

## 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 \_\_\_\_\_

### 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
                                  MM                  DD                  YYYY    MM                  DD                  YYYY

Branch of Service:

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

### Other Leave Without Pay

Last Day Worked: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Date Returned to Work: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
                                  MM                  DD                  YYYY    MM                  DD                  YYYY

Will earnable compensation be paid during any part of this leave?    Yes     No

Reason for leave:

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
                                  City Official completing form