



Oklahoma Firefighters Pension and Retirement System

6601 Broadway Ext., Suite 265
Oklahoma City, Oklahoma 73105-3407
1-800-525-7461 · (405) 522-4600 · Fax (405) 522-4643
www.ok.gov/fprs



NOTICE OF LEAVE OF ABSENCE FOR MILITARY SERVICE TO BE COMPLETED BY THE PARTICIPATING MUNICIPALITY

Section I: Participating Municipality Information - Please Type or Print Clearly

Participating Municipality _____ Date _____
Name of Person Completing Form _____
Position/Title _____
Telephone Number _____ Facsimile Number _____

Section II: Member Information

Member Name _____
Mailing Address _____
City, State, Zip _____
Home Telephone Number _____ Work Telephone Number _____

Section III: Military Service Leave Information

Attach copy of military orders

Dates of military service _____ through _____ *
Last day worked _____ Last day paid _____

* If the date of return from leave of absence for military service is unknown, please indicate the expected date of return.

Please provide the Oklahoma Firefighters Pension and Retirement System ("System") with information on any paid leave time planned to be used during military service leave (e.g., one day of vacation per month, one day of vacation per week, etc.)

Authorized City Signature _____ Date _____

Section IV: FOR SYSTEM OFFICE USE ONLY

This Notice has been received and reviewed and will become a permanent record.

System Representative Signature _____ Date _____