

# Application for Purchase of Credit for In-System Staff Reduction Layoff

Public School Retirement System of the City of St. Louis  
3641 Olive Street Ste 300  
St. Louis, MO 63108-3601  
Voice: (314) 534-7444  
Fax: (314) 533-0531

**INSTRUCTIONS:** Print in ink or type all entries except signatures. You must have at least five years Creditable Service to apply. If applying for more than one period of layoff, use a separate form for each period. You must complete Section I and forward this form to St. Louis Public Schools, 801 North 11th Street, St. Louis, MO 63101, Attention: Human Resources Department for completion of Section II.

## SECTION I - TO BE COMPLETED BY THE APPLICANT

<b>PERIOD OF LAY OFF BY ST. LOUIS PUBLIC SCHOOLS AFTER 1980</b>	<b>FROM</b>	<b>TO</b>	<b>DATE REASSIGNED</b>					
	<table border="1"><tr><td></td><td></td></tr></table> MONTH DAY YEAR			<table border="1"><tr><td></td><td></td></tr></table> MONTH DAY YEAR			<table border="1"><tr><td></td><td></td></tr></table> MONTH DAY YEAR	
<hr/>			<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> SOCIAL SECURITY NUMBER					
<hr/>			<table border="1"><tr><td></td><td></td></tr></table> DAYTIME TELEPHONE					
<hr/>			<table border="1"><tr><td></td><td></td></tr></table> EVENING TELEPHONE					
Name during layoff period, if different from above: <hr/>								
I hereby authorize the release of all information necessary to verify a period of staff reduction layoff for which I would like to purchase credit with the Public School Retirement System of the City of St. Louis. I understand that no more than five years of credit for layoff periods can be purchased.								
<hr/>			<hr/>					
APPLICANT'S SIGNATURE			DATE					

**SECTION II - TO BE COMPLETED BY ST. LOUIS PUBLIC SCHOOLS** - This applicant is an Active Member of the Public School Retirement System of the City of St. Louis and wishes to purchase credit for the period of staff reduction layoff set forth in Section I above. Please certify this period by completing Section II of this form and forwarding the form to the Retirement System for a determination of purchase eligibility and cost.

<b>SOURCE DOUCMENTS</b>	<input type="checkbox"/> <b>OFFICIAL PAYROLL RECORDS</b>	<input type="checkbox"/> <b>OFFICIAL HUMAN RESOURCES RECORDS</b>													
<b>CERTIFICATION OF TIME PERIOD LISTED IN SECTION I OF THIS FORM</b>	<b>FROM</b>	<b>TO</b>	<b>DATE REASSIGNED</b>												
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<b>ACTUAL NUMBER OF DAYS IN THE LAYOFF PERIOD ON A CALENDAR YEAR BASIS</b>	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> CALENDAR YEAR DAYS					<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> CALENDAR YEAR DAYS					<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> CALENDAR YEAR DAYS				
<b>ANNUAL SALARY AT TIME OF REASSIGNMENT</b>	\$ <hr/>														
<hr/>		<hr/>													
SIGNATURE OF CERTIFYING OFFICIAL		DATE													
<hr/>		<hr/>													
TITLE OF CERTIFYING OFFICIAL		TELEPHONE NUMBER													

PLEASE RETURN COMPLETED FORM TO THE RETIREMENT SYSTEM AT THE ADDRESS ABOVE. THANK YOU.