



# Certification of Leave of Absence Without Pay

FOR OFFICE USE ONLY

**Toll-Free: (800) 821-2251**  
alaska.gov/drb

Division of Retirement and Benefits  
P.O. Box 110203  
Juneau, AK 99811-0203

Juneau: (907) 465-4460  
TDD: (907) 465-2805  
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This is to certify that \_\_\_\_\_ Last 4 digits of SSN \_\_\_\_\_ was on leave of absence without pay approved by the governing body of the \_\_\_\_\_ School District during the school year(s) indicated below:

The above-named individual did agree to return to employment in a public school no later than the beginning of the school year following termination of the period for which the leave of absence was granted.

The verified salary provided is the salary that he/she would have earned if working in a full time position.

These three sections to be completed if leave of absence was for a partial year.

School Year	Contract Salary	Number Days Taught	Mandatory Contributions Paid	District Matching Contributions Paid
July 1, _____ to June 30, _____	\$ _____	_____	\$ _____	\$ _____
July 1, _____ to June 30, _____	\$ _____	_____	\$ _____	\$ _____
July 1, _____ to June 30, _____	\$ _____	_____	\$ _____	\$ _____

Remarks:

EMPLOYER'S SIGNATURE	DATE
TITLE	TELEPHONE NUMBER (      )