

**SECTION 1: PERSONAL INFORMATION**

**This form is to be completed by faculty who are requesting the university approve the purchase of a nonpaid professional leave of absence through State Teachers Retirement System of Ohio (STRS Ohio).**

\_\_\_\_\_  
First Last M.I.

\_\_\_\_\_  
**Ohio State 8-digit Employee ID #** (required) **Social Security #** (optional)

I understand that I am not obligated to purchase service credit for this leave if it is approved. If purchase is made, I will be responsible for the employee portion of the retirement contribution plus interest on both the employee and employer contributions for the period of nonpaid professional leave as stated below. Interest payments will be determined by STRS Ohio. Documentation is attached stating the purpose of the leave.

\_\_\_\_\_  
Employee Signature Date

**SECTION 2: THE FOLLOWING IS TO BE COMPLETED BY THE EMPLOYING UNIVERSITY DEPARTMENT**

Begin date of nonpaid professional leave of absence: \_\_\_\_\_

End date of nonpaid professional leave of absence \_\_\_\_\_

Contract Salary at time of leave \_\_\_\_\_

If the employee purchases this nonpaid professional leave of absence, the department hereby agrees to pay, without reimbursement by the employee, the employer portion of the retirement contribution based on the contract salary in effect at the time of the leave.

\_\_\_\_\_  
Department Chair Signature Date

Organization # \_\_\_\_\_

Fund # \_\_\_\_\_

Account # \_\_\_\_\_

Project # \_\_\_\_\_

**Submit completed form to:**  
Office of Human Resources, Retirement Services, 1590 N. High St., Ste. 300, Columbus, OH 43201-2190  
Fax: (614) 292-7813 Email: [HRConnection@osu.edu](mailto:HRConnection@osu.edu)