

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 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.

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 _____