



Utah Retirement Systems
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LEAVE NOTIFICATION

COMPLETE THIS FORM AFTER THE 10TH CONSECUTIVE WORK DAY OF LEAVE WITHOUT PAY OR WITH REDUCED PAY

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 leave becomes reportable; keep the original form for future use, and send a photocopy of the form to URS.
3. Complete Section C of the original form when the employee returns to work (complete remaining information in Section B for Military Leave); 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	Employee Position	Salary \$ per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Hour
SECTION B - EMPLOYEE LEAVE CLASSIFICATION		
Check type of leave and enter the date (mm/dd/yyyy) of the last day the employee worked, or received leave pay, before beginning leave without pay or with reduced pay.		
<input type="checkbox"/> Military _____ Please submit a copy of the DD214 Form (Military Discharge) upon the employee's return to work or choose one of the following: <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. Attach a history of salary changes that would have occurred if the employee had not been on military leave. Retirement contributions for military leave will be paid: <input type="checkbox"/> During time of official call. <input type="checkbox"/> Subsequent to the employee's return from service. (Contributions 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"/> 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
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.	
Authorized Signature (required)	Date