

**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