

## CERTIFICATION OF UNCOMPENSATED MATERNITY LEAVE - ALL MEMBERS

\_\_\_\_\_  
 (Print) Last Name (including any previous names)    First Name    Middle Name

\_\_\_\_\_  
 Street Address    City    State    Zip Code

\_\_\_\_\_  
 Last four digits of Social Security Number    Email    Date of Birth    Daytime Phone Number

I understand that a service purchase of uncompensated maternity leave is limited to a minimum of one whole month and a maximum of twelve 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.

**NOTE: A corresponding birth certificate for each maternity leave of absence claimed below is required. Application will be returned if the birth certificate(s) are not included.**

<u>Dates</u>	<u>Department</u>
From <u>    </u> / <u>    </u> / <u>    </u> to <u>    </u> / <u>    </u> / <u>    </u> MM DD YY    MM DD YY	_____
From <u>    </u> / <u>    </u> / <u>    </u> to <u>    </u> / <u>    </u> / <u>    </u> MM DD YY    MM DD YY	_____
From <u>    </u> / <u>    </u> / <u>    </u> to <u>    </u> / <u>    </u> / <u>    </u> MM DD YY    MM DD YY	_____

NOTE: Only active City of Los Angeles employees who are also active LACERS members may purchase service credit.

I hereby authorize LACERS to obtain any employment, payroll and pension information with the City that may be required to process my application to purchase service credit for my uncompensated maternity leave(s).

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

**ADA NOTICE**

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and, upon request, will provide reasonable accommodations to ensure equal access to its programs, services, and activities.