

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 MFPRSI's records, support service credit calculations, and to verify less than normal earnable compensation.

Member's First Name _____ Member's Last Name _____ Last 5 Digits of SSN _____

City _____

<u>Military Leave</u>	
Report only if the member will receive less than full pay during some portion of the leave period.	
Last Day Worked: _____ / _____ / _____ MM DD YYYY	Date Returned to Work: _____ / _____ / _____ MM DD YYYY
Branch of Service: _____	
Has the city complied with Iowa Code 29A.28 regarding continuance of salary for 30 days? Yes <input type="checkbox"/> No <input type="checkbox"/>	

<u>Other Leave Without Pay</u>	
Last Day Worked: _____ / _____ / _____ MM DD YYYY	Date Returned to Work: _____ / _____ / _____ MM DD YYYY
Will earnable compensation be paid during any part of this leave? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for leave: _____	

Name: _____ Date: _____
 City Official completing form