



Utah Retirement Systems
 PO Box 1590
 Salt Lake City, Utah 84110-1590
 801-366-7318
 800-753-7318
 FAX 801-366-7759
 www.urs.org

LEAVE NOTIFICATION

COMPLETE THIS FORM WHEN AN EMPLOYEE'S ELIGIBILITY STATUS CHANGES DUE TO A LEAVE OF ABSENCE

EMPLOYER INSTRUCTIONS:

Please refer to your *Employer's Guide* for assistance in completing this form.

1. Type or print clearly in black ink.
2. Complete Sections A and B when an employee's eligibility status changes due to a leave of absence.
3. Complete Section C of the original form when the employee returns to work; keep a photocopy of the form for your records, and send the original form to URS.
4. If the employee is on Long-Term disability (LTD), please complete the *Employee Benefits Notification* (Form ADNT-2) and, once approved for LTD, the *Long-Term Disability Explanation of Benefits* (Form LTD-2).

SECTION A - EMPLOYEE INFORMATION (Please type or print clearly in black ink.)		
Employee Name (first, middle, last)	Social Security Number	
Name of Employer and Employer Number		
SECTION B - EMPLOYEE LEAVE CLASSIFICATION		
Check type of leave and enter the date (mm/dd/yyyy) of the last day the employee worked.		
<input type="checkbox"/> Military _____ Please submit a copy of the DD214 Form (Military Discharge) or official military orders upon the employee's return to work. <input type="checkbox"/> DD214 Form has been requested from the employee. <input type="checkbox"/> DD214 Form is not applicable to the type of service rendered. Retirement contributions paid subsequent to the employee's return from service will be subject to interest charges.		
<input type="checkbox"/> Family Medical (FMLA) _____ <input type="checkbox"/> Short-Term Disability _____ <input type="checkbox"/> Worker's Compensation _____ <input type="checkbox"/> Leave Without Pay _____ <input type="checkbox"/> Other _____		
		Explanation
Authorized Signature (required)	Employer Telephone Number	Date
	- -	

COMPLETE SECTION C UPON RETURN FROM LEAVE

SECTION C- RETURN NOTIFICATION AND ELIGIBILITY RECERTIFICATION (Please type or print clearly in black ink.)		
Name of Employer and Employer Number	Date Returned for Eligible Work	Pay Rate
<p>The employer certifies this employee has returned to work and is eligible for service credit. By paying defined benefit contributions on behalf of this employee, the employer makes a continuing certification the employee is eligible for service credit. The employer must notify URS in writing when the employee becomes ineligible for service credit. Attach a pay period breakdown of includable retirement salary that was not reported to our office during the employee's leave of absence.</p>		
Authorized Signature (required)	Telephone Number	Date
	- -	