

**Oklahoma Police Pension and Retirement System**

1001 N.W. 63<sup>rd</sup> Street, Suite 305  
Oklahoma City, Oklahoma 73116-7335  
1 (405) 840-3555 / 1 (800) 347-6552  
www.opprs.ok.gov

**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 \_\_\_\_\_ SSN \_\_\_\_\_  
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 Police 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: To Be Completed by System Representative**

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

System Representative Signature \_\_\_\_\_ Date \_\_\_\_\_