

CERTIFICATION OF UNCOMPENSATED MATERNITY LEAVE

Print Last Name (including any previous names)	First Name	Middle Name
Street Address	City	State
Social Security Number	Date of Birth ____/____/____	Day Time Phone Number (____) _____

I understand that I am limited in my purchase of maternity leave to a minimum of one (1) month and a maximum of twelve (12) months per leave. I am claiming eligibility to purchase service credit for the following uncompensated maternity leave(s) that I have taken from City service:

<u>Dates</u>	<u>Department</u>
From ____/____/____ to ____/____/____ <small>Month Date Year Month Date Year</small>	_____
From ____/____/____ to ____/____/____ <small>Month Date Year Month Date Year</small>	_____
From ____/____/____ to ____/____/____ <small>Month Date Year Month Date Year</small>	_____
From ____/____/____ to ____/____/____ <small>Month Date Year Month Date Year</small>	_____

Please attach the corresponding birth certificate for each maternity leave of absence claimed above. (REQUIRED)

I hereby authorize the Los Angeles City Employees' Retirement System to obtain any information concerning my employment and pension benefits with the City that may be required in connection with my application to purchase service credit for uncompensated maternity leave(s).

Signature _____ Date _____