

Oklahoma Police Pension and Retirement System

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

**NOTICE OF RETURN FROM 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

A. Return Information (check one or both)

- The Member is returning from Military Service Leave (attach a copy of discharge papers and/or DD Form 214) The Member is returning from Military Service Leave with intermittent use of paid leave time (attach a copy of discharge papers and/or DD Form 214)

Date returned to work _____ Date resumed contributions _____

B. Dates of Leave

The Member was on military service leave during the following dates:

From _____ to _____ (inclusive).

Please provide the Oklahoma Police Pension and Retirement System (“System”) with information on any paid leave time taken during military service leave (e.g., one day of vacation per month, one day of vacation per week, etc.):

Section IV: Attachments Needed

The following checklist must be completed by the Participating Municipality prior to submission to the System:

- The Historical Payroll Record for Military Service Leave (Form 130) is attached.
- A copy of the Member's orders to military service is attached, if not previously submitted.
- A copy of the Member’s military discharge papers and/or DD Form 214 is attached.

Authorized City Signature _____ Date _____

Section V: To Be Completed by System Representative

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

System Representative Signature _____ Date _____