

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).

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 _____