

**MUNICIPAL FIRE & POLICE  
RETIREMENT SYSTEM OF IOWA**

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**AUTHORIZED LEAVE NOTICE**

**NOTIFICATION OF AN ACTIVE MEMBER ABSENT FROM WORK  
FOR ANY PERIOD OF TIME IN WHICH THEY DO NOT RECEIVE FULL PAY.**

Complete the appropriate section of the form below. This information will remain confidential in the System's records, and will be used to support service credit calculations and to verify less than normal earnable compensation. Thanks for your cooperation.

**MEMBER NAME:** \_\_\_\_\_ **SSN:** XXX-XX-\_\_\_\_\_

**CITY:** \_\_\_\_\_

**MILITARY LEAVE:**

**REPORT ONLY IF THE MEMBER WILL RECEIVE LESS THAN FULL PAY  
DURING SOME PORTION OF THE LEAVE PERIOD**

Last Day Worked: \_\_\_\_\_ Date Returned to Work: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Has the city complied with Iowa Code 29A.28  
regarding continuance of salary for 30 days? (Check one) Yes  No

**OTHER LEAVE WITHOUT PAY:**

Last Day Worked: \_\_\_\_\_ Date Returned to Work: \_\_\_\_\_

Will Earnable Compensation be paid during any part of this leave? \_\_\_\_\_

Reason for Leave: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

City Official Completing Form