



Request for Leave of Absence Service Credit Purchase Cost

801 Plum Street Room 240
Cincinnati Ohio 45202
513-352-3227

Date _____

In accordance with the provisions of Section 203-7(C) of the Cincinnati Municipal Code,

I _____, SSN# _____

hereby request a cost statement for the purchase of service credit for an unpaid, authorized leave of absence as an employee of the City of Cincinnati _____ (Department/Division) that began during _____ (Month/Year) and ended _____ (Month/Year).

I certify that the service credit that I am seeking to purchase has not been used and will not be used in the calculation of any retirement benefit received by me under any other retirement program. I certify that I have been a contributing member of the Cincinnati Retirement System for at least 18 consecutive months.

I understand that a non-refundable application fee of \$250 is required with this application to have a cost statement generated by the CRS actuary. I understand that the cost statement that I will receive will be time sensitive and I must notify the Cincinnati Retirement System of my decision to purchase such service credit by the prescribed date. If a purchase decision is not made by the prescribed date, a new cost statement will need to be calculated and an application fee of \$250 must be paid. I further understand that the required \$250 application fee is non-refundable and only the most recent application fee paid will be applied towards my purchase cost only if I elect to purchase the LOA service.

Signed _____

Address _____

City, State, ZIP _____

Daytime Phone # with area code _____