www.michigan.gov/ors

Toll Free: 800-381-5111 Local: 517-248-4400 Fax: 517-248-4416

## **Professional Services Leave Certification**

For All Public School Employers

The Office of Retirement Services (ORS) is conducting a review of members who were on professional services leave or professional services released time from July 1, 2015 – June 30, 2017.

Public Act 300 of 1980 (MCL 38.1304(10)) defines professional services leave (PSL) as a leave of absence that is renewed annually by a reporting unit so that a member can accept a position with a reporting unit employee organization to which the member belongs and that also represents the reporting unit in employment matters, such as a union. Professional services released time (PSRT) is defined as a portion of the school fiscal year in which the member is released by the reporting unit from regularly assigned duties to work for a reporting unit employee organization to which the member belongs.

Check one of the following two boxes:
I certify that this reporting unit had <b>no employees</b> on professional services leave or professional services released time between July 1, 2015 and June 30, 2017. If a member at my reporting unit goes on professional services leave or professional services released time in the future, my reporting unit will report the member as instructed in the Reporting Instruction Manual, Section 3.02.05: Professional Services Leave/Professional Services Released Time.
☐ I certify that the employee(s) listed below were on professional services leave or professional services released time during some point in time between July 1, 2015 - June 30, 2017.
<b>Instructions</b> : For each employee who was on professional services leave during the period identified above, print the name; the begin and end dates of leave (use the begin date of the first pay period and the end date of the last pay period); and the total wages earned while on professional services leave during the period indicated.

	PROFESSIONAL SERVICES LEAVE/ RELEASED TIME DETAILS		
EMPLOYEE NAMES (LAST, FIRST MI)	BEGIN DATE	END DATE	TOTAL WAGES EARNED
EMPLOYEE NAME (LAST, FIRST MI)			
EMPLOYEE NAME (LAST, FIRST MI)			

Use only one row for each employee unless there was more than one distinct period of leave for an employee.

EMPLOYER CERTIFICATION		
REPORTING UNIT NAME	REPORTING UNIT NUMBER	TELEPHONE NUMBER
PAYROLL OFFICIAL'S NAME (PRINT)	PAYROLL OFFICIAL'S TITLE	
PAYROLL OFFICIAL'S SIGNATURE	DATE	PAYROLL OFFICIAL'S EMAIL ADDRESS

Return this completed form to:

Fax Number: 517-248-4416

Or mail: Office of Retirement Services, P.O. Box 30171, Lansing, MI 48909-7671