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| Professional Services Leave Certification – *For All Public School Employers* |
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The Michigan 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, 2017 – June 30, 2021.

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:**

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|  | I certify that this reporting unit had **no employees** on professional services leave or professional services released time between July 1, 2017 and June 30, 2021. If an employee at my reporting unit goes on professional services leave or professional services released time in the future, my reporting unit will report the employee as instructed in the Reporting Instruction Manual, [Section 3.02.05: Professional Services Leave/Professional Services Released Time](https://www.michigan.gov/psru/0,2496,7-284-97268_75792_75810-380458--,00.html). |
|  | I certify that this reporting unit had employee(s) on professional services leave or professional services released time between July 1, 2017 - June 30, 2021, and that I have provided the required information as requested for these employee(s). (If checking this box, see additional instructions below.) |

**Additional Instructions:**

Review the Professional Services Leave Data Input File Specifications document and PSL Data Template spreadsheet included with this form. Provide the requested information for each employee who was on professional services leave or professional services released time during the time period identified above.

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| **Employer certification** | | |
| reporting unit Name | | Reporting Unit Number |
| Payroll Official’s Name (Print) | Payroll Official’s Signature | payroll official’s title |
| payroll official’s email address | Telephone Number | DATE |

Return this completed form via the File Transfer Service FTS at [https://dxgweb.state.mi.us](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdxgweb.state.mi.us%2F&data=04%7C01%7CWebbK3%40michigan.gov%7C11c2888ebb524c0f6db808d968843253%7Cd5fb7087377742ad966a892ef47225d1%7C0%7C0%7C637655740164956430%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=%2FNYobcICxox8OlVP5JuyYHUCuguwfjy1aeK3DxxdGHU%3D&reserved=0) using the following.

Recipient: DMBORSER. Class ID: PSLAUD. Transfer mode: Binary. Please do not submit these files via email.