L07	Sickness or Injury Leave Without Pay used for the <b>member</b> – Up to one year of service credit
	L14	Extended Leave With Pay
	L15	Extended LOA Without Pay used for the <b>member due to illness</b> – Up to one year of service credit
	---	Other Leave Without Pay (for <b>up to 10</b> working days) – <i>this type of leave does not need to be coded in SAM II</i>

### Non-Creditable Unpaid Leaves of Absence

Check the appropriate box for the type of non-creditable unpaid leave of absence.

Check Box	SAM II Code	Description of the Type of Leave
	L05	Educational Leave
	L08	Special Leave Without Pay
	L11	Unauthorized Leave
	L15	Extended LOA Without Pay used for the member for reasons <b>other than illness</b>
	C60	Non-Exempt Employee Suspension
	C61	Extension of Suspension
	C62	Exempt Employee Suspension

### Effective Date of Leave and Pay Rate

Complete all information regarding the member's effective date of leave.

Effective Date of Leave: (mm/dd/yyyy)  / /	Last Day Paid: (mm/dd/yyyy)  / /	Pay Rate as of Leave of Absence Date:  Full Day Partial Day	\$
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### Date Returned to Work

Complete all information regarding the member's return from the LOA and any pay increases the member was due while on leave.

Date Returning From Leave: (mm/dd/yyyy)  / /	If the member was due any pay increases while on the leave of absence, please indicate the effective date(s) and the respective pay rate(s) for all applicable increases.											
<b>For Military Leave Only:</b> By initialing on the line provided, I certify the above referenced employee: <ul style="list-style-type: none"> <li>Was re-hired within the required USERRA eligibility guidelines in a benefit eligible position, and</li> <li>Provided the necessary proof documents (<i>must be attached</i>).</li> </ul>	<table border="1"> <thead> <tr> <th>Effective Date of Pay Increase (mm/dd/yyyy)</th> <th>New Pay Rate</th> </tr> </thead> <tbody> <tr> <td>/ /</td> <td></td> </tr> <tr> <td>/ /</td> <td></td> </tr> <tr> <td>/ /</td> <td></td> </tr> <tr> <td>/ /</td> <td></td> </tr> </tbody> </table>	Effective Date of Pay Increase (mm/dd/yyyy)	New Pay Rate	/ /		/ /		/ /		/ /		
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### Signature

Signature of District/Division/Troop Representative:	Date:
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## Instructions

This form is required to be completed when a member goes on and returns from any type of unpaid leave of absence.

### When a member goes on an unpaid leave of absence:

1. Complete the member's information – name, social security number, and district/division/troop where employed.
2. Mark the applicable box to indicate which type of leave the member is on – the corresponding SAM II leave codes are listed immediately to the right of the box. (*Other unpaid LOAs of 10 days or less do not need to be coded in SAM II and therefore do not have a leave code.*)
3. Specify the effective date of leave.
4. Specify the last day the member actually received pay before going on the unpaid LOA; mark the respective box to indicate whether it was a full day of pay or only a partial day of pay.
5. Indicate the pay rate (*hourly if wage employee; semi-monthly if salary employee*) of the member as of the LOA date
6. Sign and date the completed form and forward original to MPERS; keep a copy for your records and to use when the member returns from the unpaid LOA.

### When a member returns from an unpaid leave of absence:

1. Copy the form submitted when the member went on the unpaid LOA.
2. Specify the date the member returned from the LOA.
3. If it was a military LOA and met USERRA eligibility guidelines, initial the “For Military Leave Only” box on the front of this form and **attach the necessary proof document(s)**.
4. If the member was due pay increase(s) while on LOA, please indicate the effective date(s) and the respective pay rate(s).
5. Sign and date the completed form and forward to MPERS.

### USERRA Guidelines for Military Leave

Length of Military Service	When Member Must Report/Apply for State Employment
1-30 Days	Member must report for work by the beginning of the <b><u>first regularly scheduled work day that falls 8 hours after returning home</u></b> . If timely reporting is impossible or unreasonable through no fault of the member, the member must report to work as soon as possible.
31-180 Days	Member must submit an application for reemployment <b><u>no later than 14 days</u></b> after completion of military service. If submission of a timely application is impossible or unreasonable through no fault of the member, the application must be submitted as soon as possible.
180+ Days	Member must submit an application for reemployment <b><u>no later than 90 days</u></b> after completion of military service.
Service Connected Injury or Illness	The reporting and application deadlines described above will be extended up to 2 years if the member is hospitalized or convalescing because of a service connected injury or illness. If timely reporting within the 2-year period is impossible or unreasonable due to circumstances beyond the member's control, the period is extended by the minimum time required to accommodate those circumstances.

If there is any difference between the information provided on this form and the law or policies which govern MPERS, the law and policies will prevail.