



North Carolina Retirement Systems



Form 432 Interrupted Service Due to Involuntary Furlough

Print or type in black ink. No erasures, strikeovers or whiteouts permitted. Do not staple pages.

Section A. Tell us about yourself.

First Name	M.I.	Last Name	Suffix	
Mailing Address			Date of Birth	SSN
City	State	Zip Code	Phone (At least one phone required)	Mobile (At least one phone required)
Personal Email Address				Member ID

Section B. Indicate the Retirement System into which you contributed.

This purchase type is available to you if you are currently a contributing member in one of the following systems:

- ☐ Teachers' and State Employees' Retirement System (TSERS)
- ☐ Local Governmental Employees' Retirement System (LGERS)
- ☐ Consolidated Judicial Retirement System (CJRS)

Last employer in this system

Section C. Review eligibility requirements specified by law for this purchase.

You may be **eligible to purchase** service credit for interrupted service due to involuntary administrative furlough in accordance with G.S. 135-4.5(a)(6) (TSERS), 128-26.5(a)(6) (LGERS), or G.S. 135-56.5(a)(6) (CJRS) if you **meet the following requirements**:

1. Your employer during your administrative furlough was participating in TSERS or LGERS.
2. You were a contributing member of TSERS or LGERS immediately prior to the period of involuntary administrative furlough.
3. You were placed on involuntary administrative furlough due to lack of funds to support the position and did not earn retirement service credit for this period, but you were not terminated.
4. You have five years of contributing membership service (service transferred into TSERS may be counted).

If you do not meet these requirements, do not submit this form.

Section D. Authorize the preparation of a cost statement with your signature.

I certify that my period(s) of involuntary administrative furlough meet the eligibility requirements stated in Section C in accordance with G.S. 135-4.5(a)(6) (TSERS), 128-26.5(a)(6) (LGERS), or G.S. 135-56.5(a)(6) (CJRS) to the best of my knowledge and belief.

Signature _____ Date _____

Deliver this form to the employer for which you were employed during the period(s) of involuntary administrative furlough.

Continue to the next page.

Section E. Employer, verify the employee's period(s) of Involuntary Administrative Furlough.

Provide the period(s) of involuntary administrative furlough and verify the start and end date of the period(s) that meets the requirements. (A start date is not necessarily a hire date, and an end date is not necessarily a termination date.)

- For **retirement service type**, report the total of all months during the retirement service period. Certain community college, school system, and university employees have retirement service periods that are less than 12 months annually. For example, a teacher with a retirement service period beginning in August and ending in June is an 11 month retirement service type employee.
- For **retirement service period**, report the actual beginning month and ending month of the employee's regular term of annual employment.

1. Eligible Period:		
Start Date	End Date	Position Title
Retirement Service Type:		
☐ 9 Month	☐ 11 Month	
☐ 10 Month	☐ 12 Month	
Retirement Service Period:		
Start Month	End Month	

2. Eligible Period:		
Start Date	End Date	Position Title
Retirement Service Type:		
☐ 9 Month	☐ 11 Month	
☐ 10 Month	☐ 12 Month	
Retirement Service Period:		
Start Month	End Month	

If available, what was the hire and the termination dates of this employee?

Hire Date	Termination Date
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Section F. Employer, certify the information you have provided.

I certify that the information provided in Section E is true and correct to the best of my knowledge. If any of this information changes, I will notify the Retirement Systems Division.

Employer Contact Signature _____		Date _____
Contact First Name	Contact Last Name	Unit Number
Employer / Agency		Contact Position Title
Email Address	Phone	Fax
Member Last Name		SSN

Submit the form by mail or email.