**Georgia Municipal Employees Benefit System (GMEBS)**
**The Burgess Building**
**201 Pryor Street, S.W, Atlanta, GA 30303**
**Mailing Address - P.O. Box 105377 * Atlanta, GA 30348 * Fax (678) 686-6244 * VIA SECURE email: adminretire@gacities.com**

# LEAVE OF ABSENCE REPORT - GMEBS RETIREMENT FUND

**(Complete and return Original Copy to GMEBS upon Expiration of Employee Leave of Absence)**

## Section 1. EMPLOYEE INFORMATION

**1. Employee Name:** _____ **2. Soc. Sec. No.:** _____
**(First) (Middle) (Last)**

**3. Employer Name:** _____

**4. TYPE OF LEAVE (check one):** ☐ **WORKERS COMP** ☐ **MILITARY*** ☐ **FMLA*** ☐ **SICK** ☐ **OTHER**

*** Please note: Federal and state law contain specific requirements on crediting MILITARY and FMLA leave for retirement purposes. Please consult your city attorney for advice on completing this form if the Employee was on military or FMLA leave.**

**5. Leave of Absence Beginning Date:** _____
**(Month) (Day) (Year)**

**6. Leave of Absence Expiration Date:** _____
**(Month) (Day) (Year)**

**7. Did the Employee return to active work following leave?** ☐ **YES** ☐ **NO**

**If the answer to #7 is YES, when did the Employee return to active work?** _____
**(Month) (Day) (Year)**

**If the answer to #7 is NO, when did the Employee terminate employment?** _____
**(Month) (Day) (Year)**

## Section 2. CREDIT FOR LEAVE

**8. Please indicate below how the period of leave is to be credited under the plan (CHECK ONE):**

☐ **LEAVE IS CREDITABLE.** The period of leave indicated in #5-6 above **COUNTS** for the following purposes **(check ALL that are applicable):**

☐ The period of leave **COUNTS** as credited service for purposes of meeting the plan's service requirements for **PARTICIPATION, VESTING, AND BENEFIT ELIGIBILITY.**

☐ The period of leave **COUNTS** as credited service in computing the **AMOUNT of retirement or death benefits** payable to or on behalf of the Employee (note: benefit amount is based on total credited service multiplied by plan formula percentage of final average earnings).

☐ **LEAVE IS NOT CREDITABLE.** The period of leave indicated in #5-6 above **DOES NOT COUNT** as credited service for **ANY** purpose under the Plan. The Employee's interest in the Plan and entitlement to benefits, if any, including but not limited to credited service for purposes of meeting the minimum service requirements for participation, vesting, benefit eligibility, and for purposes of computing the amount of any benefit payable will be limited to credited service accrued up until the date the leave of absence began.

**Date:** _____ _____
**(Month) (Day) (Year)** **(Signature of Pension Committee Secretary)**